Bupa Care Homes (ANS) Limited

St Mary's Care Home

Inspection report

19 Dunstable Road
Luton
Bedfordshire
LU1 1BE

Tel: 01582438200

Date of inspection visit:
29 July 2016

Date of publication:
17 October 2016

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

We carried out an unannounced inspection on 29 July 2016.

The service provides care and support to people with a variety of care needs including those living with dementia, physical disabilities, mental health needs and chronic health conditions. On the day of our inspection, there were 28 people being supported by the service.

During our inspection in July 2015, we had found the provider needed to make improvements in some areas including the décor of the lounge, responsiveness of staff to people's needs and the quality of the care records. We found improvements had been made during this inspection.

There was no registered manager in post. However, a new manager had started the process to register with the Care Quality Commission. 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 provider had effective systems to keep people safe and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines had been managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. The manager and staff understood their roles and responsibilities in ensuring that people consented to their care and treatment, and that this was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People had nutritious food and they were supported to have enough to eat and drink. They had access to other health and social care services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. Staff had developed caring relationships with people they supported and people valued their support.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. Care plans had been reviewed regularly or when people's needs had changed to ensure that they were up to date. Staff were responsive to people's changing needs and where required, they sought appropriate support from other health care professionals. A variety of activities had been planned and provided to occupy people within the home, and trips organised to visit places of interest for

people who used the service. The provider had a formal process for handling complaints and concerns. The provider's area manager had also provided their contact details so that people or relatives could contact them if they had concerns that had not been resolved by the manager.

The provider had effective systems to assess and monitor the quality of the service. They encouraged feedback from people, relatives and staff, and acted on the comments received to continually improve the service. The area manager had provided effective support to the new manager. Everyone we spoke with had been complimentary about the improvements made since the new manager was in post.

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 felt safe and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received adequate training and support in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough nutritious food and drinks to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a respectful way that promoted their privacy and dignity. They were also supported to maintain their independence as much as possible.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that their care needs were appropriately planned and reviewed.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Good

The service was well-led.

The new manager provided effective leadership and support to the staff. They had made significant improvements to the service.

The provider had effective quality monitoring processes to drive continuous and sustained improvements.

People, relatives and staff were enabled to routinely share their experiences of the service, and they said that their suggestions and comments had been acted on.

St Mary's Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 29 July 2016 and it was unannounced. It was carried out by an inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with five people who used the service, seven relatives, four care staff, a nurse, the manager, the provider's area manager, and a member of the housekeeping staff.

We looked at the care records for six people who used the service. We review the provider's staff recruitment, supervision and training processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was monitored and managed, and we observed how care was being provided in communal areas of the home.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe at the home. One relative said, "We are very happy with the home. If we weren't, we would move [relative]." Another relative said, "If I had to be somewhere, I would be alright here in this home." A third relative told us that they felt their relative was safe because staff were always nice and calm.

Staff said that they had received training in safeguarding people and we saw that this had been updated as necessary. They showed good understanding of how to keep people safe and they were familiar with local safeguarding procedures. A member of staff said, "Everyone is safe here. I am protective of residents and I would never want to see someone being mistreated or abused." Another member of staff said, "No one is in any danger. We get to know residents' needs better and can tell if something is not alright." We saw that the provider had processes in place to safeguard people, including safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to safeguard people was displayed around the home so that people who used the service, staff and visitors had guidance on what to do if they suspected that a person was at risk of harm. This also contained the contact details of the relevant organisations where concerns could be reported to. There was a 'Speak Up' poster on display, which was the provider's confidential service to report concerns. We saw evidence that concerns about people's safety had been appropriately reported to the local authority safeguarding team and to the Care Quality Commission.

The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed. The risk assessments in place were detailed and provided clear guidance for staff to manage and minimise the identified risks. For example, there were assessments for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. We observed safe procedures when staff used equipment to support people to move and we saw that people's risk assessments had been reviewed and updated regularly or when their needs had changed.

There were systems in place to ensure that the physical environment of the home was safe. We noted that staff carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, fire-fighting equipment and emergency lighting. The fire risk assessment had been updated, and the service had been inspected by the local Fire and Rescue service in March 2016 and deemed to meet the fire safety regulations. Each person had a personal emergency evacuation plan (PEEP) to ensure that in an emergency, staff knew how to help them leave the building safely. The service also kept records of incidents and accidents, with evidence that these had been reviewed and actions taken to reduce the risk of recurrence.

