Avante Care and Support Limited

Northbourne Court

Inspection report

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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

This inspection took place on 6 and 8 March 2018 and was unannounced. Northbourne Court is a purpose built residential care home that provides accommodation for up to 120 older people, some living with dementia. At the time of this inspection 109 people were using the service. People in care homes receive accommodation and nursing or 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 our last inspection on 12, 13 and 14 January 2016 the service was rated Good overall. We rated the key question 'Safe' Requires Improvement because we had concerns about the high level of falls at the home. At this inspection we found the provider had taken action to monitor and manage the risk of falls appropriately at the home.

The home had 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.

All of the staff we spoke with said they enjoyed working at the home. Most said they received good support from the registered manager and unit managers. However some staff felt their contributions were not always recognised or that manager's had not listened to what they had to say. We have made a recommendation about motivating staff and team building.

People told us they felt safe living at the home. Training records confirmed that staff had received training on safeguarding and there was a whistle-blowing procedure available and staff said they would use it if they needed to. There was a good staff presence at the home and staff were attentive to people's needs. Action was taken to assess any risks to people and risk assessments and care plans included information for staff about action to be taken to minimise the chance of accidents occurring. Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Most people told us they enjoyed the meals provided to them and they could choose what they wanted to eat. People were supported to maintain good health and they had access to healthcare professionals when they needed them.

People had been consulted about their care and support needs. These needs were assessed before they moved into the home. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. People's privacy and dignity was respected. There were plenty of activities for people to partake in if they wished to do so. The home had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on.

The provider recognised the importance of monitoring the quality of the service. They sought the views of people using the service, their relatives and friends through residents and relatives meetings and satisfaction surveys. The registered manager worked with other care provider's and professional bodies to make improvements at the home.

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.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There was enough staff to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

People were protected from the risk of infections.

Is the service effective?

Good

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff completed an induction when they started work and they received training relevant to the needs of people using the service.

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support them with their needs.

People's care plans included sections on their diverse needs. Staff had received training on equality and diversity.
There was a range of appropriate activities available for people to enjoy.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

People received appropriate end of life care and support when required.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager in post.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

The provider took into account people and their relative's views through residents and relatives meetings and surveys.

Most staff said they received good support from the registered manager and unit managers. However some staff felt their contributions were not always recognised or that manager's did not listen to what they had to say. We have made a recommendation about motivating staff and team building.

There was an out of hours on call system in operation that

ensured management support and advice was always available for staff when they needed it.

The registered manager worked with other care provider's and professional bodies to make improvements at the home.

Northbourne Court

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 checked 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 6 and 8 March 2018 and was unannounced. The inspection team on the first day consisted of three inspectors, a specialist advisor 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. One inspector attended the home on the second day of the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities that commission services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at the care records of twelve people, staff training and recruitment records and records relating to the management of the home. We spoke with 18 members of staff, 15 people using the service and seven relatives to gain their views about working for and receiving care. We spoke with the registered manager and two senior managers about how the home was run. We also spoke with five health care professionals that were visiting the home.

Good

Is the service safe?

Our findings

At our last inspection of the service on 12, 13 and 14 January 2016 we had concerns about the high level of falls suffered by people living at the home. At this inspection we found the provider had taken appropriate action to monitor and manage the risk of falls at the home.

Assessments were carried out to assess the levels of risk to people in relation to falls. Where people had been assessed at risk of falling we saw guidance was provided to staff describing the support people required when mobilising and the equipment to be used to prevent falls. For example to use walking frames at all times. Alarm mats were also in use to help inform staff, for example, when a person is trying to get up out of a chair or bed and were vulnerable to falling. Some people were receiving one to one support from staff to reduce the likelihood of them falling when moving around the home. When people had falls we saw falls were documented and risk assessments and care plans were updated. One person told us, "I am able to move around on my own, but I use a walker and staff are very gentle when handling me." The registered manager told us that staff had recently started a training program with the local Clinical Commissioning Group on falls prevention.

Risk assessments and guidelines were in place for supporting people with moving and handling, nutritional needs and skin integrity. Fluid and dietary intake and repositioning charts were in use where required and these were kept in folders in people's rooms to aid effective recording. One relative praised staff for reducing possible bed sores by repositioning and the use of creams.

