Care One Limited

Abbey Care Home

Inspection report

28 North Road
Clacton On Sea
Essex
CO15 4DA

Tel: 01255420660
Website: www.careone.co.uk

Date of inspection visit:
09 January 2018
25 January 2018

Date of publication:
08 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Abbey Care Home provides residential care for up to 11 people. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 8 people living in the service. The service was centrally located, providing easy access to local community facilities.

This unannounced inspection took place on 9 and 25 January 2018.

The service had a registered manager. 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.

At the last inspection on 25 January 2017, we asked the provider to take action to make improvements in relation to the assistance provided to assist a person to transfer safely. We saw this action has been completed.

Staff at the service managed risk well. Care plans provided detailed advice and guidance of the support needed to minimise risk. People were supported from the risk of abuse. Where appropriate people were enabled to take informed risks which supported their independence.

There were enough staff to meet people's needs. Care and domestic staff worked well as a team to provide seamless support to people. Staff were recruited safely and the registered manager had ensured new staff joined the service with the skills to meet people's needs.

People were supported to take their medicines safely by skilled staff. Measures to minimise the risk of infection had been enhanced.

Staff were skilled at meeting people's needs and had increased access to a wider variety of training. They were well supported and supervision was used positively to develop skills. The managers and staff worked well with outside professionals to maintain their health and wellbeing. People were able to make choices about what they ate and drank and there were measures in place where people were at risk of malnutrition and dehydration.

People's rights were respected in line with the Mental Capacity Act 2005 (MCA). They were enabled to make choices in line with their preferences. Where they did not have capacity to make decisions, the registered manager followed robust processes and families and professionals were consulted to ensure decisions were made in the person's best interest. The registered manager had invested substantially in updating and improving the property and the improvements were on-going.

The staff team all knew people well and treated them with kindness. People were supported to communicate their wishes and have a say about the service they received. They were treated with dignity and respect.

People received person-centred and flexible support. We have made a recommendation about increasing people's independence. There was a new activity coordinator who provided non-institutionalised interaction which focused on individuals interests and pastimes. Care plans were informative and personalised and provided detailed guidance to staff. People felt able to make complaints and raise concerns.

The deputy manager and registered manager worked well as a team and were committed to driving improvements. The deputy manager was increasingly taking on the day-to-day running of the service and was a visible and enthusiastic presence. Audits and checks on the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff supported people to manage risk in the least restrictive way possible.

There were enough suitably skilled staff to meet people's needs.

People were supported to receive their medicines, as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported to develop the skills required to meet people's needs.

People made choices about what they ate and drank. Staff worked well with outside professionals to meet people's health needs.

The property had been refurbished and re-modernised.

The registered manager met their obligations under the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff knew people well and had enough time to develop positive relationships with them.

Where people needed support to communicate, staff had the skills and guidance to understand their preferences and choices.

People were treated with respect.

Is the service responsive?

Good

The service was responsive.

People received personalised and flexible care. There was scope to increase their independence around the service. A new activity coordinator had been recruited which had enhanced the quality of life for people at the service.

Care plans provided the necessary guidance to staff to enable them to meet people's needs.

People felt able to complain and their concerns were listened to.

Is the service well-led?

Good

The service was well led.

The registered manager and deputy manager worked well as a team and promoted a positive culture.

People's views were listened to and used to improve the support they received.

There were detailed audits and checks to monitor the quality of the service.

Abbey Care Home

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.

The provider had applied to CQC to increase their occupancy. At the time of our inspection, registration inspectors were still reviewing this application. We did not consider this application during our inspection and focused on the quality of care provided within the existing registration.

This unannounced inspection took place on 9 and 25 January 2018. The registered manager and provider was not available when we first visited so we returned on a second day to meet with them.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection, the expert by experience had experience of caring for older people.

As part of the inspection, we reviewed a range of information about the service. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing care and any improvements they plan to make. We also looked at safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs and were not able verbally to talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service.

We met with the registered manager, the deputy managers, five members of care staff, including the chef and activity coordinator. We spoke with five people who used the service and two visitors, who were former staff. We also spoke with five professionals about their views of the service.