The provider had safe recruitment procedures in place because thorough pre-employment checks had been completed for all staff. These included requesting references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and

prevents unsuitable people from being employed. They also checked if the nurses they employed were registered with the Nursing and Midwifery Council (NMC), including checking whether they had renewed this annually.

There were mixed views about whether there was enough staff to support people safely. Some people told us that they always received the support they required and never felt that they had to wait. One person said, "Generally, there are enough staff." Another person said, "There are enough staff, but they do get really busy." However, a relative said, "Sometimes people wait a while for someone to come, I hear them calling." We reviewed the staff rotas and noted that there was sufficient numbers of staff planned to support people and meet their needs safely. There were members of staff present in the lounge areas and we observed that they also frequently checked and supported people who were mainly cared for in their bedrooms. One member of staff said, "We normally have enough staff, but we can be short if someone phoned off sick. We usually work with five or six care staff, but six staff all the time would be perfect. Residents get good care though because we support each other." Another member of staff said, "There is enough staff. We have tried different ways of managing the workload in the morning and splitting us into three teams has worked well. Nurses do pitch in and help, apart from the times when they can't be disturbed. For example, when they are doing medicines."

Most of the people we spoke with had no concerns with how their medicines were being given to them. One relative was particularly complimentary about how their relative's medicines had been managed. They told us that when their relative was discharged from hospital, a nurse from the service had gone to the hospital to check about their medicines and other treatment, in order to ensure they had everything they needed when they left the hospital. Although another relative had not been happy with how staff had managed their relative's medicines for a short period, we found this issue had been dealt with effectively. We saw that the majority of people's medicines had been managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home. We saw that medicines were being administered by nurses and there were systems to occasionally check their competence to do so safely. The provider was also training experienced care staff to be able to administer medicines in the future. The medicine administration records (MAR) we looked at had been completed fully, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors. However, where recording errors had been previously identified, these had been addressed with the individual members of staff in order to minimise the risk of recurrence.

Good

Is the service effective?

Our findings

During our inspection in July 2015, we had found the lounge was bland, with very little on the walls to stimulate people. During this inspection, we found improvements had been made to the lounge as it now offered a pleasant and stimulating environment for people to sit in. This area had been repainted, with a feature wall paper that was chosen by people from the options that had been provided to them. There were ornaments and wall hangings that made it feel homely and cosy. People told us that they liked how this had been decorated. A member of the housekeeping staff was complimentary about the improvements to the décor. They said, "The new manager and the area manager have been helpful in getting the money to refurbish the home. Everyone worked hard on organising the lounge." They further told us that they had been encouraging people to bring some of their personal items from home their bedrooms feely homely for them. There was also work in progress to turn the small lounge into a café for use by people and their visiting relatives.

People told us that staff had the right skills and qualifications to provide the support they required. One person said, "If someone does something I don't like, then I tell them. I used to be a nurse, and they change it. They are really good like that." A relative said, "We are happy that the staff have had the training and can look after [relative]'s care well."

Staff told us that the training they received had helped them to develop the knowledge and skills necessary to support people effectively. A member of staff said, "Training is good and up to date. I have done all my mandatory training." Another member of staff said, "They are quite strict about training. If you don't do it, they can stop you working so we always do it. It's good that training time is paid." A newer member of staff said, "I found the training clear, direct and not boring. It was sufficient for me to know about the expectations of the role." We saw that the provider had a training programme that included an induction for new staff and regular training for all staff in various subjects relevant to their roles. We saw that some staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. A member of staff told us, "I have done NVQ level 3 and I might do further training in the future."

There were opportunities available for nurses to develop their skills and knowledge, and to evidence that they remained suitable for registration with the Nursing and Midwifery Council (NMC). The provider had also put systems in place to support nurses to meet the 'revalidation' requirements. A nurse we spoke with said that they felt well supported in their role. Staff told us that they had received regular supervision and appraisals, and we saw evidence of this in the records we looked at. A member of staff said, "We get a lot of support. The manager is very supportive and I meet regularly with my supervisor." Another member of staff said, "I get regular supervisions and I am happy with that."

Where possible, people had given written and verbal consent to their care and support. Some people had signed forms to show that they consented to being supported with their personal care and medicines, they agreed with the content of their care plans, and they were happy for their photographs being taken for identification purposes and during activities. We observed that staff asked for people's consent prior to

supporting them and they respected people's views and choices. A member of staff said, "We ask for residents' permission before we do anything. We do not force them to do anything they don't want."

