

Larchwood Care Homes (South) Limited

Nayland House

Inspection report

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Date of inspection visit:
25 November 2016
28 November 2016

Date of publication:
09 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place over two days, 25 and 28 November 2016. At the time of the inspection there were 43 people living in the service. Nayland House was previously inspected in January 2015 and was rated requires improvement with breaches of regulations in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us an action plan to tell us what improvements they were going to make. During this inspection we found action had been taken. However, we also identified areas that further work was needed to increase the service's overall rating and ensure that people are provided with good quality care at all times.

Nayland House is owned by Larchwood Care Homes (South) Limited. It provides accommodation and personal care and support for up to 54 people. The service is supporting a range of people's needs, including older people and people living with dementia. Nursing care is not provided at Nayland House. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt that the service was providing safe care. Risks to people were being assessed and appropriate measures taken to minimise risk, without unnecessarily restricting people's independence. However we found improvements were needed to ensure any potential risk to people were being identified and continuously acted on.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There were sufficient numbers of staff to provide safe care, and the service were proactively recruiting to vacant posts. People were cared for by staff who were safely recruited, inducted, supported, supervised, and appraised. Staff received training in core skills to support them providing a safe service. However some health and safety training needed to be embedded in practice. This will ensure staff are continuously monitoring for any shortfalls as part of their practice and take action to address them.

The service provides specialist dementia care. We found improvements were needed in staff's understanding of dementia care to enable them to support people in providing effective person centred care. This included staff's knowledge of supporting people to have access to meaningful stimulus, tailored to their level of dementia. The registered manager had made arrangements for further training. The skills and knowledge gained will need to be monitored and embedded in practice to support continuous improvement. We have made a recommendation to enhance people's wellbeing through meaningful occupation and use of sensory items to further support this.

People and their visitors were complementary about the relaxed atmosphere of the service and welcoming,

friendly staff. Staff had good relationships with people who used the service and their relatives. Staff spoke about people with compassion, interactions with people were caring, respectful and supported people's dignity.

People told us that the food was good, they were offered choice and that they were supported to have enough to eat and drink. Dietary needs and nutrition were being managed and advice sought from appropriate health professionals as needed. Health care needs were met through being supported to access external health care professionals.

People's, relative's and staff's views were sought about the service, and their feedback used to monitor the quality of the service, and be influential in driving improvements. They told us the registered manager, and provider's representatives had a visible presence in the service.

People felt their concerns and suggestions were listened to and acted on to drive improvements in the quality of the service they received. A complaints procedure was in place to ensure people's comments, concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

There were quality assurance processes in place to monitor the quality and safety of service people received and used to drive continuous improvement. However, improvements were needed when implementing changes to ensure it is communicated and monitored effectively to bring about the required impact.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Improvements were needed to ensure staff were consistently monitoring for any potential risks during care delivery which could impact on people's welfare.

Sufficient staff were employed to safely meet people's needs and provide people with continuity of care.

People were supported to receive their medicines in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received training but not always put into practice. We found shortfalls in staff's knowledge of supporting people living with dementia.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate and had developed good relationships with people living at the home and their families.

People were able to make day to day choices and were supported in expressing their views about their care.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

Is the service responsive?

The service was not consistently responsive.

Improvements were needed to ensure all people had access to stimulating occupation / activities, linked to latest research, which met their individual needs.

Concerns and complaints were always taken seriously, used to learn from as part of driving continual improvement within the service.

People's needs were reviewed regularly and any changes were responded to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems were in place for assessing and monitoring the quality of the service that people received. However, implemented changes and improvements were not always being effectively embedded in practice to drive continuous improvements.

Feedback from people and relatives were complimentary about the welcoming and friendly culture of the service.

Requires Improvement ●

Nayland House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 28 November 2016. The first day was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at information we held about the service including the service's action plan and notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority.

We observed the care and support provided to people and the interaction between staff and people throughout our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of this inspection we met nine people using the service and two people's relatives. We spent time with the registered manager responsible for running the service, the regional manager and seven members of staff, which included administrator, senior care, care, catering and activity staff.

