Bupa Care Homes (AKW) Limited

# Wingham Court Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 was carried out on the 31 August 2016. Wingham Court Care Centre provides long-term nursing care and short stay care for up to 73 people. The service offers specialist support for those who have experienced a brain injury or for those who have challenging behaviour. At the time of our inspection 70 people were living at the service.

There was a registered manager in post on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was sufficient numbers of care staff deployed at the service to meet people's needs. People told us they felt safe at the service. Staff had a good understanding about the signs of abuse. They were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from potential risks.

Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the service would function in the event of an emergency.

Staff had received appropriate supervision with their managers. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People's preferences,

likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the service and on a continuous basis to reflect changings in their needs.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Concerns and complaints were used as an opportunity to learn and improve the service.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. There were a range of activities available within the service and outside.

The provider had systems in place to regularly assess and monitor the quality of the care provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

## 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.

There were enough staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

### Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance with their needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. .

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

### Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were caring and considerate towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

## Is the service responsive?

Good

The service was responsive.

The home was organised to meet people's changing needs.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the service and outside.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

## Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service.

The management and leadership of the home were described as good and very supportive.

# Wingham Court 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.

This was an unannounced inspection which took place on the 31 August 2016. The inspection team consisted of four inspectors, an inspection manager and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the 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 reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, deputy manager, 11 people, four relatives and nine members of staff. We looked at a sample of seven care records of people who used the service, medicine administration records and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 20 April 2015 where a breach was identified regarding the lack of Mental Capacity Assessments for people.

Good

# Is the service safe?

## Our findings

People and relatives felt there were enough staff and were aware that sometimes agency staff would cover the gaps when staff were off sick. Comments included, "I just press the bell and someone comes", "There is always someone around and staff are always popping their head around the door", "I feel the staff levels are met, staff respond to my wife in good time", "Staffing levels are better" and "They (staff) always come when you need them."

There were sufficient levels of staff to meet people's needs. The registered manager told us that meeting staffing levels had been difficult because there were a lot of vacancies to fill. They said that in the meantime whilst they were actively recruiting they were filling the gaps with agency staff. They said they tried to ensure the same agency staff were used for consistency of care. We found that staff attended to people's needs without them having to wait. People that were being cared for in bed were being checked on regularly by staff. There were sufficient numbers of physiotherapists so that people were able to attend sessions when they needed them. We reviewed the call bells logs and could see that calls bells (in the main) were responded to quickly. The registered manager assessed people's dependency regularly and increased the staffing levels where needed. We reviewed the staffing rotas and saw that there were very few occasions where the staffing numbers were not met. The registered manager said, "If carers report that they are struggling we will look at whether extra (staff) are needed." Staff said that although at times they were pushed they felt there were enough staff. Comments included, "I have enough time with people" and "We cope, we work as a team and we cover each other. A lot of staff left but they are trying to fill the vacancies." The registered manager was aware of the challenge of recruiting and retaining staff. They described the efforts they were making to recruit new staff.

People said that they felt safe and well looked after at the service. Comments included, "I feel very safe here, no one is rough or shouts at me", "I feel safe, no one would dare hurt me", "I feel very safe here, staff are very good to me", "There is always someone on the front desk checking who was coming in (to the building)" and "I feel safe because the staff always check and close my windows and doors at night." Relatives also felt that their family members were safe. One told us, "I feel she is safe, I never see any bruising on her" whilst another said, "We are going away for the first time next week because we know he will be okay here."

The registered manager ensured that staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. There were a lot of people at the service who were unable to verbally communicate and the registered manager ensured staff looked for signs of any abuse occurring. One member of staff said, "If I saw something I would go straight to the unit lead then I'd write an incident report. There is a number that we can call and BUPA have a WB (whistle blowing) policy." They added, "If I had an inkling that something was going on I wouldn't hesitate to report it." Another member of staff said, "There are various types of abuse, physical, mental, psychological, sexual, financial. For physical abuse I would look for signs, I would repeat any concerns to the nurse. Write a report about the incident and will tell the resident what I was doing." There was a safeguarding adults policy and staff had received training in safeguarding people.

Assessments were undertaken to identify risks to people. People had a wide range of call bells specific to their needs and we saw people using them through the day. The environment was clear, well lit; the corridors were wide and were fitted with rails to aid with mobility. The flooring was in good state of repair and free from obstructions. People had walking aids and wheels chairs to assist them. There was an adequate number and selection of hoists to assist staff to support the people requiring transfer that had been regularly serviced.

Equipment was available to assist in the evacuation of people. Fire exits are clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Emergency lights were in working order and fire doors had self-closers. Entry to the home was secure and visitors were asked to sign the visitor's book.

