

Top Care Homes Limited

Southminster Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

We inspected Southminster Residential Home on 23 & 24 January 2017 and this was an unannounced inspection. At our last inspection which took place on 04 September 2017, the Commission highlighted a number of concerns and found multiple breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated inadequate following this inspection and was placed in special measures. Positive conditions were imposed on the registration for Southminster Residential Home to drive improvement in the service.

Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. We met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions; is the service Safe, Effective, Caring, Responsive and Well-led to at least good. The provider wrote to us with actions they had taken to improve the service.

During the inspection in January 2018 the service demonstrated to us that improvements had been made and we no longer rated them as inadequate overall or in any of the key questions. Therefore, this service was no longer in special measures. The service was rated as requires improvement as the provider would need to show they can sustain the improvements and continue to provide good care.

We continue to investigate an incident that occurred in 2017, This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

We found that risk assessments were in place. Information recorded within people's care records identified risks associated with individual's care and support needs, with detailed information on how to manage the risks.

Medicines were managed safely and people received their medicine as intended and all documentation had been completed to evidence this. Medicine policies and processes were in place to give clear guidance to staff on handling and monitoring medicines in a safe way.

People had care plans in place that detailed their individual needs and provided staff with information about people's preferences, what was important to them and how staff could support them.

People's dignity was respected at all times during the inspection and staff had good knowledge and understanding of people's needs and preferences. There were enough staff on each shift to meet people's needs safely and in a timely way.

Staff had received support and training to ensure they had the knowledge and skills to enable them to carry out their roles. We found staff to be caring and compassionate towards people they cared for.

We found the provider had implemented processes to show that they were open and transparent about mistakes made in line with their legal obligations of duty of candour. Investigations into incidents showed that lessons had been learnt and this helped to drive improvement in the service.

Although the service had a number of quality monitoring processes in place to ensure the service maintained its standards, these were new systems and not completely embedded in practice.

Southminster Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Southminster Residential home is registered to accommodate up to 40 people in one adapted building, which is set over two levels. The care home is situated within its own private grounds. At the time of our inspection there were 20 people using the service.

A registered manager was in post at the time of our inspection. 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.'

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.

People were safe using the service, risks were suitably managed to ensure people's safety and wellbeing.

Sufficient numbers of staff were available to meet people's needs.

People were supported with their medicines in a safe way.

Is the service effective?

Requires Improvement ●

The service was effective. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued effective care.

Staff received an induction when they commenced employment with the service and were sufficiently trained in order to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be and they were able to express their views and opinions freely.

Is the service responsive?

Requires Improvement ●

The service was responsive. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued responsive care.

Care was person centred and met people's individual needs.

People knew how to complain and that the registered manager would address any issues raised.

Is the service well-led?

The service was well-led. However the rating remains as requires improvement until such time as the provider can show improvements are sustained.

Staff felt valued and were provided with the support to carry out their roles.

There were systems in place to seek the views of people who used the service and their relatives and this had been used to make improvements.

Quality monitoring processes were new and needed further time to be completely embedded in the service.

Requires Improvement 

Southminster Residential 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 comprehensive inspection followed the timeframes set out from our previous inspection on 04 September 2017 where the service was rated as inadequate and placed in special measures.

The inspection took place on the 23 and 24 January 2018. The first day of the inspection was unannounced, this meant the service did not know we were coming to inspect. The inspection was carried out by two inspectors.

Prior to our visit, we looked at all the information we held about the service, including all the notifications and enquiries submitted to us as required under the Health and Social Care Act 2008. We also reviewed all the information that had been sent to us from members of the public. We contacted the Local Authority contract and quality improvement team to gather information about the service.

During the inspection we spoke with three people who used the service, five of their relatives, six members of the care staff, the registered manager, the area manager and the provider.

We reviewed three people's care records. We looked at five staff personnel, training and supervision records. We reviewed the service's policies, their audits, the staff rotas, complaints and compliments, medicines administration and quality assurance records.



Our findings

At our last inspection on 4 September 2017, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. People were not being protected against the risk of unsafe care, particularly in relation to medicines and risk management. Improvements were needed to ensure people's safety. The provider sent us an action plan and told us what they were going to do to improve. We found that improvements had been made in all areas of the previous failings.

We found that risk assessments were in place and information recorded within people's care records identified the risks associated with an individual's care and support needs. For example, people who were at risk of falls, people's moving and handling needs and people's health and personal care needs. Staff were aware of people's individual risks and how to help keep them safe whilst ensuring any restriction on people's freedom was minimised. Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, staff were seen to be supervising a person when mobilising within the service, this was due to the person being at risk of falls but wanted to stay as independent as possible.