We saw records relating to five people's care, three staff files, staff duty rosters and records relating to the management of the service, recruitment, training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Our last inspection of 13 January 2015 found a breach of Regulation 12 (Safe care and treatment) and Regulation (Fit and proper person employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were being put at risk as their medicines had not been managed safely and recruitment procedures had not been found robust enough to evidence that people employed were of good character with relevant qualifications, skills and experience. During this inspection we found that improvements had been made. During this inspection we found that improvements had been made.

One person told us only senior carers gave out medicines as they had, "Learnt how to do it properly...make sure you have it at the right time, very particular...wear a red slip over their [top] do not disturb whilst they dish out medication, all done very well."

The service had safe systems in place to ensure people's medicines were re-ordered, stored securely and administered as prescribed. Records showed that staff responsible for administering medicines had received training to ensure they were competent and followed safe practice. Checks of medicines held against the service's records tallied, indicating they had been given as prescribed. Records showed that audit systems were in place to check staff were following safe practice and action taken to address any shortfalls through extra training or supervision.

At tea time, the staff member was observed giving out medicines. They looked at the person's medication record chart (MAR) to check that they were giving the right person the right medicine. They spoke to the person, "I have your tablets," ensuring they had a drink to help them swallow them. They checked that the person had taken their tablets and followed safe procedure by signing the MAR to confirm it had been given.

The front sheet to the people's MAR had a photograph of the person; a further visual check to ensure they were administering medicines to the right person. The MAR also provided information on how people liked to take their medicines. For example one person liked staff to put the tablets individually in the palm of their hand, so they could take them followed by a drink of water. Where a person was prescribed an inhaler to use when required (PRN), staff had been given clear guidance on what it was for and the maximum dose that the person should be given to ensure their safety.

Where a person was prescribed PRN pain relief, they confirmed they received it when they needed it, "If I have a bit of a headache will give you it." Records showed a pain assessment tool was used to support staff in identifying verbal and non-verbal signs of discomfort / pain. Where people were unable to articulate their pain, staff used this tool to see if pain relief was required, and monitor its effect.

The provider information return (PIR) told us in January 2016 that they had put into place, 'a robust recruitment process' which ensured that staff were recruited safely. This included Disclosure and Barring (DBS) checks and at least two references were obtained prior to employment. Recruitment records confirmed this. Two new staff members also confirmed that their recruitment process had included ensuring they had a DBS in place and references from their previous employers, before they were able to start work.

Further improvements were needed in the awareness of potential environmental risks to people to ensure they were embedded in staff's every day practice. We found an unlocked cupboard which stored cleaning fluids and a tub of powder used to thicken fluids left unattended in the dining room. As soon as we pointed this out to staff, they addressed the shortfalls straight away. One person told us how they had been involved in an incident whilst visiting the local community, involving a 'pot hole' which had destabilised their wheelchair, "Not happy about it." The incident was reported to the registered manager who we heard discussing this with the person, and they were putting in place a risk assessment to reduce the risk of it happening again. However, feedback from people and staff showed that recent changes meant that people were being taken by wheelchair to the local surgery, and the staff's awareness of the state of the road. Therefore the risk assessment could have been completed earlier. The registered manager said how they had learnt from the incident and would check to ensure others, where required, had a robust risk assessment in place.

Care records provided guidance to staff on risks associated with people's care and support needs. These records described risks that could affect a person in their daily life, such as health conditions, mobility, skin integrity and falls. Systems were in place to analyse incidents and falls and take action to reduce the potential risk. This included making referrals to the falls team, and acting on their advice.

Records showed that a number of care staff had left for various reasons, and the service were actively recruiting to these posts. To ensure continuity of care, the vacant hours were being covered by the service's own staff.

People spoke about the recent changes in staff, and where applicable, action being taken by the service to recruit to those posts. One person said the service had, "Lost a couple of very good [staff] last month...tend to get new ones," to replace them. Another person commented, "Just lost our activity [person] I think they are trying to recruit."

People said that call bells were normally responded to within a timely manner, however at busy periods they may need to wait. One person said, "There's help here but sometimes you have to wait," but didn't feel it impacted on their safety. Another pointed to their call bell and said, "Rang it quarter of an hour ago and carer came," straight away. Staff had a visible presence around the service. One person, six visitors and two staff had responded to the service's survey, all but one visitor agreed that staff were available when they needed them. When we sat with people in communal areas, staff could be seen walking past / in close proximity and when not busy sitting and talking with people.