We reviewed a range of documents and records including the care records for people who used the service. We also looked at a range of documents relating to the management of the service.

Good

Is the service safe?

Our findings

When we last visited the service, we had concerns regarding the support provided to people who needed assistance with transferring, for example from a bed to a chair. We also had concerns regarding how staff managed risk for people who were at risk of pressure sores. We rated the service as requires improvement and found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection that the registered manager and provider had addressed our concerns.

At the time of our inspection, no one at the service required support with hoisting. Some people received support in moving around the service and guidance to staff had improved since our last visit. This included specific instructions about any equipment which was needed to ensure the person's safety, such as wheelchairs. Care plans were written in a respectful manner, for example, one person's care plan stated staff were to guide and support a person when they were moving from a chair to a wheelchair. The guidance stated staff could place their hand on the person but this should not be in a restrictive way.

We observed a person being assisted by two members of staff to get up from their armchair. The process took a long time and it would have been quicker and easier for staff to use a wheelchair. The deputy manager told us they only did this if the person could not weight bear as they were doing all they could to promote their independence. This process was led by the needs of the person, not of the staff and demonstrated a commitment to enable the person to maximise their independence. The staff provided reassurance throughout the transfer and demonstrated the appropriate skills to support the transfer safely. Later on in the day, they attempted the same transfer but on this occasion assessed that the person needed to use a wheelchair to remain safe and so adapted the support provided.

People had detailed risk assessments which were personalised and outlined what measures were needed to minimise risk. For example, a person who was at risk of pressure sores had on-going involvement from a district nurse and staff followed detailed advice, such as providing a specialist mattress, how best to provide personal care and where to apply medicated creams. Risk assessments were reviewed monthly, or as required.

People were supported to engage with staff to reduce risk and signed their risk assessments, where appropriate. Where a person had full capacity and was at risk in relation to alcohol abuse staff had involved them fully in managing and minimising this risk. This meant they were central to plans and decisions made about their lifestyle.

Each person had a personalised plan, with advice on what staff should do in the event of an emergency, such as a fire. The guidance outlined how many staff would be needed to support each person.

Where accidents and incidents happened, staff kept records and forms included clear actions, for example, whether they had amended care plans or people's relatives had been informed. When we last inspected the service, we found the registered manager had started analysing incidents and accidents for themes. This

had continued, for example they could highlight that a spike in incidents had occurred when a person's mental health had deteriorated. The reports largely looked at the quantity of incidents and the registered manager praised staff when the number of reports of accidents and incidents reduced. We discussed the importance of focusing on the lessons being learnt rather than a reduction in number of reports. The manager acknowledged the need to promote openness amongst the staff team to ensure they still felt able to speak out when accidents occurred.

Staff knew how to identify and raise any concerns about peoples' safety. They had received training in safeguarding and were able to give examples of what would constitute as abuse. Staff were also able to discuss whistleblowing and knew they could contact external organisations if necessary. Staff told us they felt they could speak to senior staff if they had concerns about a person. People also felt able to speak out if they had concerns and told us, "I would speak to the staff downstairs" and "You don't want for anything, you can go to a member of staff if you are worrying but there is nothing to worry about."

On the first day of our inspection, there were two members of staff on duty in the morning, to support eight people. Whilst some staff said they needed another staff on duty, we found there were enough staff to meet people's needs. A person told us, "They have enough staff with 8 residents, we had extra people on when we had more." During our visit, we pressed a call bell and staff came promptly in response. Another person told us, "There is always someone around and I have got a bell, they usually come straight away, I can call them as my door is open and they come in quite often to see if I am alright, they ask do I want anything, they are good carers."

In addition to the two members of staff, other well-established staff who knew people well were on duty at different times such as the registered manager, deputy manager, cleaner, cook and activity coordinator. Although these staff did not all assist with personal care they provided a presence, for example when a person wanted to go outside, the activity coordinator called a member of staff to accompany them. We also observed ongoing interaction when the cleaner and cook chatted to people throughout the day.

Senior staff and managers used a series of tools to measure people's dependency and decide on staffing numbers. Whilst the staffing had altered due to the recent reduction in people living at the service, we noted it was tailored to provide flexible support. There were three members of staff allocated to the afternoon as we were told that was when most people wanted support, for example to go out or have a shower. The registered manager demonstrated they regularly reviewed staffing to ensure there were enough people to meet people's needs.