However, some of the people's needs meant that they did not have capacity to make decisions about some aspects of their care and they were not able to give verbal or written consent. In order to ensure that people's care was managed in line with the requirements of the Mental Capacity Act 2005 (MCA), we saw that relevant mental capacity assessments had been completed and decisions to provide care and supported were made on their behalf. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We also saw that when required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but the manager was still waiting for responses for the other referrals they had sent. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Although there mixed views about the quality of the food, the majority of people and relatives we spoke with made positive comments about the food provided by the service. Most people also said that they always had enough to eat. We observed that people had been provided with a variety of nutritious food and drinks, and they were supported to choose what they wanted to eat. One person told us, "Breakfast is not bad, but lunch is hit and miss. There is not much substance to the food." A relative said, "I eat here at lunchtime and the food is good." Another relative said, "In the last year the food has improved a bit. Sometimes it is a bit too fatty." At lunchtime, we observed that the dining room was set-up for people to have to have a pleasant dining experience. The food served to people appeared well-cooked and appetising. Although a relative had commented that there would not be enough space if everyone chose to eat in the dining room because a number of people used their wheelchairs, we noted that an adjoining room which was used to serve people's meals could easily be turned into another dining room if this was necessary.

We noted that people with specific dietary requirements had been supported to eat well. A variety of options were available for people who required soft food, high calorie food or food low in sugar content for those living with diabetes, and for those who could not eat certain foods because of their religious or cultural needs. This was confirmed by a relative we spoke with, although they also told us that their relative preferred the food they brought for them from home. Staff regularly monitored people's weight to ensure that this remained within acceptable ranges. We noted that this had been monitored more closely if people had been assessed as being at risk of not eating enough. We saw in the records that when necessary, people had charts that staff completed to monitor the amount of food and drinks they had on a daily basis. This ensured that prompt action could be taken if people continued not to eat or drink enough. Staff we spoke with were complimentary about the effort they made to make sure that people ate and drank enough. A member of staff said, "Some residents come here really thin and we make sure they get good quality food and enough fluids. I have seen people come here on end of life care, but they live much longer than expected because of what we do. That makes me really proud."

There was evidence that people had access to other health services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care and treatments necessary for them to maintain their health and wellbeing. People also told us that their health needs were being met. One person said, "I

just need to ask to see the doctor, but we have nurses here too." Another person said, "For my hearing, I just had my ears syringed at the doctors and then I am going to get a new hearing aid at the clinic. They arranged it all for me." A third person said, "If I have to go for appointments they arrange it and then I pay for the taxi and for their time."

Good

Is the service caring?

Our findings

People told us that staff were kind, friendly and caring towards them. One person said, "They are friendly and helpful. The nurses are good and everyone is really helpful." Another person said, "The carers are very pleasant. Nothing is too much trouble and they are always jolly." A relative told us, "Staff here are very good, they will always help." Another relative told us, "They are all friendly."

We observed that staff interacted with people in a positive and respectful manner. There was a friendly and relaxed atmosphere, and people appeared happy and content. Staff spoke with people whenever they came into the communal areas and when not busy, they sat down and spoke with people about a subject of interest to them. A member of staff said, "All staff are really lovely and caring to residents. I am always protective of older people and I believe in Karma. If I do something good for someone, someone will do something good for me." Another member of staff told us, "Everyone does a really good job to support residents. The residents are friendly and do not seem to have any problems with staff. If they do, these are sorted." They also said, "A lot of staff go above and beyond what is expected of them to make sure the residents are happy and well cared for." A member of the housekeeping staff whose relative was living at the home told us that the care staff were really good and supportive to people living there. They added, "I wouldn't have my [relative] here if I thought the care wasn't good. I will put my hand on my heart and say that staff are caring."

People told us that their views were listened to and they were able to make choices about how they lived their lives, including their bedtime, what time they got up and how they wanted to spend their day. One relative said, "Yes, [relative] has a choice about how they want to be supported." A member of staff told us that they supported people to make choices and to be as independent as possible. They said, "We enable people to do as much as they can for themselves. It is really satisfying when people come here unwell and they are able to do some things for themselves in a few months." Staff told us that where necessary, they worked closely with people's relatives, friends or social workers to ensure that their individual needs were met in a way that protected their rights, and this was confirmed by people and relatives we spoke with. The service also enabled people to maintain close relationships with their relatives by having unrestricted visiting times. A relative told us that they could visit at any time and they always felt welcomed. Another relative said, "Visitors can come and go as they want to, we are here till midnight some nights." A third relative told us, "Visitors are always welcome. They can make themselves a cup of tea if they want to." We noted that most days, one relative had lunch with their relative.