Where clinical risks were identified appropriate management plans were developed to reduce the likelihood of people suffering harm. Other risks were also assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans to minimise, if not to eliminate risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. For example in relation to pressure sores and people who had been diagnosed with epilepsy. The staff told us that they have had training on risk assessment. Due to the conditions of people there was a wide range of equipment in use that reduced the risk of injury or incidents. This included machines to assist people to breathe, specialist beds, walking frames, hoists and wheelchairs. Staff had knowledge of people's risks and we saw plans being put into action on the day of the inspection. One member of staff said, "We have policies and procedures, we look for trip hazards and we know all about protective equipment to reduce the risk of infections to people."

People were protected from being cared for by unsuitable staff because robust recruitment was in place. During the inspection we did identify some gaps in the recruitment files; however these were rectified after the inspection. Staff told us about the selection procedure that they went through to ensure that they were safe to start work. One member of staff said, "I emailed BUPA, sent a CV and completed an application form. Security checks were carried out; including reference and DBS (Disclosure and Barring Service check) and I didn't start before DBS came back." We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how the incident was followed up and what steps had been taken. One person had fallen over equipment in their room and this equipment was now stored elsewhere. Where needed people were referred to health care professionals if they were often falling. One person had been provided with a walking aid as a result of the referral. Staff told us that if they observed an incident they would call the emergency bell and record what they had seen.

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a business continuity plan in the event the building needed to be evacuated. The plan detailed what neighbouring services would take people in the short term. Other people

would need to be evacuated to hospital because of the nature of their conditions.

People's medicines were managed safely and people understood the medicines that they received. There was a clear policy and procedure in place and the staff had had training in medication management and had been passed competent to dispense medication. Staff demonstrated good knowledge of medication being dispensed and recognising possible side effects. There was information available to the people about the medication they were on. All prescriptions were appropriately signed and regularly reviewed by the G.P. Medicine was appropriately stored. Staff used a 'ten point' check sheet that required that medicine audits were completed daily. This ensured that people received their medicines when they needed and that all of the medicine records were up to date.

Each person had their own Medicine Administration Record (MAR). In front of the MARs was a photograph to enable identification. We observed medicines being given and the nurse making the person comfortable. They checked the identity of the person and asked which medicine they would like to take first. The nurse checked that the person had taken the medicine before signing the recording sheet. There was a PRN (as and when) protocol in place and this was reviewed regularly. There was one person who had medicine covertly (unknowingly and in a disguised form) and there was appropriate guidance from the pharmacy that the medicines were being given in a safe way.

Good

# Is the service effective?

## Our findings

People and relatives were satisfied with the care that was provided. Comments included, "I had a few weeks to live. That was six years ago. It's due to the staff care that I'm still here", "I am confident that staff understand what they need to do", "Staff understand what needs to be done", "My clinical care is managed really well" and "The physio here is wonderful."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One member of staff said, "Training is adapted and geared around looking after people with a brain injury." Another member of staff said that the training prepared them for the role. They said that they asked for two extra areas of training, in challenging behaviour, which is being sorted out for them. Another member of staff said, "I have had a lot of on line training course, food and hygiene, safeguarding, moving and handling." All staff received the service mandatory training including moving and handling, infection control and health and safety. Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. In addition nurses had training around the specific clinical needs of people that lived there.

Care staff had received appropriate support that promoted their professional development and assessed their competencies. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "I have regular supervisions and appraisals. I wanted a challenge and my manager said that I had potential so they really pushed me with the professional development and although it was hard, I really enjoyed it" whilst another said "I have supervision with the home manager. We have set targets for this year. There will be an end of the year review. It has been really positive." A third told us, "I meet with my mentor, I have had several meeting and they observe me in practice."
The clinical lead undertook one to one and group supervisions with nurses on a regular basis. Other staff met with the registered manager on regular basis

People told us that staff asked their consent to care. One person told us, "They (staff) always ask my permission." We saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines. One member of staff said, "Before anything I do I will tell them what I am doing. I will knock on the door, ask permission before doing anything." Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests.

There were some assessments that were not specific to the decision that needed to be made for example in relation to bed rails. However the registered manager was aware of this and steps were being taken to address this. Staff were able to describe the principles of MCA to us. Comments from staff included, "Never

assume that people don't have capacity just because they live here. Always assume people have capacity", "Make sure you do your best assume they have capacity unless you can prove otherwise", "Don't assume someone lacks capacity and we must take the least restrictive option. If people make a decision, even if it is unwise, it's still a decision."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLs had been completed and submitted DoLS applications in line with current legislation to the local authority for people living at the home for example in relation to the locked units. People who were not subjected to a DoLs told us that they were not restricted in any way. One said, "No I am not restricted, I can go anywhere and that includes outside the home."