People told us they were provided with safe care. One person remarked, "I definitely feel safe," living in the service. Another person described staff as being very observant in monitoring how any skin damage may have occurred, "Always check, everything is written down, how did you do that, any bruise or mark... sometimes over careful, but better to be over careful than not at all." The six visitors who had completed the provider's quality surveys (March 2016) felt that people appeared safe in the service.

Staff said as part of the training in protecting people from avoidable harm and abuse, was being observant and ensuring they record and report any bruising or marks to a person's skin. This enabled the management team to investigate the cause to see if there were any safeguarding issues, and report them. Information booklets were made available in the service for people and their visitors to read, informing them of their rights, and who to contact if they had concerns about people's welfare.

Records showed where a safeguarding had been raised; it had been investigated by the management and responded to and used to improve the service. Although the concerns had not been upheld, the

investigation had identified an area for improvement. This was to ensure that staff provided paramedics with more detailed information on a person's condition, to support their assessment.

The PIR stated that care training was undertaken as part of staff induction, before they started supporting people. Records and completed training handbooks confirmed this. The training supported staff in understanding their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Staff were aware of how to report concerns internally and externally if they felt their concerns had not been acted on. The registered manager and a senior carer had were also due to attend an advanced safeguarding training day organised by the local safeguarding team. The learning objectives would further enhance their knowledge and skills in monitoring for signs of potential abuse and making effective referrals.

Is the service effective?

Our findings

Our last inspection of 13 January 2015 we found a breach of Regulation 14 Health and Social Care Act (Regulated Activities) Regulations 2014 Meeting nutritional and hydration needs. This was because staff had not always; followed the advice of dieticians, administered nutritional supplements as prescribed, and, where applicable, kept accurate records of people's food and fluid intake. During this inspection we found that improvements had been made as systems had been put in place to monitor people's nutritional food supplements to ensure people received them as prescribed.

The local Community Dietetics teams mentioned the service in their 'care home champions' newsletter, which highlighted areas of good practice. They praised the staff on working 'tirelessly' to improve practices with regards to screening people for signs of malnutrition and use of fortified foods to promote weight gain. They also made reference to the 'Huge improvements' they had seen in the completion of documentation and staff's overall understanding in the use of the malnutrition screening tool. This resulted in people being 'screened appropriately' and action taken at an early stage to help prevent conditions escalating. People's care records confirmed this, and showed where the interventions had supported people to put on / maintain their weight.

Advice had also been sought from the language therapist (SALT) to identify any swallowing difficulties which could impact on a person's ability to eat enough food. Staff had recorded the advice given in the person's records. This ensured all those involved in the person's care were aware of the outcome of the assessment.

The introduction of staggered meal times enabled people who required the assistance of staff's full attention and support. Where staff were supporting people, the unrushed manner, and individual attention supported a positive dining experience.

People shared their views on the meals supplied by the service. One person told us the meals were, "Very well cooked, have a reasonable choice, at least two hot meals today." They added that the, "Chef comes around," to take their meal choice, if they didn't like any of the choices on offer, the Chef would, "Rustle something else up," and that they liked that the Chef, "Go out of their way to please everyone." Another person said they were offered, "Plenty of drinks during the day...it's good food, I am a fussy eater too. And you have a choice each day, Chef always comes up at 10 o'clock," to take their meal choice. One person commented, "What's going on now is good, food between meals." As they said this, a member of staff brought in a hot drink and mid-morning biscuits which the person started eating.

Hot and cold drinks were also being regularly offered. Although drinks were being made available to people living with dementia, they were not independently getting up and having these. Drinks were not within easy reach of people and this meant that they were not accessing the fluids made available in the lounge. Further consideration needs to be given as to how people are actively supported to drink enough during the day.

Improvements were needed in staff knowledge and understanding of dementia. The registered manager provided paperwork which showed that external consultants / trainers had been contacted to support

further training and develop staff understanding to enable more effective communication linked to current research and best practice. The manager had assessed the staff's training needs in this area and were tailoring it accordingly. Following the inspection we were sent information which showed that further in-depth training had been arranged for February 2017. To improve in this area the training will need to be embedded in practice.