We looked at recruitment files for four staff to review the registered provider's procedure for recruiting staff. Robust recruitment procedures were followed to help check staff were fit to work at the service before they started their employment there. This included proof of identity, two references and evidence of checks to find out if they had any criminal convictions or were on any list that barred them from working with people who needed support. These processes helped to protect people from the risk of harm or abuse.

Staff knew who to contact in an emergency. The deputy manager was locally based and easily accessible by staff, and other senior staff were committed and responded flexibly where needed.

Staff managed medicines safely. We accompanied a senior member of staff as they assisted people with their medicines. We found them to be confident and knowledgeable. They told us, "You have to get to know the residents really well before doing medicines. It takes ages as management have to feel you are confident enough." They followed clear procedures and methodically recorded which medicines were taken. They told another member of staff they could not assist them in another task, to ensure they were not distracted and

the risk of medicine errors was minimised.

Throughout the process, the member of staff treated people with respect, asking them for their agreement before supporting them with their medicines. They watched each person to ensure they took their medicine. There were processes in place for medicines which were only taken when needed, for example for pain relief and the member of staff took time checking with each person, as appropriate to find out if they felt they needed to take these medicines.

People had clear medication plans in place. Where a person was not able to communicate verbally, staff had detailed advice on how they would act when they were in pain and then what support or pain-relieving medicines the person should then be offered.

We noted throughout the day that medicines were locked safely in a trolley. There were clear processes in place for ordering and disposing of medicines. There were effective checks and audits to ensure medicine was administered safely, this included detailed checks each week where medicines were counted and any discrepancies investigated.

In the past there had been concerns regarding the cleanliness and infection control at the service. At this inspection, we found this was an area the registered manager and deputy manager had focused on and improvements continued to be made. For example, the deputy manager had visited the service at 2am one morning to check the required night chores had been carried out which included a deep clean to promote good infection control. We asked a member of staff if a carpet was new and they told us it was an old carpet but that, "Our cleaner is a bit of a carpet freak and is always cleaning them." A person told us, "The cleaner is very good, they are lucky to have her."

Good

Is the service effective?

Our findings

At our last inspection, we found there was scope to improve the training provided to staff and rated the service as requires improvement. At this service, we found the registered manager had taken on board the recommendations made in our last report and had made improvements.

It was a very new staff team. The registered manager and deputy manager had focused on employing staff with the specific skills to meet the needs of the people at the service. For example, the activity coordinator had experience in working with people with sensory needs and could describe the resources and skills they used to ensure the people with sensory needs in the service were involved in meaningful occupation.

There was a programme of training and there were measures to ensure there were no gaps in staff training. Training areas included dementia, infection control, and manual handling. Staff received a variety of training included a mixture of face-to-face courses plus e-learning with workbooks. The deputy manager provided support to staff to ensure they understood and put learning into practice.

New staff said they had an induction which included shadow shifts with more experienced staff. They also covered the Care Certificate as part of the induction. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

Staff also had opportunities to do externally verified courses. The registered manager was proactive about sourcing extra learning opportunities for staff in addition to the mandatory training. For example, specialist training was being arranged regarding sensory needs and mental health, to enable staff to meet the individual needs of people at the service.

The deputy manager had an enthusiasm for learning and researching best practice. They had registered with 'Prosper', an initiative led by the local authority to work with care homes to improve practice in areas such as falls and preventing dehydration. We could already see in the service evidence of improvements following this involvement. For example, there were now 'hydration stations' which had a variety of drinks and advice for people to minimise the risk of dehydration. Care plans had been revised to provide clear advice to staff to assist them in looking for signs people were at risk, for example if a person displayed unusual levels of confusion. Staff confirmed the deputy manager did various 'Prosper quizzes 'during team meetings to test their knowledge.

Staff received supervision and this was used to support them in their role and help develop their skills. They discussed training needs, such as the new mental health training being arranged. Senior staff carried out observations of staff competence which positively promoted improvements in practice and skills. For example, one member of staff had been encouraged to become more assertive, whilst another was praised for checking a person with sensory needs had tied their shoe laces up, which lessened the risk of them tripping up.