People were complimentary about the food at the service. Comments from people included, "I like the food; my favourite is chicken and I am able to have it here, there is a choice so I can choose what I want", "Excellent. They really care and will give you something else if you want", "Very good. I tend to have from the main menu, but can have from the alternative menu if I wish."

We observed lunch being served in the dining room. People were offered a choice of meals and drinks. People who were in their rooms were not left waiting for their meals. However we did raise with the registered manager that two people in the dining rooms were waiting for their meals for over 30 minutes. They contacted us after the inspection and told us that this had been addressed and that staff were being deployed from other parts of the service to assist with meals.

The chef told us that they were given a new list every three months of people's dietary requirements. Any changes (or new people being admitted to the service) in between were fed back to them immediately by the nurses. Two choices of meals (including for those on a softer diet) were offered each meal time. There was also an 'alternative meals' menu which the chef had introduced due to feedback from people. This included pizza's and chicken nuggets and we saw that people chose from this menu if they wanted. 'Night bites' were available including sandwiches, meats, soups and yoghurts. Each month the chef obtained feedback from people about the food and most days someone from the kitchen walked around and chatted to people about the food. The chef said it "Helps to balance the menu when I know what people like." Although it was a BUPA menu they said they had some flexibility to change it. The chef and staff had records of people's individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow.

For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Staff had a good understanding of how to support people that were being fed via a peg into their stomachs. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this being done.

People and relatives said that they always had access to health care where needed. One relative told us that physio sessions had started for their family member and staff had organised for the family member to see the Speech and Language Therapist (SaLT). People's care records showed relevant health and social care professionals were involved with people's care. Records showed involvement of the GP, specialist hospitals, diabetic nurse, epilepsy nurse, dietician and the SaLT. Every two weeks a Neuro psychologist visited the

service to review people's care. Staff followed the guidance provided by the health care professionals. We also observed a physio session in the dedicated gym. Physiotherapists knew people well and had adapted their programme to assist people to become more independent as well as maintaining movement and mobility where possible.

Good

# Is the service caring?

## Our findings

People and relatives told us that staff at the service were caring and considerate. Comments included, "I love it here", "It's like home to me now, staff are caring", "The staff are kind and caring and treat me with dignity", "They (staff) are a good lot here", "I get emotional support" and "Staff are caring, they respond with a smile."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During interaction we observed that staff always approached people with gentleness and kindness and gave them choice. People were not made to hurry to do anything. We did raise with the registered manager where we observed one member of staff not being as gentle with someone as they could have been whilst they were being supported to eat. This was addressed on the day with the member of staff being provided additional training around how best to support the person. We heard kind interactions from staff when talking to people. One member of staff told us, "I love it here. Everyone has characters" whilst another said, "I love working here, I love the residents, we are one big family."

Staff spoke with people in a respectful manner, gave people choices and treated people with dignity. One person said, "I don't need to make decisions about my care because the staff know what to do and I'm happy with that." Another person said, "They (staff) treat you like a human being. I am a person." One relative said, "We can't fault it. He (their family member) is always clean and shaven and he is in shorts today – that would never have happened where he was before." On several occasions on the day we saw staff giving people choices and treating people respectfully. One member of staff said, "Everyone is given the opportunity to make their own decisions about everything in relation to their care" whilst another said, "I would always knock on people's doors and I would never just get their clothes out for them" and a third told us, "If someone had a mark on their trousers I would find them some clean clothes."

People were supported to be independent. One person said, "I have all the things I want and I can choose what I want in my room." Another person said, "I have everything I need in my room. I am a huge (football) supporter and I have things about (football team) in my room." The environment was set up for people to walk or use their wheelchair around the service unsupported by staff which gave them independence. One member of staff said, "I like to get people to do as much for themselves as they can." Another told us, "Give people choice, don't just do things for them, encourage them to do their personal care." People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the people who lived there.

People were supported to communicate in a way that benefitted them. People had access to assisted technology including electronic tablets, specialist keyboards and document holders. One member of staff said "(The person) can only communicate by body language. I seem to be able to get through to (the person) and they have taken to me." Care plans included information for staff on how best to communicate with people. The staff understood each person and used appropriate communication methods.

Relatives and friends were encouraged to visit and maintain relationships with people. One person said, "I don't have family visit but friends come and visit me, I have friends here which is a good thing." Another person said, "I use the computer to help me talk to my wife via Skype." One relative said, "The atmosphere is so friendly and we are made to feel welcome. Everyone greets us, residents and staff."

Good

# Is the service responsive?

## Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service would be able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. All of the relatives we spoke with told us that staff contacted them if there was any concern about their family member.

There was guidance for staff in people's rooms in photo format to show how people needed to be positioned particularly for those people who were unable to verbally communicate. Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs. One member of staff told us that the care plans were "quite good" and that it was a good way of getting to know people's likes and dislikes and what had happened to them. Staff on the day were knowledgeable about people's care needs.