People and their relatives told us they felt safe and that staff treated them well. Comments from people included, "I do feel safe here and someone goes with me when I go out." And, "I feel very safe here; I've been here some years." Comments from relatives included, "My loved one is definitely safe, happy and settled here.", "My loved one is very safe here, I am happy about that." And, "I am glad my loved one is here, its peace of mind for me and they are safe here, not so at home."

The provider had procedures in place for safeguarding people from abuse. Training records confirmed that all staff had received training on safeguarding and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any safeguarding concerns they had to their line manager or the registered manager. They also said they would report concerns to the local authority safeguarding team or the CQC if they felt they needed to. The provider had a whistle-blowing procedure and staff told us they would use it to report poor practice if they needed to. Our records showed that the registered manager had submitted safeguarding notifications to the CQC when required. The registered manager told us that lessons had been learnt following a recent safeguarding concern and actions had been taken to reduce the likely hood of the same issues reoccurring. Actions taken included improving induction for new staff and student placements and the introduction of 11 at 11 house meetings in order to facilitate staff representation.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records

of 15 members of staff and found completed application forms that included full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Staffs eligibility to work in the UK had also been verified.

We observed there were enough staff on duty to meet people's care needs. Comments from people about staffing levels included, "I'd say there are enough staff here", "Yes, there is enough staff", "They could do with some more staff", "When I call for help, it comes", "I believe there are staff shortages but when I use the call bell, the response was quick." A relative commented, "There doesn't seem to be a staff shortage. There is always a staff member in the lounge." A member of staff told us, "There are enough staff on duty to meet people's needs. We are not rushed. If we do need extra staff the managers will make sure we get them." Another staff member said, "There are extra staff on duty to support people who need one to one support. There is no problem here with staffing levels." The registered manager showed us a rota and told us that staffing levels were arranged according to people's needs. They told us if extra support was required for people to attend social activities or health care appointments, additional staff cover was arranged.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. We saw records confirming that regular fire drills were carried out at the home. The home had a fire risk assessment in place which had been reviewed in January 2018. We saw records confirming that the fire alarm system was tested and fire drills were regularly carried out at the home. There were also systems to manage portable appliances, electrical, and water safety. Equipment such as hoists, wheelchairs, mobility aids and lifts were also serviced regularly to ensure they were functioning correctly and safe for use.

The registered manager showed us the provider's system for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored by the provider to identify any trends. Where trends had been identified the regional manager and the registered manager had discussed them and had taken action to reduce the likelihood of the same issues occurring again. For example data collected regarding falls had been analysed, evaluated and was being used to reduce the number of falls occurring.

There had been a recent norovirus outbreak at the home. Managers took appropriate action by contacting the public health department and the local authority for advice and support. The home was closed to visitors and staff with norovirus symptoms were advised not to attend work. Staff told us they were advised not to move between units in order to reduce the spread of infection and felt the residents were well cared for during this period. Before the home opened to visitors a deep clean was carried out. Records showed that infection control audits were carried out on a regular monthly basis. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available at entrance points and in dining areas. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw and staff told us that personal protective equipment was always available to them when they needed it.

People told us they received their medicines when they were supposed to and when they needed them. One person told us, "I get my medication when I should." A relative said, "My loved one gets their medication on time." Medicines were administered safely. Training records confirmed that staff had received training and had completed medicines competency assessments before they were permitted to administer medicines to people. The majority of medicines were kept in people's rooms in locked cabinets most of which was administered from a monitoring dosage system supplied by a local pharmacist. Some medicines were stored securely in locked trolleys in a locked cupboard; some medicines were stored in a fridge and controlled drugs stored correctly in a cabinet in the locked medicines cupboard.

We looked at the homes medicines folders. People had individual medication administration records (MAR) which included their photographs, details of their GP, information about their health conditions and any allergies. We looked at the medicine administration records (MAR) for five people and checked the balances of medicines stored in their medication cabinets against the MAR and found these records were up to date and accurate. There were safe systems for administering and monitoring of controlled drugs. We saw a controlled drugs record book. This had been signed by two members of staff each time a controlled medicine had been administered. The drug fridge contained medicine which required refrigeration. We saw room and fridge temperatures were monitored to ensure medications were stored safely. We saw monthly medicines audits were carried out. A medicines audit file contained evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective and met their needs. One person said, "The staff do seem well trained." A relative told us, "Staff seem to be good at their jobs."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

Staff told us they had completed an induction when they started work and they were up to date with their training. They said they received regular supervision with their line managers. The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. This was confirmed with a new member of staff we spoke with.

