Shaw Healthcare (Group) Limited

Shaw Red Hill Care Centre

Inspection report

229 London Road
Red Hill
Worcester
Worcestershire
WR5 2JG

Tel: 01905354000
Website: www.shaw.co.uk

Date of inspection visit:
03 January 2018
08 January 2018

Date of publication:
02 March 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 3 and 8 January 2018. The first day of our inspection visit was unannounced.

Shaw Red Hill Care Centre 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.

Shaw Red Hill Care Centre accommodates up to 60 people across three separate units within one adapted building, and specialises in care for people with physical disabilities and people living dementia. At the time of our inspection visit, there were 53 people living at the home.

A registered manager was in post and present during 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.

At our last comprehensive inspection of the service on 6 December 2016, we found breaches of Regulations 9 and 10 of the Health and Social Care 2008 Act (Regulated Activities) Regulations 2014. We gave the service an overall rating of Requires Improvement. These breaches related to the provider's failure to treat people with dignity and respect, and to consistently meet people's individual needs. The provider sent us an action plan setting out the improvements they intended to make.

At this inspection, we found the provider had made significant improvements to the service, and that they were now meeting the Regulations. People's privacy and dignity was promoted and respected by staff and management. People received person-centred care, shaped around their individual needs, choices and preferences.

People were supported by staff who had received training in, and understood, how to protect them from avoidable harm, discrimination and abuse. The staffing levels maintained at the home ensured people's individual needs could be met safely and flexibly. Systems and procedures were in place to ensure people received their medicines safely and as prescribed, and to protect people from the risk of infection. Accidents and incidents involving people who use the service were analysed by the management team to stop things from happening again.

People's needs and choices were assessed in order to develop effective care plans and achieve positive outcomes for people. Staff received effective induction, training and support to enable them to fulfil their duties and responsibilities. People were supported to have a balanced diet and any risks associated with their eating and drinking were assessed and managed. Staff and management worked collaboratively with external professionals, team and agencies to ensure people received coordinated care. Steps had been taken to adapt the premises to the individual needs of the people using the service. People's consent to care

was sought and their right to make their own decisions respected.

Staff treated people in a kind and caring manner, and took the time to get to know them well. Staff protected people's personal information, ensuring this was stored securely. People were encouraged and supported to express their views about the service.

People's care plans reflected their individual needs and were kept under regular review. Staff supported people's participation in a range of social activities. People and their relatives were clear how to raise a complaint about the service, and felt comfortable doing so. People received appropriate support at the end of their life.

The management team promoted a positive, open culture within the home. Staff were clear about their responsibilities, and felt able to approach management for any additional support needed. The provider's quality assurance enabled them to drive improvement in the service people received.

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 protected from abuse, discrimination and avoidable harm. Staffing levels were monitored and adjusted to reflect people's care and support needs. Appropriate measures were in place to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had support needed to fulfil their duties and responsibilities. Staff supported people to eat and drink enough in order to maintain a balanced diet. People had appropriate support to access healthcare services as required.

Is the service caring?

Good

The service was caring.

Staff adopted a kind and compassionate approach to their work with people. People had support to express their views about the care and support they received. Staff and management understood and promoted people's rights to privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that reflected their individual needs and requirements. People and their relatives understood how to raise concerns and complaints with the provider. People's wishes and choices for their end-of-life care were clearly recorded.

Is the service well-led?

Good

The service was well-led.

The management team ensured staff felt supported, valued and able to approach them for any additional guidance and support.

The provider's quality assurance enabled them to identify and address areas for improvement within the service. The provider took steps to involve people, their relatives and staff in developments in the service.

Shaw Red Hill Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 3 and 8 January 2018. The first day of the inspection visit was unannounced.

The inspection team consisted of three inspectors, two Experts by Experience and a specialist advisor who is a dementia nurse specialist. 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 site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Over the course of our inspection, we spoke with eight people who use the service, eight relatives, and two visitors. We also spoke with three social workers, a tissue viability nurse, a physiotherapist and a care home nurse practitioner. In addition, we spoke with the operations manager, the registered manager, the provider's quality manager, the deputy manager, the clinical lead, four nurses, two activities coordinators, three senior care staff members and six care staff.