We spoke with the registered manager regarding managing risks to people who may have behaviour that challenges. The registered manager told us that at the time of the inspection no person had behaviour that challenged but all staff were to undertake further training to enable them to recognise and manage these risks should the need arise in the future.

We reviewed the procedures for managing medicines. The registered manager and area manager had put processes in place to take steps to drive improvements and to reduce the risk of errors. These had included weekly and monthly audits of all medicines and also introduced a two-step competency check for staff who administered and managed medicine in the service. The competency check involved both a theory and practical element. This was to ensure all staff that were trained to administer and manage medicines were deemed competent to do so.

We checked the stock controlled drugs prescribed to people and found they were accurate and stored securely and safely. The temperature of the fridge used to store medicines was also correctly recorded each day ensuring the consistent temperature of medicines required to be kept cold. We reviewed five people's medicine administration records (MAR) and found them all correctly completed with no unexplained gaps or omissions. Where people had been prescribed creams, a body map had been completed to indicate where

the cream had been applied.

We observed a medicine round and saw staff administered medicines respectfully and patiently. Staff were allocated a red tabard denoting 'do not disturb' whilst medicines was being administered which minimised the risk of a medicine error occurring due to the staff member being distracted. Staff and relatives were aware of this process.

The registered manager and staff had been working with the Local Authority and had enrolled in a programme called Prosper, which is aimed at improving safety and reducing harm for people who are at particular risk of admission to hospital and to reduce preventable harm from falls, urinary tract infections (UTI) and pressure ulcers. We saw two noticeboards situated round the service that displayed information on various ways to assist people. The noticeboards also displayed diagrams to evidence the reduction in falls and UTI's since the service has utilised the programme. The registered manager told us that all staff were actively engaged in the programme.

People and their relatives told us that they were safe living at Southminster Residential Home. Comments received included, "Yes, I feel very safe. I know the girls [staff] are able to look after me very well," and, "I know my [relative] is safe here, I know they [staff] care for him well," and, "My [relative] is well cared for and is kept safe at all times here, the staff are brilliant."

The service had safeguarding systems, policies and procedures in place and the registered manager managed safeguarding concerns in a timely way when required. Staff had completed training on safeguarding and were able to demonstrate they had a good understanding of how to protect people from preventable harm.

The service had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Although one staff member's records showed gaps in their employment history, the staff member had been employed by the service for a number of years and we spoke with the registered manager and area manager about this; they assured us that the gaps would be investigated and findings recorded on the staff member's application form immediately.

Adequate numbers of staff were available to provide the care and support as detailed within people's individual care plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. People and their relatives told us there were enough staff on each shift. One person said, "They [staff] are always around and you only have to ask for something and they will help you." A relative told us, "There always seems to be enough staff when I visit the home, I have never heard anyone complain that they cannot get any help when needed." Staff are deployed to areas of the service at the start of their shift during handover and this is normally by the person in charge of that particular shift. Our observations throughout the inspection was that at least one member of staff was available in the communal areas at all times.

People were cared for in a safe environment. The provider employed a general maintenance person for the day to day up keep of the service and for the monitoring of environmental health and safety. The area manager told us that this person was also a fire officer and therefore offered fire safety training to the staff. There was a fire plan in place and each person had a fire personal evacuation plan completed.

Infection control training had been completed by all staff and they knew their roles and responsibilities with

regards to infection control. All relevant staff had received training on food hygiene and procedures had been followed. We saw the personal protective equipment (PPE) such as aprons and gloves were available and used by staff.

The area manager had recently implemented a process that would ensure the reviewing and investigating of safety and safeguarding incidents was completed thoroughly and that lessons to be learnt were shared with all staff members so that views can be sought on how to drive improvement in the service.



Our findings

At our last inspection on 4 September 2017, the provider was in breach of Regulation 18 of Health and Social Care Act (Regulated Activities) Regulations 2014 – Staffing. We found staff did not have the knowledge on how to manage people with behaviour that challenged and did not always refer people to outside agencies if required. The provider sent us an action plan to show how they would improve. We found improvements in all areas of previous failings, however, the rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and effective care delivered over time.

At our previous inspection, we found arrangements in place were not effective to ensure that staff employed at the service received appropriate training. This referred specifically to training relating to specific training dealing with people who may have behaviour that challenged. Training of staff has improved since our last inspection and staff competencies were assessed. Staff told us that they had undergone training courses since the last inspection and felt confident that they could respond to people's needs. One member of staff told us, "We have had lots of training recently and I personally feel we have enough training to carry out our jobs." We saw training records for five members of staff and found training had been provided for specific health needs. The area manager told us that a further training course would be introduced. This would ensure that all staff had the knowledge and skills to manage people who may present with behaviour that challenged. This meant that although there had been significant improvements, further work was on going to ensure planned additional delivery of needed training and this will take time to embed and to test staff competencies in all areas.