We saw a training matrix confirming that staff had completed training that the provider considered mandatory. Mandatory training included moving and handling, safeguarding, health and safety, first aid, fire safety, infection control, dementia care, induction training, mental capacity, the administration of medicines and food hygiene. Staff had also received other training relevant to people's needs for example pressure sore prevention, equality and diversity, dignity in care, nutrition and hydration, diabetes and care of the dying and bereavement. Records seen confirmed that all staff were receiving regular supervision with their line manager. Supervision records included discussion on standards of practice, action taken to address areas where practice did not meet expectations and acknowledgement of good practice.

The Mental Capacity Act 2005 (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 to 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where there were concerns regarding a person's ability to make specific decisions we saw that managers had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for

their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments of their nutritional needs, food likes and dislikes and allergies and the support they needed with eating and drinking. We saw that, where required, speech and language therapist's advice had been sought for people with swallowing difficulties and retained in their care records. We spoke with the chef who showed us documents located in the kitchen referring to people's dietary risks, personal preferences and cultural and medical needs. A visiting dietician told us they had provided staff with training on the use of the multi universal screening tool in December 2017. Since that time they had received more appropriate referrals as staff were completing the tool correctly, they were following the guidelines in the tool properly and people's care plans were being updated correctly.

We observed how people were supported at lunchtime. Most people ate independently, some people required support and some people preferred to eat their meals in their rooms. We saw they received hot meals and drinks in a timely manner. We observed staff providing support to people giving them time and encouragement to eat their lunch. The atmosphere in the dining areas was relaxed and not rushed and there was plenty of staff to assist people when required. We saw that people were provided with a choice of drinks and snacks throughout the day and these were available in the lounges on each unit. People's views about the food at the home were mixed. Comments included. "I enjoy the meals. We get choice.", "The food's very good, and plenty of choice and hot enough.", "The food is OK. That was a nice lunch.", "The food's OK ish.", "I like the meals but portions are small for me." And "There is a lack of choice; the main dish is meat and one veg." We fed these comments back to a manager who told us they would raise these with the chef and staff at the next 11 at 11 house meeting. A relative commented, "My loved one says the meals are good, they are given different choices."

People were supported to maintain good health and had access to health care support. One person told us, "If I need to see the dentist or optician, I could see them." Another person said, "Yes, I get all the medical services. A doctor will be called, if needed them." A relative commented, "My loved one gets all the medical attention they need." Staff monitored people's mental and physical health and when there were concerns people were referred to appropriate healthcare professionals for advice and support. We saw that people's care files included records of their appointments with healthcare professionals. We saw and spoke with a dietician, district nurses and nurse practitioner who all visited the home during the inspection. All told us, that any advice given to staff was followed.

People told us the home was comfortable and met their needs. One person told us, "This place is kept extremely clean and my room is done daily." Other people told us that when they had visitors they could use the lounges or their own rooms if they wanted privacy. The home had a very well kept garden. Staff told us that people liked to use the garden in the summer to relax in. The home had a team of domestic staff. We found that the home was warm, clean and tidy and free from any unpleasant odour.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments from people included, "The staff are nice, they are patient and they look after us well.", "Nice staff here, they are alright, the care here is good.", "The staff are nice, very friendly. I'm well looked after.", "The staff are kind and respectful.", "The staff are very nice and helpful." And, "Some, not all, staff are kind and respectful." A relative told us, "The staff are very kind. They are good with communication." Another relative said, "My loved one is very happy here. I am entirely satisfied with the care they have been getting and I feel confident the good care will continue."

People told us they had been consulted about their care and support needs. One person said, "Staff talk to me about my care. I feel I'm given my own independence." Another person told us, "Staff speak to me about my care and I do get help with making decisions. I am encouraged to be independent." Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know people well they were able to tell us about people's individual needs and what they did differently for each person. Care was delivered by staff in a way which met people's needs. For example during meal times and social activities we saw staff actively listening to people and encouraging them to communicate their needs. Staff were also observed assisting people to sit or stand with gentle physical promoting. When one person was having difficulty getting up from their chair after lunch they were offered support from two members of staff.