People told us that staff had the skills to meet their needs. One person told us, "I have fallen over once or twice," and staff had known what they were doing in checking for any injuries and providing effective support.

Records showed that new staff had been given an induction and training relevant to their role. This included training in core subjects through a mixture of E-learning and face to face training to enable them to support people effectively. Staff completed 'knowledge tests' in subjects such as safeguarding and dignity and respect, to evidence that they understood the training.

Some of the staff were given delegated roles. This included a moving and positioning in-house facilitator, which enabled staff's practices to be monitored and advice / extra training given to support people's changing needs.

The provider had systems in place to ensure all new staff gained an insight into their role and to support them in getting to know the individual routines and preferences of the people they would be supporting. This included working 'shadow' shifts. This enabled new staff to put their training into practice, and gain further insight and confidence in their role alongside an experienced member of staff. The service's training plan, alerted management where staff needed to complete training and, or, undertake refresher training to keep their knowledge updated. Where there had been some slippage, records showed that action was being taken to address this with the individual staff member.

People were supported by staff whose work was supervised and appraised. One staff member spoke about the benefits gained from the one to one supervision sessions which they described as, "Good, really gives me feedback how I am doing...may highlight something I don't know I am doing, wrong or could do better."

People told us their day to day health needs were met and they had access to healthcare professionals when needed. Care records showed that this included the person's GP, community nurses and chiropodist. One person said when they received any hospital appointments they would tell staff who would, "Book it in the diary and book the transport, quite efficient that way, come and remind you which is quite good."

In the communal area, people and their visitors had access to the Department of Health's information booklet 'A guide for the relevant person's representative,' providing information to people living in care homes on Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found

that the service had submitted DoLS applications to the appropriate supervisory body. The manager was aware of their responsibilities in ensuring the conditions of any approved authorisations were met.

Two people spoke about their freedom to do as they wished. This included choosing when they wanted to get up, where they wanted to eat, or spend their time. One person said they had never felt pressured to join in with anything unless they wanted to. They commented that staff would pop into see them and say, "I am doing so and so [activities] if you want to come down." Care records provided information on people's ability to make choices 'I can facilitate my choice of clothes.' We observed this during the inspection, for example, when assisting people to mobilise, or making menu choices and choosing where they would like to eat.

We spoke with staff who had received MCA training, and who were able to demonstrate that they understood the principles of the MCA. For example one staff member spoke about, "Everyone has a form of capacity, rights of choice, right to make a decisions." They were aware when best interest decisions may be needed to ensure a person's safety. Minutes of the November 2016 staff meeting, showed that staff were asked questions about MCA. This showed that the registered manager was using this as a forum to keep staff's awareness.

Is the service caring?

Our findings

People told us they had good relationships with the staff. One person said that a staff member had told them, "We treat it all as a big family here and that is what it is." They also felt the service offering people the opportunity of respite care was good, "Gives the temporary resident an idea of what it is like." Another person said that the staff were, "Not bad at all, can't fault them, treat you well." A relative remarked, "Pretty good here, [people] free to do what they like."

We observed where staff interacted with people, instigating meaningful conversations they demonstrated that they had an insight into the person's interests and those who played an important role in their lives. One staff member held a person's hand, both were smiling at each other, during their discussion.

People and their relatives were encouraged to express their views about their care and the service in general. This was done in a variety of ways including during individual care review meetings, 'residents and relatives meetings', and completing surveys about the quality of the service.

People were supported to maintain relationships with friends and relatives who mattered to them. This included where people lived in the service with their partner. For example, making one room into a bedroom, and another in to sitting room. One person remarked, "My family come to see me often, which is nice." We saw people's relatives and visitors arriving on both days of the inspection. A relative told us they visited whenever they wanted and were always made to feel welcome.

Information on advocacy services was made available in the service for people to read, and where required, supported by staff to access.

The provider had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. The provider's representative's visit reports included observation of practice which included comments where people had been supported / spoken with, in a dignified and respectful way. One person told us, "We are all on Christian names, no surnames," which was what they preferred.