Staff received adequate supervision and support. We viewed staff supervision records and found that regular supervisions were being undertaken and staff told us that these supervisions were beneficial to them and it was now a two way process. One member of staff told us, "I feel entirely supported by the manager and I can discuss anything with them." Another staff member said, "Supervisions are good and we are able to speak about different subjects freely."

People and relatives told us that staff met their needs and that they were happy with the care provided. Comments included, "I believe the staff are well trained as they are knowledgeable on how to care for my [relative] and they care for them very well." Another comment, "I don't actually know what training they have but all I know is they are very good with my [relative] and know how to care for them very well." Staff had the skills to meet people's individual needs. They communicated and interacted well with people and provided help and support where needed.

People's needs were assessed before they came to stay at the service. Information was sought from the person, their relatives and other professionals involved in their care. The registered manager told us that these assessments had been carried out by them and information collected on this assessment would be used in conjunction with other assessments that had been carried out, for example by the Local Authority to decide if the person would be appropriate to live at Southminster Residential Home and to ensure that all needs could be met by staff at the service.

Our observations of the lunchtime meal showed that the dining experience for people was positive and sociable. People chose where they wanted to sit and eat their meals. People were offered a choice of meals and drinks. One person told us, "The meals are lovely and taste good." A relative told us, "The meals always smell and look very nice, and I think this is important to people." The registered manager told us they had recently employed a new chef and this had made a difference to the food being served. One relative said, "The new chef really does serve some fantastic meals and is very pro-active in getting feedback and suggestions from the people here."

People's preferences and choices were reflected in their care records and also recorded for the kitchen staff. Where people required assistance from staff with their meals, we saw staff conversed with people and were patient, assisting people at a pace that suited them.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals as appropriate. People and relatives commented, "I know that if my [relative] requires the doctor, they don't delay in contacting the doctor and will also let us [family members] know too," and, "They are great at phoning the doctor if it is required and will also call me too." During the inspection, a professional visited the service to introduce themselves to the registered manager; they explained that they would be working closely with service with regards to people who may have mental health needs. The registered manager told us that this was a new service that would be greatly received and will help assist people with referrals and assessments.

The service had 'transfer forms' in each person's care records, which summarised key information about their health and their care needs. These were intended for sharing with paramedics and hospital staff in the event of a health emergency or hospital admission. At our last inspection important information had not always been recorded appropriately. At this inspection we saw that these forms had been completed with all important and relevant information about the person. This included any allergies. The area manager told us that these forms had recently been revised and there was to be some further work carried out to ensure that the form was appropriate and reflected all information required.

People had access to the gardens; the service had made adaptations in enable people who use wheelchairs could access the outside space also. People's bedrooms were decorated in a personalised way, the service encourage people to have items in their rooms that were personal to them. For example, pictures, music and photographs of family members. The area manager told us the service will gain views of the decoration of the home from people who use the service.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities in relation to DoLS. They told us one person had a DoLS authorised.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People, relatives or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People told us staff asked for their consent before assisting them. For example, a person said, "They will ask to come into my room or ask if they can help me wash." A relative told us, "We [family] have Lasting Power of Attorney (LPA) and are involved with all care planning, they [staff] ask for our input in planning too." If there were concerns that someone might lack the mental capacity to make a decision about a particular aspect of their care, this was assessed. Where people were found to lack capacity, staff had recorded a best interests decision about this and care was provided accordingly.



Our findings

At our last inspection we found a breach of Regulation 10 Health Social and Care Act (Regulated Activities) Regulations 2014 - Dignity and respect. This was due to language recorded on a document. These entries demonstrated a general lack of knowledge and understanding of how to support people with behaviours in a dignified and compassionate way. The provider sent us an action plan to show how they would improve. We found improvements in all areas of the previous failings.

We spoke with the registered manager and area manager who told us that all staff had completed refresher training for dignity and respect following our last inspection. We viewed training records for five staff members and this was confirmed.

People and their relatives told us that the staff were caring and kind. Comments received included, "They [staff] are magic, they are all very nice and caring towards my [relative]." Another said, "The staff here have always been so very kind and caring, they work extremely hard to make sure everyone is looked after and that includes the families that visited too."