People's care plans referred to their religious, cultural, spiritual needs and sexual preferences. Representatives from different faiths visited people at the home to support them with their religious needs. Staff had received training on equality and diversity and they understood how to support people with their diverse needs. Managers and staff told us the home encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do. The registered manager said that most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure. They told us these documents were provided to people with poor eyesight in large print. They could also provide it in different formats to meet people's needs for example in different written languages.

We saw staff respected people's wishes for privacy by knocking on doors before entering their rooms and we observed staff respected people's choice for privacy as some people preferred to spend time in their room. One person told us, "The staff do give me privacy, they always knock on my door before coming in to my room." Another person said, "I feel I get privacy." Staff told us how they ensured people's privacy and dignity was respected whist personal care was provided. A member of staff told us they closed people's doors and curtains when supporting them with personal care. If other staff or relatives knocked on the door they would ask them to wait until they had finished personal care and advise them when it was alright to enter the person's room. They said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could by themselves. They also told us they made sure that personal information about people was locked away at all times.

People and their relatives were provided with appropriate information about the home in the form of a

service user guide. This included the complaint's procedure and services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service.

Good

Is the service responsive?

Our findings

People and their relatives told us the service met their care and support needs. Comments from people included, "I can say the staff are very good with me.", "I feel I get the care I need.", "I do feel I get what I need in the way of care." A relative said, "The care my loved one is getting, is the care that they need."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. People's care files included care plans and risk assessments that described their care and support needs. Some included guidelines for staff from health care professionals such as speech and language therapists or dieticians on how to best support them with their needs. They also included historical and personalised information about the person and their families, their communication methods, their likes and dislikes and interests and preferences. It was evident during the inspection that staff knew people well and understood their needs. A member of staff was able to describe all of the people living on the units support needs in detail. They told us that care plans were easy to follow and were always kept up to date. We saw that people's care plans and risk assessments were reviewed regularly and reflected any changing needs.

People were provided with a range of appropriate social activities that met their needs. Comments from people included, "There is a notice about activities, and I choose what I would like to go to. When there is something on upstairs, I go.", "There's a good choice of entertainment and plenty of it.", "I don't go to everything, but I enjoy what I do.", "Not much entertainment here." And, "The coach we had was taken away." We observed activities being provided on each unit at the home on both days of our inspection. Activities observed included quizzes; sing a longs, arts and crafts and ball games. An Elvis impersonator attended the home and put on a show that people appeared to really enjoy. The home employed an activities coordinator who told us they provided activities such as bingo, arts and crafts and gardening. Entertainers such as singers and musicians were booked on a regular basis to attend the home. The activities coordinator told us and staff confirmed that staff on each unit were allocated time during each shift to arrange activities for people. One member of staff told us, "The registered manager takes activities at the home very seriously. We all like to make sure people are actively engaged throughout the day." The activities coordinator also told us they provided one to one activities for people who liked to stay in their rooms. They said they offered sessions in response to people's preferences for example playing music or reading books or newspapers. They said that some people just enjoyed the company and a good chat.

The registered manager told us the home had a large minibus. They said the minibus could only be driven by staff with a specific driving licence or qualification however all but one member of staff with these credentials had stopped working at the home so people were not able to use the bus for outings as much as they used to. They said they were trying to recruit staff with this type of driving licence or qualification however they were considering the option of obtaining a smaller minibus where there were less restrictions on drivers. They also told us that in order to take people out on trips they had enrolled the home onto the local authorities accessible transport scheme which provided a minibus and a driver.

The home also ran a day centre from Monday to Friday each week. We observed people from the home

attending the day centre on both days of our inspection. Activities on offer included reminiscence, knitting, cake decorating, manicures and games such as snakes and ladders. We observed that people were making paper flowers for Mother's Day. One person told us, "I love coming here, I really do." The day centre facilitator told us, "I like my job, I love making people smile and making their days happy."

People said they knew about the complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to. We saw that copies of the complaints procedure was displayed throughout the home. One person said, "No complaints, but if I was upset about something, I would say. When I had a problem, they sorted it." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns. We saw the registered manager and senior staff had reflected on and used complaints to help improve the standard of care provided. For example additional training for staff had been provided and communication with health care professionals had taken place to make sure care provided was in line with people's needs. We also saw a number of compliments had been received in relation to the quality of accommodation and the standard of care provided.