We looked at 13 people's care files, medicines records, incident and accident reports, three staff recruitment records, staff training records, complaints records, selected policies and procedures, and records associated with the provider's quality assurance.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support from staff at Shaw Red Hill Care Centre. They felt particularly reassured by the nurse call system, which enabled them to request support from a member of staff at any time. One person explained, "I have my bell and I can ring it if I need anything, and they [staff] come straight away." People's relatives also expressed confidence in the safety of the care and support provided. One relative told us, "We are pleased, as a family, with [person's] care. We know they are in a good place and we do not worry; they are safe and secure."

The provider had taken steps to protect people from abuse and discrimination. Staff received annual safeguarding training, and understood their individual responsibility to remain alert to and report any form of abuse involving the people who lived at the home. One staff member told us, "Safeguarding is about keeping people safe." They went on to say, "If I saw anything, I would report it to the manager. If they didn't take control, I would call the safeguarding number." The provider had procedures in place to ensure any witnessed or suspected abuse was reported to the appropriate external agencies, such as the local authority, police and CQC, and thoroughly investigated. Our records showed they had previously made notifications to CQC in line with these procedures.

The risks associated with people's individual care and support needs had been assessed, recorded and kept under regular review. This included consideration of people's mobility needs and any risk of falls, their susceptibility to pressure ulcers, and any risks of malnutrition and dehydration. Plans were in place to manage these risks and keep people as safe as possible. For example, pressure-relieving equipment and support with repositioning were used to reduce the risk of one person developing pressure sores. The management team used an 'individual vulnerability audit tool' to closely monitor those individuals considered at increased risk of harm or deterioration in health.

Staff recognised the need to adhere to people's risk assessments at all times, and had received additional training on how to work safely. This included specific training to enable them to understand, reduce and safely manage behaviour that challenges. We saw staff adhered to safe work practices as, for example, they made appropriate use of mobility equipment to ensure people's comfort and safety during transfers. Information about any changes in the risk to people was shared with staff through daily handovers between shifts, and through staff communication books and text messaging. A staff member told us, "The handovers are really quite detailed and very informative. It's peace of mind for the nurses and care staff."

In the event people were involved in any accidents or incidents, staff recorded and reported these to management. The management team reviewed these reports on an ongoing basis, and carried out monthly analysis to ensure appropriate action was taken, and lessons learned, to stop things from happening again. For example, following a fall resulting in a serious injury, one person's bedroom had been fitted with a movement sensor and padded floor mat to reduce the risk of further harm.

The provider had effective maintenance procedures in place, and carried out regular safety checks, to ensure the premises and equipment were suitable and safe for use. This included regular tests on the

home's fire alarm system and visual checks on all mobility equipment. A member of staff told us, "All the equipment is very well maintained."

People and staff told us staffing arrangements at the home ensured people's individual needs could be met safely. One staff member explained, "We've got time to sit and chat and do activities with the residents in the morning now. We don't feel half so rushed." The registered manager monitored the staffing requirements in each of the home's three units, adjusting these, as necessary, to reflect people's current care and support needs. We saw there were enough staff on duty to monitor people's wellbeing, and respond to their individual needs and requests for assistance without any unreasonable delays. Staff shortages and staff absence were covered through, amongst other things, the use of consistent agency staff. A staff member told us, "They [agency nurses] know as much about these residents as our own nurses do." The provider completed checks on all prospective staff to ensure they were safe to work with people. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

The provider had procedures in place to ensure people's medicines were handled and administered safely and in line with current professional guidance. People received their medicines from trained nurses who explained to people the medicines they were being offered, sought their permission to administer these, and maintained up-to-date medicines administration records. Written guidance was in place on the use of 'as required' medicines, to ensure appropriate use of these. We saw the decision to covertly administer one person's medicines had been made in their best interests through discussion with the pharmacist and GP.