People gave examples of how staff respected their privacy and dignity. One person said when being supported with personal care, staff would ensure they, "Draw the curtains, wrap me in a towel." Another person remarked, "We always have privacy." All staff were observed to be respectful to the needs of each individual in relation to their privacy and dignity. For example ensuring people's bedroom doors were closed when providing personal care.

Is the service responsive?

Our findings

People had two set of care records, one which was more detailed and included a dependency rating to show any changes in a person's ability to undertake tasks, for example with washing and dressing what support they needed from staff to maintain their independence, and their preferences. For example 'I would like to have a bath at least once or twice a week.' When we cross referenced it to their daily progress notes, this was happening.

Improvements could be made to people's care records to ensure information 'flowed' so it provided staff with a good insight into the person's preferences and care needs. This was not always evident in the way people's care records were written. In some areas the information was disjointed, needing sight of both sets of care records, held in different areas of the service, to identify the level of support required/ being given. Staff were being given guidance on supporting people's health and personal care. However improvements were needed in identifying and providing staff guidance on how a person's emotional and social needs linked to their individual stage of dementia, physical disability or mental health.

People's daily progress notes provided little insight into the quality of the person's day, and any social interactions. The prompts given to staff in completing them 'enter here any additional information in relation to significant events, refusal of care, changes in conditions' did not encourage staff to write about the quality of the person's day. Instead information reflected more the care tasks being undertaken. Also where staff had recorded in one person's records, 'has been stripping off,' there was no further information to indicate why, and level of support given.

People, and where applicable, their relatives told us that they were being consulted about their care needs, to ensure it was responsive to their needs and met their individual preferences. One person and their relative told us they had sat and gone through their care plan with a staff member and had, "Approved any changes to it." A relative commented that they had read the person's care plan, "Yesterday, discussed the last month and signed all the [care record] sheets."

Improvements were needed to ensure all people had access to stimulating occupation / activities which met their individual needs.

People told us there were normally two activity staff, one working with people living in the area known as 'cottage' (dementia care), and the other in the 'main house'. People said the vacant post in the main house had impacted on the range and availability of activities they could access. One person told us they, "Could do with more activities." Another person said when the activities staff were in post, "Every day had something going on....films once a week...enjoyed music and movement, all finished at the moment." Another person mentioned that there had been, "No cinema since." They spoke about how they had enjoyed watching the films. However, we did see one person working on a puzzle, whilst another said they enjoyed a walk in the gardens.

When we asked a person if there had been any activities that day (25 November 2016), as the notice board

still showed the activities planned for the previous week, they replied "No, was a lady here the other day, did enjoy her, had a right old sing a long." They said they would like the opportunity to be involved in more domestic tasks, "I could clean the windows." In the 'cottage', eight people were attending the film club, enjoying a film. Staff were also in the process of building a 'sweet shop' where people would be able to use their money to purchase items. However, where there was a lack of stimulation / occupation, we saw people in the lounge closing their eyes, only opening when they heard staff walk by, or another person/staff instigated a conversation. When engaged we could see how it improved their well-being, they became more alert and smiled. There was a lack of objects, sensory items, linked to best practice for people to hold.

We recommend that the service consults with people and uses a reputable source to support them in identifying activities which people are interested / able to participate in. For example the Social Care Institute for Excellence and the National Institute for Health and Clinical Excellence.

People and their relatives could share their views of the service in meetings. One person said they attended the residents meetings, "I usually go down, you can air your views." This included raising their concerns about the laundry service, and lost / misplaced clothing which the management acted on. They added, "We did have a problem with laundry, pretty good now."

People knew who to speak with if they needed to make a complaint. One person said that there had, "Been a couple," of issues and they had told the "Boss," or the, "Administrator," who had resolved the situation.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. There were systems in place for recording, investigating and responding to complaints. Where complaints had been received the registered manager had responded and taken action to resolve them. Where shortfalls in practice were identified, the service used the information to drive improvements in the service. For example, reminding night staff about the importance of going about their tasks in quiet manner so they did not disturb people sleeping. Records showed where one person had written and thanked the management for their, 'prompt' reply. Another also wrote, 'thank you for a quick response'.