Where people required support with care at the end of their lives we saw there were end of life care plans in place. People's next of kin had been contacted and they were actively involved in planning care and expressing their wishes. The plans provided staff with details about the person and their current care needs. There was guidance for staff on what to do if the person deteriorated and who to contact. A member of staff told us, "It's our priority to get it right and give the best care. You only get one chance to get it right." We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the running of the home. Comments from people included, "The management team is about the home and it does run well. The best thing for me is the good level of care and having my independence. There is nothing much they can improve on.", "The management seems fine. I feel I can approach them any time.", and, "The management's not bad." A relative told us, "The home seems like it is managed well."

The home had a registered manager in post. They were supported by two deputy managers and eight unit managers. The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. There was an on call system in operation that ensured management support was available when staff needed it.

All of the staff we spoke with told us they enjoyed working at the home. However there were mixed views about the support they received from managers. Positive comments from staff included, "The registered manager and unit managers are brilliant and very supportive.", "Staff morale is good. We are well supported by the managers, they always listen to what staff have to say.", "I get excellent support from my unit manager and the registered manager. I have 100 per cent faith in them." And, "It's amazing working here. We have a very strong staff team and good managers." Less positive comments included, "We never get a well done.", "I feel like I am in the army, they don't say hello when they walk past.", "I don't think the managers listen to what staff have to say." And, "Morale is sometimes a bit low." Following the inspection the registered manager showed us an action plan for improving communication with staff. They had also arranged an open door session for staff to attend in April 2018 to feedback on their experiences of working at the home. We recommend that the service seek support and training, for the management team, about communication, motivation and team building.

The registered manager told us that residents, relatives and staff satisfaction surveys had been carried out at the home by an external company between September and November 2017. They told us the results of the surveys were not yet known. They said that once the surveys were completed the feedback would be evaluated and actions would be taken to make improvements at the home. They showed us internal satisfaction questionnaires completed by relatives in December 2017. Comments included, "I couldn't have picked a better care home for my mum.", and, "The staff on the unit are caring, kind, efficient, helpful, fun and professional."

The provider took into account the views of people and their relatives through residents and relatives' meetings. One person told us, "The staff do ask for your views." Another person said, "I am asked for my views on the service." Minutes from a residents meeting held in February 2018 for two units at the home indicated it was well attended. One person had concerns about their bathroom not being cleaned; other people raised concerns about how sausages should be cooked and that sponge cake was being provided repeatedly. Resident's had also requested a tuck trolley as the Piazza [café] was currently closed at the home. An action plan attached to the minutes confirmed that a deep clean had been carried out in the

persons bathroom, the cooking of sausages was discussed with the cook, an alternative selection of cakes were placed on the menu and a tuck trolley served people at the home. The registered manager told us they were in the process of recruiting staff to run the Piazza. Minutes from the last relatives' meeting held in August 2017 indicated it was well attended by people's relatives. Items discussed at the meeting included staff recruitment, meals provided and redecoration and the home. A relative told us, "There are no problems at all. I would say if there was. Relatives' meetings are held on a regular basis."

The provider had effective systems in place to assess and monitor the quality of service that people received. We saw that regular audits had been carried out at the home in areas such as medication, infection control, health and safety, falls, incidents and accidents, care files, staff training, supervision and appraisal, safeguarding and concerns and complaints. The registered manager showed us a continuous improvement plan developed for the home in February 2018. They told us the plan would be added to as areas for improvement occurred during the year and items signed off as they were completed. Actions on the plan included improving the culture at the home, adhering to the provider's complaints policy, monitoring and identifying trends relating to falls and recruitment and retention. They told us that recent improvements at the home included attending provider forums and link meetings with a local hospice. Falls training delivered by the Clinical Commissioning Group had commenced in March 2018. Lunch time medicines rounds were now being undertaken after the meal service so as not to interrupt people's meal times and two units at the home had been redecorated and provided with new furniture, there was a plan for another two units to be redecorated and refurnished.

The registered manager regularly attended provider forums run by the local authority. They told us they had used some of the learning from the forums to make improvements at the home. For example they had obtained information in relation to training provided by Skills for Care and following a session advising provider's how to access the Dieticians services, staff had attended training with the dietician.