People told us, and we saw, the provider took steps to protect people from the risk of infection. A relative said, "The place is always clean and never smells, but it is homely, warm and welcoming and not clinical which [person] would hate." The provider's domestic staff supported care staff in ensuing the premises and equipment were kept clean and hygienic, following daily cleaning schedules. We saw they paid particular attention to potential infection 'hot spots', such as door handles and corridor hand rails. Staff received infection control training, and made appropriate use of the personal protective equipment provided, such as disposable aprons and gloves. Hand sanitiser dispensers were sited at key locations throughout the home for use by staff and visitors.

Good

Is the service effective?

Our findings

Prior to people moving into Shaw Red Hill Care Centre, the management team met with them, their relatives and the community professionals involved in their care to assess their individual needs and requirements. This enabled them to develop effective care plans to achieve positive outcomes for people and avoid any form of discrimination in the care and support and support provided. Appropriate use was made of technology to enhance people's health, wellbeing and independence. For example, staff supported one person's use of a 'cough assist machine', which helped them to breathe deeply and reduced the risk of chest infections. A physiotherapist praised the manner in which staff had adapted to the use of this new equipment.

People expressed confidence in the knowledge and skills of the staff team. One relative told us, "Staff are very good [and] very professional." They went on to say, "Staff are kept up to date with training and know how to use the hoist." Upon starting work at the home, new staff completed the provider's induction training, during which they were mentored by a senior colleague. The provider's induction incorporated the requirements of the Care Certificate, which is a set of nationally-recognised standards that should be covered in the induction of new care staff. Agency staff also received a condensed induction to the service. Following induction, staff participated in a rolling programme of training, which reflected the needs of the people living at the home. Staff felt the training provided enabled them to work safely and effectively. One staff member told us, "I enjoy going on training; I've been on quite a few courses. We are always being asked if we want more training." They went on to describe the benefits of their pressure ulcer training, which had enabled them to check people's skin more thoroughly for any signs or symptoms of damage or breakdown. Aside from training, staff attended regular one-to-one meetings with a nurse or manager, during which they were able to raise any concerns, suggestions or queries and received constructive feedback on their work.

The food and drink provided at the home enabled people to have a balanced diet. Staff supported people to choose between the options available at each of the day's three main mealtimes, and supplied people with plenty of drinks and snacks between meals. One person told us, "There are always drinks in my room. If I wake in the night, I can have a tea and something to eat." We saw mealtimes were flexible and unhurried occasions, during which people chatted and laughed with one another and staff. People could choose where they wanted to eat, and those who required physical assistance to eat safely and comfortably received this. Any specific risks associated with people's eating and drinking were assessed, with appropriate input from the local speech and language therapy team, recorded and kept under review. Plans were in place to manage these risks, including the provision of texture modified diets and the monitoring of people's food and fluid intake.

Staff and management recognised the need to work collaboratively with external professionals to ensure people received coordinated care and support. For example, when people were admitted to hospital, the service provided hospital staff with key information about people's current care needs and prescribed medicines. Community professionals spoke positively about their working relationships with staff and management, which promoted joined-up care. A social worker praised the support management had given one person, who had expressed a wish to leave the home, to identify and visit potential future placements.

Staff and management played a positive role in ensuring people's day-to-day health needs were met, through liaising with a range of community healthcare professionals. A tissue viability nurse praised the preventative measures staff used to maintain people's skin integrity, and described wound care at the service as "exceptional". In the event of any significant change or deterioration in people's health, staff helped them to seek professional medical advice and treatment as required. A relative explained, "[Person] sees the GP, if required, and we are always given a call; I think that is really good." Healthcare professionals confirmed they received appropriate, timely referrals for people living at the home, and had confidence in staff and management's ability to follow through on their recommendations. A care home nurse practitioner explained the provider had arranged syringe driver training for staff based upon their advice, adding, "When I have flagged up anything, they [provider] have taken in on board."