People and their relatives were treated them with dignity and respect, some comments received included, "They [staff] have always treated me with respect, I have never had anyone speak to me rudely." Another was, "I have never heard any member of staff speak to someone in a disrespectful way in all the times I have been here, they [staff] are all so kind and polite even to visitors."

The interactions we observed were friendly, kind and respectful. We saw staff chatting and laughing with people, which made a very nice atmosphere in the service. Staff supported people promptly when required. We saw staff approach a person in the communal lounge, they then spoke to the person quietly to ask them if they required the use of the toilet. This showed that staff were respecting people's dignity.

We saw staff communicating with people in a positive and compassionate manner. Staff spoke with people in ways that people understood and in ways that met people's communication needs. For example, staff spoke with a person closely to their ear, this method was used as the person had a hearing impairment and this was the effective way to ensure the person understood what was being said.

Visitors were welcomed into the service at any time, and relatives confirmed this when we spoke with them, they told us, "I can come in here anytime of the day and know I will be welcomed by the staff." Another said, "I am here all the time and staff have always welcomed me and I have never felt like I shouldn't be here, they

[staff] are all so very caring."

People received care and support from staff who knew, or were getting to know, them well. Many staff had worked at the service for a number of years and people spoke about some of them by name. Staff knew about people's likes, dislikes and care preferences, which were clearly set out in their care plans. Each person had a life story document completed called 'This is Me' to ensure staff knew different aspects and things that were important to each person.

Staff involved people and their relatives in the planning and reviewing of the care records wherever possible. Relatives told us they knew about their care plans and the staff would invite them to attend any care plan review meeting if they wished. The service had held meetings which provided people and their families with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings which included ideas and suggestions for meals and updates on how the service was running and plans for the future.



Our findings

At our last inspection we found a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 – Person centred care. Care plans were not person centred and did not contain interventions to manage identified individual needs and preferences. The provider sent us an action plan to show they would improve. We found improvements in all areas of previous failings, however, the rating has been changed to Requires Improvement, although improvements have been made, the service continues to work on the improvement of care records and ensuring there is a dedicated activities person available in the service through ongoing recruitment.

We spoke with the registered manager and area manager who told us that a new format of the care plans for people had been introduced and had been completed to record people's needs in a person centred way. We viewed care plans for three people and found the information recorded was individualised to each person.

We saw staff assisted people with their care and support and were responsive to people's individual needs. We found people's care records were person-centred. The registered manager told us work continued to be undertaken to ensure care records reflected people's preferences and choices. People's care records informed the staff about the support they required and they detailed how people were encouraged to maintain their own independence.

The registered manager told us that they were actively looking to recruit a person to carry out activities for people who lived at the service. Staff were currently carrying out this role as part of their duties.

During the inspection we observed a member of staff actively involving people in an art activity. People were seen to be enjoying this activity. People were laughing and joking with each other and staff, it was a very sociable event. We saw staff encouraging people to paint a picture of a fish, and asked each person what type of fish it was and then asked if they would like the particular fish for dinner the following day. For example, some people painted a salmon; this showed that staff were also engaging people in making decisions on their daily lives and giving them choices.

We also observed another member of staff encouraging a person to take exercise in the lounge; it was visible that this was an enjoyable activity for the person by the interactions between the staff member and them. The staff member told us that this person used to be an athlete and had always enjoyed exercise and therefore they encouraged that to continue. One relative told us, "It's lovely to see [relative] taking part in the activities."

A relative told us, "Yes we could do with a few more activities but to be honest they are good at arts and crafts and also quizzes and try to get everyone involved." Also, "My [relative] really enjoys music and loves it when singers come into the home, which is normally at least once a month." Staff were aware of people's interests and hobbies and ensured these were included in the activities provided.

At our last inspection we found the people and their relatives did not feel confident to raise complaints or concerns. At this inspection people told us they were confident in raising any concerns or complaints and were aware of how to do this. Comments received included, "I have always been able to say what I want to them [staff] and I know they will put things right for me." Another comment was, "I have no issues with speaking to the staff or [registered manager name] with anything. If I have had to bring stuff to their attention, they have listened to me and changed things if needs be."

We viewed the complaint folder and found that complaints had been logged and dealt with appropriately. The area manager told us that lessons had been learnt from the previous inspection and an audit of the complaints was now completed to ensure staff followed the complaint policy and procedures in place. We also saw records of compliments which detailed many positive 'Thank you' notes to the staff for the care people had received.