Staff supported people to eat and drink in line with their preferences. People told us they could make

choices about what they ate. One person said, "The cook will make me something different and goes out of their way for me. Today it is Shepherd's Pie and I checked that it was not the northern one with cheese on the top, but it is not so I will have it."

The dining room had been remodelled and re-decorated and was light and airy. Though there were set meal times, this was flexible. A member of staff told us, "[Person] comes down later, we keep their meal warm, it's just their routine." Another person chose to sit in the conservatory for their lunch. Food was attractively presented. A person told us, "10 out of 10, very nice, my empty plate says it all." The chef was relatively new in post and was in the process of devising a new menu. They were gaining feedback from people on their likes and dislikes with the support from care staff.

Staff had the skills to encourage people who were reluctant to eat and this was often done with affectionate humour, for example cajoling a person to keep their eyes open for the two courses. Another member of staff sat next to another person and encouraged them throughout the meal.

There were plans in place around maintaining good nutrition and hydration. We noted a person who was at risk of choking ate pureed fruit for dessert, as recommended by a speech and language therapist. When a person lost weight, staff had completed a food diary and referred to a dietician who advised them on how to fortify food to help them gain weight. Staff supported healthy eating, in line with people's preferences. A person said, "I have bananas as I don't like oranges and apples,

The service worked with other organisations to ensure people's needs were met and staff skills increased. Staff recorded health appointments clearly to enable senior staff to monitor any gaps. Care plans also recorded any additional support required at appointments. For instance, one person needed additional support when attending the dentist and staff needed to be present to provide communication support and help reduce anxiety. A person told us, "The carer came with me in the ambulance to the hospital," to provide additional support.

The staff team worked well together to meet people's health needs and communicated well at handover meetings to ensure staff provided up to date consistent care. People told us they received good support to maintain their health. A person told us, "The doctor comes when you want, the dentist comes, the chiropodist comes every 5 weeks and does my finger nails and feet."

The deputy manager described how they had worked with a district nurse to give a person information to assist them when they were making choices about their lifestyle. This demonstrated staff had worked well with outside professionals and with a person to manage risk effectively.

The property had received significant investment since the last inspection and this process was on-going. The communal areas had been opened up to provide a lighter, airy environment. The lounge, dining room and conservatory were in the same part of the house and there were limited options for sitting in another communal area outside this central hub, apart from people's bedrooms. This was particularly significant as there were people in the service who benefitted from being in a more peaceful environment whilst still under staff supervision. We discussed this with the registered manager so they could take this into account if there was an opportunity in the future to review how the property was laid out.

We saw a large number of signs on the walls of the communal areas which had messages to staff, such as requesting them to turn their mobiles off. We discussed this with the registered manager and deputy manager as these signs were institutionalised and unappealing. The registered manager told us they would remove these and put up a notice board where staff congregated to address this.

There was a large garden which could be used by people living at the service. The garden was not enclosed, however there were no residents at the property who had been assessed at risk, for example of walking unsafely across the nearby car park. We discussed this with the registered manager who assured us this was reviewed regularly.

We checked whether people were being supported effectively in line with the Mental Capacity Act. (MCA) People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. There was personalised guidance to staff in care plans. Senior staff had involved other parties, such as social workers when assessments and decisions had to be made in a person's best interest.

Staff understood people had the capacity to make unwise choices, for example around the consumption of alcohol. The deputy manager described how they had advised a person on how much alcohol they drunk, which helped them manage the risk of excess alcohol whilst respecting their capacity to make a decision,

DoLS applications had been made to the local authority and authorised where appropriate. The registered manager and deputy manager monitored these applications carefully and kept up to date with any outstanding actions. They did not have a tracker in place which would have assisted in monitoring applications prompting them when reviews were needed. Before the end of our inspection, the deputy manager had set up a tracker, in response to our discussions.

Good

Is the service caring?

Our findings

At our last inspection, we found people were supported by caring staff and rated the service as good. At this inspection, we found support continued to be caring.

We observed kind and warm interactions between people and staff. One person chose to sit on the floor and a member of staff sat with them on the floor and asked, "Are you alright, what's up?" Later on, a second member of staff came and sat with the person and chatted about the laces on the shoes they were holding.