The overall design and adaptation of the premises enabled staff to meet people's individual needs safely and effectively. People had access to the home's gardens, and suitable space to participate in social activities, meet with visitors or spend time alone within the building. Management involved people in decisions about changes to the home environment. For example, they had met with people and their relatives, on an individual basis, prior to one unit of the home being moved into another area on the first floor of the building. This had enabled people to, amongst other things, choose carpeting for the new unit and the location and layout of their new bedrooms. Management held a review meeting with people and their relatives following this move, to ensure people's needs were being met in the new unit. We saw more could be done to adapt the physical environment within Topaz unit, which specialised in the care of people living with dementia, in terms, for example, of the use of pictures, colour and contrast. We discussed this issue with the registered manager, who assured us plans were in place to make the unit's environment more dementia-friendly over coming weeks and months.

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.

We checked whether the service was working within the principles of the MCA. People told us, and we saw, staff sought people's consent before carrying out their routine care and support. One person explained, "Staff ask permission before doing anything." Staff and management demonstrated an appropriate understanding of people's rights under the MCA, and their associated responsibilities. Do-not-attempt-cardiopulmonary-resuscitation (DNACPR) decisions had been appropriately recorded in people's care files. We found the individual mental capacity assessments and associated best-interests decisions staff had completed needed to be more clearly recorded in some instances. We discussed this with the registered manager and operations manager who assured us plans were in place to address these recording issues as a matter of priority.

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). We saw the registered manager had made applications for DoLS authorisations based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the registered manager had reviewed any associated conditions, in order to comply with these.

Good

Is the service caring?

Our findings

At our last inspection, we found people were not treated with dignity and respect and people's privacy was not always maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent us, the provider set out the steps they intended to take to meet this regulation. This included organising additional training for staff in relation to people's rights to dignity and respect.

At this inspection, we found the provider was meeting the requirements of Regulation 10. People and their relatives told us, and we saw, staff treated people in a caring and respectful manner. One person said, "My relationship with staff is brilliant; I have a good laugh with them." A relative explained, "The staff are unfailingly kind to [person] and the care here is very good. [Person] really wants for nothing and is very well looked after and well cared for by kind, caring people. [Person] is always treated with dignity and respect. They [staff] always knock before entering their room and they talk to them as a person, which is right and proper." We saw people were at ease in the presence of staff, and freely approached them to chat or request help. Staff addressed people in a warm and polite manner, taking interest in what they had to say and prioritising their needs and requests. They demonstrated their concern for people's comfort and wellbeing. For example, one person expressed concern to staff about a rash that had developed on their arms. Staff sat with this person to reassure them, informing them a GP would be out to visit them at 1pm that afternoon. This person later commented that they 'felt better' having spoken to their GP.

The staff we spoke with showed good insight into people's individual personalities, abilities and preferences for how their care and support was provided. A relative explained, "They [staff] manage [person's] anxiety very well and calm them. They really know how help [person's] worries in a kind way, which is reassuring for us as we do not like seeing them distressed." Staff received training in, and understood, how to promote people's rights to privacy and dignity. One person told us, "Of course they [staff] treat me with dignity and respect; I wouldn't accept anything else." People's intimate care needs were met discreetly and they were supported to meet with visiting health and social care professionals in private, if they wished. People's confidential personal information was stored securely in order to restrict access to authorised persons. People told us their family members were able to visit them at the home when they chose. A relative explained, "We visit regularly. The staff know us and we know them, which is good for [person]. They love to see their great granddaughter and so do the staff."

Staff and management supported people to express their views about the service they received at Shaw Red Hill Care Centre. This was achieved through maintaining open communication with people on a day-to-day basis, inviting them to periodic care review meetings and organising 'residents' council meetings' during which they could put forward their views as a group. People's care plans included information about their individual communication needs, and guidance for staff on promoting effective communication. We saw the home's staffing arrangements gave staff the time to sit, listen to people and respond to their queries or concerns. At the time of our inspection visit, no one living at the home was currently making use of independent advocacy services. However, we saw people and visitors had been provided with information on the role of advocacy, and the registered manager confirmed they signposted people to local advocacy

services as necessary.