People were supported at the end of their life to have a comfortable, dignified and pain-free death and when people made their preferences known about how they wanted their end of life care provided. Their wishes were recorded in their care plans and kept under review. Staff told us, and records showed they had received training on end of life care, so they could fully support the physical and emotional needs of people as and when necessary. The registered manager told us that staff would be completing refresher training for end of life care in the near future.



Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance. The service lacked adequate effective leadership and systems to monitor and improve the service for people. The provider sent us an action plan to show how they would improve. We found that improvements had been made in all areas of previous failings; however, the rating has been changed to Requires Improvement. Although improvements have been made, the management of the service in terms of quality and safety will need to be sustained and maintained over time to prevent reoccurrence of our previous very serious concerns about failures in management and governance.

These quality assurance checks were newly implemented into the service and the registered manager and area manager told us that it would take time to completely embed the processes into the service. This showed us that the registered manager had an insight into the day-to-day running of the service and recognised that new processes would require time to ensure they were robust and effective. The service will only be able to demonstrate over time that the system they have implemented is effective in ensuring robust review and monitoring of the quality of the service to for the delivery of safe care at all times. Some areas that have minor ongoing improvements included care records, employment of an activities co-ordinator, training, and competencies of staff in all areas of their roles.

We found at this inspection that various quality assurance processes had been introduced to the service by the area manager. These included audits for medicines, care plans, health and safety and maintenance. The registered manager completed these audits on a weekly or monthly basis, dependant on what the timeframe was for the audit and actions would be recorded with a date to show when completion had occurred. The area manager also completed a monthly visit to the service to carry out an audit of all aspects of the service. A report was then completed to show any actions required and an agreed date of completion. The area manager told us that information from all audits was documented to assess for any trends or for lessons learnt from the quality assurance audits. All information was discussed within staff meetings to enable all staff to learn from this. We saw from documents where improvements were required, actions had been taken. For example, an audit that included the environment showed the environment was in 'fair condition' an action was put in place for a redecoration plan to ensure improvement to the environment. This showed that the systems were working effectively.

The registered manager was visible within the service daily and was part of the care team if required. People and relatives informed us that they were very approachable and could speak to them at any time. The registered manager had worked in the service for a number of years and had a very good knowledge of the

service and the people that used it. People and their relatives felt at ease discussing any issues with the registered manager and the staff. They informed us the service had a 'homely and family' feeling which was due to the registered manager and staff working well together. A relative said, "This place just feels like home because everyone is lovely."

Staff told us that they felt supported, valued and appreciated by the management team. Comments received included, "[Registered manager] is very good, we all worked well together here and we know we can talk to them at any time and they will listen to us." Another comment was, "It's been hard for the past few months but we got through it together, we really are a very supportive team."

The management team for the service had changed recently, an area manager had been in post for approximately four months and staff told us that this has been a positive recruitment for the service. Staff told us, "[Area manager] has really helped us with different things within the home and now [registered manager] gets the support they need as well." Another staff member told us, "Things have improved here, [area manager] has been a big help to [registered manager] and also to all of us. They have great knowledge and experience that we can all learn from." Another change which had been implemented was a team leader who had been appointed to assist with the running of the service; staff also said that this is a positive change. Comments included, "[Team leader] has been promoted and this has also made a difference to us all as they are assisting with care plans and helping us."

At our previous inspection we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Duty of candour. The service had not reviewed incidents in accordance with the duty of candour requirements. They did not identify appropriately when the service had made errors and taken timely action to learn from these errors.

At this inspection, we found that investigations into incidents had been completed in an open and transparent way. This information was shared with staff during meetings to highlight what went wrong and if any lessons could be learnt to prevent any future risks. All information had been shared with relevant agencies, such as Local Authorities. The registered manager and area manager told us that when relevant they would share information in the meetings with people who used the service and their relatives too. This showed us that the service was working in an open and transparent way.

The service encouraged and enabled communication in various ways. These included regular feedback from people who used the service, their relatives and staff at meetings, satisfaction surveys which were sent to relatives and staff and the recently introduced 'manager's surgery' which would be held once a month. This surgery was to enable anyone to attend and have designated time to speak freely and openly to the registered manager.

We saw that the staff had been working closely with the Local Authority on a project called 'Prosper'; which is a development and improvement project within care homes. We saw a document displayed on the noticeboard called, 'You said, We did.' which showed what the service had put in place after receiving people's views and feedback. For example; someone had said they were unhappy with staff using their mobile phones at work. The service had sent a letter to each member of staff informing them that no mobile phone was allowed during working hours. Another example was a person had asked if relatives could be kept updated about the service by email. The service requested an email address for all relatives and said they would email all updates to them. This showed us that the service had acted upon views and suggestions of people who used the service and their relatives.