The whole staff team were involved in creating a caring culture for people. People told us, "Carers are very obliging, they are very kind, I have never known any of them not to be kind" and "Staff are very caring and I am quite happy here, I cannot find any fault."

It was a person's birthday and they told us, "The cook came in and we had a chat." We had seen the chef come in to give the person breakfast and observed they chatted affectionately together. Another member of staff who enjoyed baking had made the birthday cake and at teatime staff put a candle on the cake and the whole service joined in celebrating the person's birthday.

As there were only eight people in the service, the atmosphere was homely and familiar. At one point there were just three people in the lounge, one member of staff was offering people drinks while another was massaging people's hands. They chatted about a phone call a person had received from Australia and proceeded to discuss other relatives living abroad. People appeared at ease with staff and joined in the conversation. A person told us, "Staff often sit and chat, they will all chat if you want to."

Staff enabled people to communicate their views about the support they received. We could see where appropriate people had signed their care plans to indicate they had been involved in their support. One person had an advocate who was an outside professional who helped them make sure their views were communicated clearly. Another person told us they could make choices about when they went to bed. They said, "I don't go to bed much before midnight, my choice. I watch TV, I have never known them to tell me to turn my TV off."

Staff had detailed guidance in care plans about how best to communicate with people. For example, one person's care plan said, "If asked 'yes' or 'no' questions I am usually able to answer by making noises." When we spoke with staff, they explained how they knew the person well and understood from their body language, signs, and sounds, what they were communicating.

Staff were respectful and courteous to people. A person told us, "They respect you, they are always very polite, I have got no fault to find, they knock on the door before coming in."

We observed that due to the size of the service, staff and people got to know each other well and spoke in a relaxed, familiar fashion. We noted that occasionally staff discussed people's needs in front of other people at the service, which did not maintain their privacy. We raised this with the deputy manager who assured us

this would be addressed with staff. Privacy and confidentiality was respected in other areas, with care plans and other records locked away safely.

Good

Is the service responsive?

Our findings

At our last inspection, we had concerns regarding the support provided with moving and handling and pressure care and rated the service requires improvement. At this inspection, we found people were receiving a responsive service.

The manager or deputy manager carried out a pre-assessment of people's needs prior to admission, with more thorough assessments being carried out once they had moved in. This pre-assessment process was used to consider the admission of new people and to ensure new arrivals were well matched with the people already living at the service. Assessment information was used to develop thorough and personalised care plans. Staff reviewed care plans monthly, or as required, as people's needs changed. The deputy manager continually promoted improvements in the quality of the care plans.

We spoke to a social care professional who worked with a person at the service. They told us, "The manager engaged well with my service user, who has complex needs and there are indications that they have provided a person centred approach." They also said staff enabled the person to increase in confidence and independence.

A person told us they washed some of their clothes and made their bed, however other people had the potential to be more independent. The service had an urn for hot drinks which people did not use. We discussed this with the registered manager who explained that people could ask for a drink at any time. There were people at the service who could be supported to make their own drinks so we used this example to discuss the importance of maximising people's independence.

We recommend the service consider best practice guidance to enable staff to promote people's independence and involvement in the daily life of the service.

People developed personalised routines at the service. We met a person who chose to stay in their room, however they were allocated a room at the heart of the property and we frequently saw staff popping in for a chat throughout the day. They kept their door open and this choice was documented in their care plan. Another person liked to have a lie in. They told us, "I am just waiting for my toast, I had my pills at 8.30 and fell asleep. The cook has just been in asking me about lunch and has now gone to sort out my breakfast."

Since our last inspection, the registered manager had appointed an activity coordinator who provided people with additional stimulation and enabled them to engage in meaningful occupation. The support was person centred and tailored specifically round people's needs. The coordinator told us they spent time showing a person books from the 1950s. We observed them talking to another person about their music interests, saying they would bring in a CD from home when they next visited. We also heard them asking people what activities they wanted and adapting their plans in line with people's interest. Another person's care plan stated they did not want to take part in any activities apart from quizzes. We saw them joining in with a quiz during our visit.