People told us that staff supported them in a respectful way and they protected their privacy and dignity. One person said, "They are all respectful and lovely." Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. We saw that staff understood the importance of maintaining confidentiality. They told us they would not discuss people's care outside of work or with anyone not directly involved in their care.

People had been given information in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given a range of

information about the service including the level of support they should expect and who to speak to if they had concerns about their care. Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and they understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support.

Good

Is the service responsive?

Our findings

During our inspection in July 2015, we had been particularly concerned that there were not enough chairs in the main lounge for everyone to sit on. This meant that some people sat on their wheelchairs for prolonged periods, which increased the risk of them developing pressure ulcers. People were not always supported every time staff answered the call bells, and they said that they would like more and varied activities.

During this inspection, we found improvements had been made. There were now new comfortable chairs for people to sit on and the number had been increased so that there were enough for people who normally used this area. This meant that the risk of people developing pressure ulcers had been reduced as they did not spend prolonged periods sitting on their wheelchairs.

People's care plans reflected their support and treatment needs, as well as their preferences in how they wanted to be supported. People and relatives told us that they had been involved in planning their care and there was evidence of this in the records we looked at. One relative told us that they had gone through the paperwork which detailed how their relative would be cared for. They also said, "We filled in a form about what [relative] used to do and our family tree too." Staff told us that this information was useful in identifying what was important to people and could be a source of conversations with people with short term memory difficulties. We saw that people's care plans were reviewed regularly by their keyworkers.

Although some people told us that they sometimes had to wait to be supported during busy times of the day, most said that staff normally responded quickly when they needed support and we observed this on the day of the inspection. One person said, "I never wait until I'm desperate before I call the bell, just in case I have to wait. Sometimes the wait can be five or ten minutes." A relative told us that a new call bell monitoring system had been installed. They added, "So that things can be checked if need be, that's an improvement." We noted that people in their bedrooms had accessible call bells so that they could call for help when needed. Additionally, we observed that staff checked them regularly to ensure they were comfortable and where needed, they kept records of these checks.

Although two people found some of the activities boring, most of them told us that they were supported to pursue their hobbies and interests, and that they enjoyed the activities provided. This included people being supported to access recreational activities within the local community. One person said, "We went shopping the other day and I bought a dress. I had a lovely time." Another person said, "They had a minibus and took us into the town, it was so good." A person told us that members of her Church visited them regularly to give them 'Communion'.

We saw evidence that a variety of activities had been planned and provided to support people to socialise, and pursue their hobbies and interests. A 'Dates for your diary' activities schedule displayed around the home showed that planned weekly and monthly activities included armchair exercises, arts and crafts, bingo, afternoon tea, sing-alongs to hymns and songs, and watching DVDs. Photographs were on display showing events that took place recently. For example, there was evidence that people took part in 'Euro 2016' celebrations and there had been celebrations for people's birthdays. Also in July 2016, people had

been entertained by external singers on two occasions. They also had an afternoon tea, strawberries and cream tea, and a table top sale held in the courtyard garden. People told us that the garden was well used in the right weather. There were tables and chairs and a large canopy for people to use and the garden was easily accessible from the main lounge and by people using wheelchairs. We saw that it was well maintained and provided a pleasant place for people to relax and socialise in.

The provider had an activities coordinator, but they were not working on the day of our inspection. However, we saw that an external instructor facilitated exercises in the lounge during the morning. A member of staff told us that people always looked forward to her coming in. A person told us about the morning exercises. They said, "We had an exercise person this morning and they are really good. They tired me out and we enjoy that." During the afternoon, a group of five people and a relative gathered in the lounge to play dominoes. We observed that there was a lot of laughter and fun during the session and people appeared to enjoy it. However some people stayed in their bedrooms during the day, either by choice or because they were too unwell to come out.