Good

Is the service responsive?

Our findings

At our last inspection, we found people's individual needs were not consistently met, and that staff did not always focus on the needs of the people they cared for. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent us, the provider set out the steps they intended to take to meet this regulation. This included updating all care plans to include details of people's personal preferences in relation to their care and support.

At this inspection, we found the provider was meeting the requirements of Regulation 9. People and their relatives told us, and we saw, people received care and support that reflected their individual needs, choices and preferences. One person explained, "I wake up early and staff get me up at 5 a.m. as I want. I choose to sleep in my chair, so I can put my legs up." A relative explained, "[Person] sleeps very badly and they can get quite disruptive at night, which must be hard for them [staff]. But at night, they [staff] are particularly kind, calming [person], sitting with them and making them cups of tea which they love." A 'resident of the day' initiative was in place, enabling staff and management to discuss and review, on a daily basis, how well they were meeting a specific individual's needs, requirements and preferences, with the input of their relatives. Throughout our inspection visit, we saw staff offering people choices in relation, for example, to how they wanted to spend their time, or what they wanted to eat and drink. Staff adjusted their communication and the nature and level of the support provided to suit the individual. A social worker told us, "They [staff] see people as individuals. They seem really caring about each individual, and really know each individual."

People and their relatives were encouraged to participate in assessments, care planning and reviews, including the annual care review meetings held at the service. People's care plans were individual to them and covered a range of needs, including their physical, social and communication needs. They took into account people's protected characteristics under the Equality Act 2010. For example, one person's gender identity had particular implications for the day-to-day care and support they received from staff, which was clearly outlined in their care plans. People's religious needs had been assessed, and a faith service was held at the home on a weekly basis for those who wished to attend. Alongside guidance for staff on how to meet people's individual needs, care plans included key information about people's personal history, interests and preferences. Staff told us they referred to people's care plans to understand how to support them safely and effectively. Care plans were kept under monthly review by trained senior care staff, in order to ensure they remained accurate and up to date.

People had access to a range of leisure activities, developed around their known interests and preferences. This included seasonal events and celebrations, fun exercise classes, pamper sessions, bingo and visiting entertainers. One person told us, "I normally go to activities. I enjoy bingo the most on a Sunday morning. They [staff] organise a pub lunch at Oak Apple [pub]." During our inspection visits, we saw people enjoying an animal handling workshop and a pet therapy session. Where people were unable or unwilling to participate in group activities, the provider's activities coordinators and care staff engaged them in conversation and activities on a one-to-one basis.

The people and relatives we spoke with told us they had not made a complaint about the service to date,

but that they knew how to raise any concerns if they needed to. One relative explained, "They take notice of what you say here. I have never had to make any form of complaint, but I know I can. I may have a query, but I just speak to the carers and I know it will be dealt with." The provider had a complaints procedure in place to ensure complaints were dealt with fairly and consistently. We looked at a recent complaint received by the service. Action had been taken to address the complainant's concerns, and they had received a response from the provider.

End-of-life support plans had been agreed with people and their relatives, which set out people's preferences and choices for their end-of-life care. Two of the people living at Shaw Red Hill Care Centre were currently receiving appropriate palliative care. Staff and management liaised with people's GPs as they approached the end of their life to ensure anticipatory medicines were prescribed to control people's pain and other symptoms. Staff had received end-of-life care training to help them understand how to support people and their relatives in this phase of people's life. One staff member described this training as "second to none".

Good

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service. They demonstrated a clear understanding of the duties and responsibilities associated with their post, including the need to submit statutory notifications to CQC in line with their registration with us. The service's current CQC rating was clearly displayed at the premises, as the provider is required to do.