As well as increasing the wellbeing of people at the service the increase in activity had benefitted staff morale. Staff told us about the nativity play they had put on at Christmas and the pyjama party they had organised. A person who usually stayed in their room told us, "I went to the nativity play, it was very funny, I then had my Christmas dinner here in my room in my chair as I am more comfortable here in my room."

In the last 12 months, the registered manager had started to record complaints in a more structured way. There were very few formal complaints; however people told us they felt able to raise concerns. A person said, "I have never had to complain but I would go to the supervisor if I had something to worry about, any worries you can go to the staff and the supervisor would help."

In order to assist them in gathering feedback about people's experience of care, the registered manager had arranged for people and staff to complete a questionnaire. The responses from the people at the service indicated people felt able to speak out. The registered manager had discussed any negative feedback directly with people and attempted to resolve their concerns, for instance if they said they disliked a certain food or person. Feedback was largely positive, a person had said, "If I am hungry, I am given food." A person confirmed they had completed the form. They told us "The carers do listen to you, we had a form where they asked questions about food and is the room clean."

Staff supported people well with preparing for end of life. A senior member of staff had a specialist interest in this area and had attended additional training. A person had completed an end of life care plan with care staff which included a form about their preferred priorities of care at this time. There were details in place regarding which family members or solicitors needed to be contacted to make the arrangements when a person died.

Good

Is the service well-led?

Our findings

At our last inspection we found the registered manager had introduced a number of new checks and audits but these were in their infancy and we rated the service requires improvement. At this visit we found these checks and other initiatives were still in place and leading to improvements in the overall quality of the service.

When we last visited the deputy manager had just been appointed. At this visit, we could see the positive impact they had on the service. They worked extremely well with the registered manager and other staff and were passionate about continually learning and driving improvements. They were starting additional management training which would enable them to develop their skills and continue to develop the service. Though the deputy manager was more visible than the registered manager the latter remained involved with the service. A person told us, "[Registered manager] comes in every now and then and asks if I am alright."

Staff told us, "The deputy manager is very supportive and explains in detail if I ask a question. They are always around for support" and "I asked for some new equipment and [registered manager] supplied it without delay."

The registered manager, deputy manager and other senior staff carried out detailed quality checks. For example, a weekly check was done on each bedroom to ensure maintenance was carried out as necessary. Other checks took place on care plans, hygiene and equipment at the service. There was a commitment to continual improvement. For instance, the deputy manager showed us an improved audit form they had introduced as they felt it worked better than the existing form.

The manager told us about some of the spot checks they had done to ensure people were receiving a good quality of care. These checks were an effective tool and took place at different times of the day. They involved carrying out an unannounced observation of staff and often focused on a specific area, such as cleanliness.

Throughout our visit, we noticed a lack of systems to track some of the tasks being carried out by the manager, such as DOLS applications and safeguarding alerts. As there were only eight people at the service, there was not a serious impact and senior staff kept on top of tasks. However, the registered manager and deputy manager responded openly to our discussions and promptly introduced systems to improve their oversight.

The people living at the service had a variety of needs, for example, there were people with dementia and people with mental health needs. We discussed this with the deputy manager who told us that despite three vacancies they had turned down some recent referrals as they were not compatible with the people already living at the service. We were therefore assured this effective matching process mitigated any potential risk from the variety of needs being met at the service.

At our last inspection, people told us they did not attend resident meetings, and had limited input in decisions made about the service. The deputy manager now run regular meetings with the people at the service. These were well attended and the minutes from the meetings showed they were used to support people to have a meaningful voice. For example, a person had said they wanted a takeaway curry and we saw this had happened. There were frequent discussions about the menu, and individual likes and dislikes which staff passed onto the chef. These meetings demonstrated a commitment to listening to people. When activities were arranged as a result of the meetings, these involved people where possible, for example in making banners and decorations for the garden party.

There had been a high turnover of staff since our last inspection, however the deputy manager was able to demonstrate this had improved the quality of the staff team as the new staff had the skills necessary to meet people's needs. We saw examples where the new staff had assisted the senior staff in driving improvements and enhancing the culture of the service. There was a positive culture and the team worked well together. A member of staff said, "We are a happy group."