People told us that they felt able to raise concerns with the manager or staff. Although some people told us that they had complained about some aspects of their care, most people told us that there was not much to complain about. They generally told us that they liked the home and they valued the staff who supported them. A relative told us that they had never really complained because they normally discussed any concerns with staff or the manager before they escalated. A member of staff said, "Most people are happy with their care and have no complaints. We do sometimes get minor grumbles about food." The provider had a complaints policy and a system to manage complaints. The 'Customer feedback – Concerns, complaints, compliments and suggestions' leaflet was displayed on a notice board by the main entrance to the home. There were also complaints forms available for use by people or visitors to the home and these also explained how their complaints would be managed. We checked the complaints records and noted that appropriate actions had been taken to investigate and resolve any complaints raised by people or relatives.

Good

Is the service well-led?

Our findings

During our inspection in July 2015, we had found that robust records had not always been kept to reflect the care that people received on a day to day basis. Daily records were not always person-centred and there were gaps in some records to show that people's prescribed creams had been applied during personal care.

We found improvements had been made during this inspection and staff had had enough time to embed the changes the provider had made to the care plan records. We saw that daily care records were detailed and staff told us that they completed these as soon as possible after providing care, so that they were able to accurately evidence what support had been provided to each person. However, we saw examples of where more information in people's records could be beneficial. For example, the information on a care plan of a person living with diabetes who required staff to check their blood sugar levels if they felt the person was unwell did not tell staff the range in which the blood sugar levels would be of concern. We discussed this with the manager and they agreed that this information was essential and that it would be added to the care plan as soon as possible. They also said that nurses would most likely to do this and they had sufficient knowledge of what the safe levels were.

There was a no registered manager in post, but a new manager had started the process to register with the Care Quality Commission. Although some of the people were confused about who managed the service between the new manager and the area manager, most people were happy with how the home was managed. One person said, "Yes I know her, she is very nice and she helps if the carers are busy." Another person said, "She has been keen to talk to me and tell me the things that have improved here, and that I could talk to her any time." People, relatives and staff were very complimentary about the positive changes they had seen since the manager started. A relative said, "We have seen some improvements to the quality of care since the new manager arrived." A member of staff said, "The service has definitely got much better with the new manager. Things are more organised and the staff are happy. I feel really supported." Another member of staff said, "Things have really settled a lot since the new manager has been in post." The manager told us that the provider's area manager had supported them in their new role and we noted that they frequently visited the home to provide support and to assess the quality of the service. The area manager told us that they were confident that the manager had now settled into their role and they would reduce their planned visits to the service to once every other month. An information sheet with the area manager's name, photograph and telephone number was displayed by the entrance to the home to enable people or relatives to contact them if they had any issues that had not been resolved by the manager. The area manager told us that this was part of their aim to be open and transparent, and to enable them to deal with concerns promptly. At the time of the inspection, no one had yet contacted them.

Staff told us that they felt valued and they were able to discuss with the manager any ideas they might have for the development of the service. A member of staff said, "We have really good back up from the manager. She is very supportive. It is very encouraging to know we can do a lot more to make this place good." We saw that regular staff meetings had been held for them to discuss issues relevant to their work. Staff said that these discussions ensured that they had up to date information in order to provide a good standard of care to people who used the service. Although staff told us that they worked well as a team and they supported

each other, some of the care staff told us that improvements were still required in how nurses worked with them. A member of staff said, "The way nurses treat carers should be improved. This does not support good team working." Another member of staff said, "We still have a problem where some nurses do not work well with us as part of a team. Some of them are quite good when we approach them for support. However, a nurse we spoke with did not support this view. They said, "We all support each other and things have really improved. Our team relationships are much better. The atmosphere is now more conducive to improving." On the day of the inspection, we observed supportive relationships between the staff team and they told us that everything they did was to make sure that they provided good care to people who used the service. A relative who had previously told us that staff were not being valued and appropriately supported said that this had improved.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they had the information needed to continually improve the service. Regular meetings gave people and their relatives the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see. We saw the results of the survey completed in 2015 which showed that the overall satisfaction with the quality of the service was high. Some of the suggestions for areas of improvements included staff being available when needed; promptness of staff attending to people's needs; and staff getting to know people and their needs. We saw that an action plan had been developed to show what action had been taken to make the required improvements. This showed that the provider acted on people's comments in order to improve the service.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that action had been taken to address these. For example, a 'Home improvement plan' produced in June 2016 included actions from all the internal audits so that these could be addressed in a more systematic manner. Furthermore, the area manager had completed an audit of the service in May 2016 to assess their performance against the Care Quality Commission's key questions. The area manager said that this enabled them to assess whether they were meeting the current regulations and to make improvements where shortfalls had been identified.