The registered manager felt well supported by the provider and their direct line manager. They told us they had the support and resources needed to provide high-quality care and to make improvements in the service. They kept themselves up to date with legislative changes and current best practice guidelines by, amongst other things, participating in further training and the provider's leadership programme, and attending monthly managers' meetings arranged by the provider. The registered manager also benefitted from regular management supervision meetings, and six-monthly clinical supervision, organised by the provider.

The management team promoted a positive, inclusive and person-centred culture within the service, based upon open communication with people, their relatives, community professionals and staff. The deputy manager and clinical lead worked alongside staff on a regular basis, enabling them to monitor the culture within the service and address any staff conduct issues.

People and their relatives had confidence in the overall management of the service, and spoke positively about their relationship with the management team. They found management accessible, approachable and willing to listen. One person told us, "I know [clinical lead] and [registered manager and get on with them. If I have any concerns, I can ask [clinical lead] and I will get an answer." Another person described how management were addressing their concerns about the gradient of the wheelchair ramp leading up to the front entrance. People's relatives appreciated the consistent effort staff and management made to keep them up to date with any changes in their family members' health or wellbeing.

Community professionals used words like "accommodating", "approachable" and "caring" to describe the management team. A social worker explained, "I've had a really good relationship with [registered manager] over the last few years. They are very accommodating and the nurses are very helpful. The home has always felt very welcoming." Aside from developing and maintaining positive working relationships with community professionals, staff and management also sought to forge strong links within the local community, including the local school, churches and pub. Children from the local school had visited the home to dance and sing Christmas carols for the people living there.

The management team recognised the need to treat staff in a fair and equal manner. We saw staff were at ease in the presence of the management team, who maintained a visible presence throughout the home. Staff told us they felt well-supported, valued and described their work at Shaw Red Hill Care Centre with enthusiasm. One staff member told us, "I love this job, and I love these people like they were my family." Another staff member said, "They [management] do praise you. It gives you that sense of wellbeing." 24-

hour on-call support was provided by senior staff to respond to any urgent requests for support or advice staff may have.

Staff were clear what was expected of them at work, received constructive feedback on their work performance and felt able to approach the management team for additional advice or support at any time. One staff member explained, "There's always someone there to go to, and they [management] give you constant feedback." The clinical leads and unit managers worked alongside staff on a regular basis, enabling them to support staff with their day-to-day problem-solving and decision-making. In addition, regular senior support worker meetings were organised to share best practice ideas and promote consistency and teamwork throughout the home. Staff commented on the strong sense of teamwork within the staff team. One staff member explained, "All of the staff want to make this place better for our residents and families. We are working together as a team to bring this place to where it should be in terms of excellent care. We now share our individual knowledge of caring through team building, because we believe this is the way to improve the total package of care for our residents." The provider had a whistleblowing policy in place, and staff told us they would follow this, if necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

The provider took steps to involve people, their relatives and staff in developing the service, and to invite their ideas and suggestions as to how the care and support provided could be further improved. Staff meetings, relatives' meetings and 'residents' council meetings' were held on a regular basis to consult with others and develop action plans to address any issues or concerns raised. People and their relatives were aware of these meetings. Periodic feedback surveys were distributed to people, their relatives, staff and the community professionals involved in people's care, as a further means of inviting feedback on the service. The results of the survey completed in April 2017 showed a high level of satisfaction with the service amongst people, their relatives and other visitors to the home.

The provider had an effective system of checks and audits in place to monitor the quality of the service people received. This included planned bi-monthly observations of care and a rolling programme of audits targeted on key aspects of the service, such as infection control measures, health and safety arrangements, incidents and accidents, people's care plans and the management of people's medicines. The provider's quality manager also completed unannounced 'Quality of Life' audits on the service. Based upon the outcomes of our last inspection, the quality manager had increased the frequency of their audits at the home to support the registered manager in driving improvement in the service. The effectiveness of the provider's quality assurance activities was evident in the improvements made in the service following our last inspection. Staff and community professionals commented on some of these improvements, including positive changes in the home's culture and improved communication and teamwork between staff.