Although many people were able to do many daily living tasks for themselves and had been supported to increase their independence, many were entirely dependent on staff and family for every function of daily living. This meant the ability of staff to provide responsive care according to the daily and hourly wishes of people was particularly important to them. One person told us that sometimes staff didn't move them in a way that was right. However staff did respond to this when the person pointed it out to them, which they were well able to do. They said, "I tell the staff what to do and they do that." It would be difficult for staff to know precisely what to do because the person's movement and pain varied frequently. Staff did have guidance but it showed how important these details were to people and how responsive staff were to people's changing wishes and needs.

People confirmed that there was a range of activities for them to take part in if they wished to. Comments from people included, "I am going to London today to see the sights. I said it was something I wanted to do, so they arranged it", "I like to fish so I go fishing", "I like to use the computer here, I like doing quizzes and I like to draw as well", "They organise some nice things. I go to some that I choose, especially the Bingo which I love."

The activities coordinator told us, "We have changed the outings. We needed more bespoke outings for residents. As some people like one to one activities and did not like group activities, where others liked group activities such as going to the cinema, going out to the fish and chip shop and café. So we now make sure that their needs are catered for." They told us, "We have equipment such as MAC (computers),

projectors and the building has Wi-Fi. We showed Wimbledon in the garden and Olympics as well and we played live music in the garden." There were entertainers, outings and seasonal events. During the inspection we saw people taking part in various activities including games, arts, and cinema and one to one activities with staff.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. During the inspection people did feed back to us things that were important to them that they wanted to see improved. They had not raised these as complaints but however we fed these back to the registered manager who assured us that these would be addressed.
People and relatives knew how to complain, comments from them included, "I would speak to the nurse or manager. She's (the manager) always there to listen", "I have never been unhappy here. If I needed to complain I would see the manager" and "I've made complaints and the manager does what they can." There had been one complaint since our last inspection and this had been investigated thoroughly and people and their relatives were satisfied with the response.

Good

# Is the service well-led?

## Our findings

People and relatives were happy with the management of the service. Comments included, "(The manager) is around and I can talk to her. Nothing would make it better. I am happy here.", "I see the manager and the deputy around quite a bit", "(The manager) always acts on our behalf", "and I don't feel intimidated by management. We can always talk to them. They have taken over things for us which we're pleased at." Staff were also complimentary about the manager. One told us, "(The manager) gets involved. She works more hours than us. I feel supported by her and she is approachable whilst another told us, "The home manager is lovely."

There was a comprehensive system of audits that were being used to improve the quality of care.
There were monthly home reviews undertaken by the regional teams that looked at all aspects of care including care planning, staff training, activities, the environment and laundry services. Each audit included an action of things that required improvement and time scales for these improvements. It had been identified that the service required updating and work was taking place during the inspection to make these improvements. This included the redecoration and updates in people's rooms. Audits had also addressed other areas for example gaps in people's care plans. And action was underway to improve this aspect of the care and planning.

People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One person told us that they attended an activities committee to help improve the quality of the activities on offer. They told us that as a result more outings had been arranged. We saw minutes of the meeting where people discussed the refurbishment of the service, introduction to new staff and menus. People's and relative's feedback about how to improve the service was sought. Surveys were sent out each year and actions from these surveys were highlighted on a board in reception.

We saw during the inspection that the registered manager had an open door policy, and actively encouraged people and staff to voice any concerns. Senior staff engaged with people and had a vast amount of knowledge about the people living at the service. After the inspection the registered manager updated us on matters that we had brought to their attention during the inspection to assure us that these had been addressed.

Staff morale was good and they worked well together as a team. Comments from staff included, "Staff are great and you are supported and encourage to progress by the management team", "Good environment, great grounds, good management team, it is new and motivated. Generally we have good staff. We struggle with staffing; they (management) come with a positive vibe", "I feel like I've been here for years. It's a good team, my colleagues are supportive and I've settled in really well, "I feel valued. It's nice when people and staff say they've missed me." Staff were congratulated on their performance and were rewarded for their achievements. Staff had regular meetings and were encouraged to feed back any ideas on how the service could improve.

The PIR that was completed by the registered manager prior to the inspection gave a true reflection of our

findings on the day of the inspection. It stated that improvements were required in the external activities and we saw that steps had been taken to address this. Additional 'resident' involvement had been planned (according to the PIR) and on the day of the inspection we saw that additional meetings had been set up with people to feedback their thoughts on food, care planning and activities. The PIR detailed extensive refurbishment to the service which was all under way during the inspection. This demonstrated that the registered manager had a clear picture of what was happening in the service and what areas required improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.