Posters advertised the 'Manager's surgery 3-5pm on a Tuesday' where the registered manager had set time aside to ensure people, relatives and visitors knew they would be around if they wanted to discuss any issues.

Is the service well-led?

Our findings

The service had systems in place, supported by the provider's representatives, to manage the oversight of the service, in monitoring the quality of service and drive continuous improvements. This included audits of key areas of the service including medicines management, health and safety, nutrition and hydration. Any shortfall identified through provider representative's visits, fed into the on-going service's action plan, to ensure any shortfalls were actioned. However improvements were needed to monitor and embed changes to drive continuous improvement.

The registered manager understood their role in providing a good quality service and received constructive support from the provider's representatives. Discussions with the registered manager demonstrated their enthusiasm and motivation for ensuring a good service. However further consideration and work was needed to ensure changes brought about by the management, as part of their improvement plan, was understood by all the staff. Changes needed to be closely monitored to ensure that all staff felt confident to apply it into practice. Otherwise, as we saw, the required impact the service were looking for, showed inconsistent results.

Examples of where changes had not been robustly implemented were the introduction of the new weekly care booklets for care staff to complete to show the level of support people were receiving. Where staff had not fully understood their role in completing, and monitoring the contents had led to duplication, or lack of information to reflect the work being undertaken. One staff member commented on the, "Unnecessary paperwork and triplication." Information on fluid targets were not always being brought forward from the previous week to ensure staff were aware of the daily target to support a person's well-being. This had not been picked up by the daily audit. The uncertainty on how staff should be recording creams applied, although people told us they were, there was confusion as to where this information should be written. This was a risk that important information relating to people's care and changes in the wellbeing could be missed, leading to care which did not reflect / meet people's needs.

The relocation of people's main care plans, being stored away from the new weekly care booklets, meant that the staff did not have the full information readily to hand about the whole person's needs and preferences. This was important linked to the high level of staff changes at carer and senior carer level. The impact of finding a senior to unlock the room where they were stored, taking away physical time staff could spend with people, had resulted in social activity sheets not always being completed. The staff meeting held on the 9 November 2016, staff had mentioned that that storing care plans in cupboards was not working, which the registered manager had acknowledged and agreed they should go back into people's bedrooms. However this had not happened yet.

Meetings was one of the forums, along with provider's surveys, senior management visits and supervision which enabled people, relatives and staff to raise issues and influence changes. Residents and relatives meeting records showed where people had raised issues / suggestions and action taken to address them. For example in the October 2016 a relative requested plates, napkins and spoons were given to people to eat their cakes. The registered manager confirmed that this would be passed on to staff serving the

refreshments. We also noted where a relative had brought up the same observation we had made, a lack of small tables in the lounge for people to put their drinks on. This had not been actioned.

The open and relaxed culture of the service supported the friendly and welcoming atmosphere. People were aware of the last inspection report and rating which was available for people to see in the front entrance of the service, and also through the service's website. The provider's website informed people that they 'have a comprehensive home development plan in place that details the actions we are taking to achieve and sustain improvements. If you would like to see a copy of our plan or discuss the contents of the inspection report please contact our home manager'. The service also had a copy of the Care Quality Commission's booklet on display 'what they can expect from a good care home'. This further demonstrated how the registered manager was promoting an open culture within the service.

People and their relatives spoke positively about the leadership of the service and their presence around the service. One person told us that the registered manager was, "Alright, comes around every single day, says are you alright, any problems," and that they would, "Soon sort it out," if they had.

The majority of staff were positive about the leadership of the service. One staff member said, "Does support me yes, if I go to [registered manager] does address the problem." Another staff member felt at times they were instructed, rather than asked to do something.

There were quality monitoring systems in place to ensure people were receiving quality care, and to address any shortfalls. This included monthly audits and checks of high risk areas, such as medicines, incidents, health and safety and fire. The service provided monthly information on the incidents and accidents to the provider, which enabled senior external management to have a good oversight of their services, to support them in themes and check with the manager that appropriate action was being taken. Feedback from visits and checks carried out by the provider's senior management, along information gained from the internal audits all fed into the service's overall improvement plan. We were shown how it was kept as a 'live' tool,' which was used by the management to monitor all areas of the service delivery. Where applicable set action and timescales to address any shortfalls.