Lutterworth Country House Care Home Limited

Lutterworth Country House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This was our first inspection of Lutterworth Country House Care Home since the new provider took over in October 2017. Lutterworth Country House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Lutterworth Country House Care Home provides personal care and accommodation for up to 66 older people some of whom had dementia. On the days of our inspection there were 55 people living at the service.

We inspected on 25 September and 1 October 2018. The first day of our visit was unannounced. This meant the staff and the provider did not know we would be visiting.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had not fully understood their legal responsibility for notifying the CQC of deaths, incidents and injuries that occurred or affected people who used the service.

We have made a recommendation about people's plans of care. Whilst people had plans of care in place, not all were up to date or accurately reflected people's current care or support needs.

Systems in place to monitor the quality and safety of the service being provided were not always effective.

Whilst the risks to people's care and support had been assessed, the actions to minimise the risks had not always been followed.

People's thoughts varied on the numbers of staff deployed to work on each shift. Whilst some felt there were enough staff members to meet people's care and support needs, others did not. Observations identified times when there were no staff members available in the lounges and limited interactions between the people using the service and the staff team.

Not all of the staff team had been provided with an induction into the service or the necessary training. A training plan was received following our visit showing how this was being addressed.

The staff team supported people to make decisions about their day to day care and support and they were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity

assessments had not always been completed to ensure any decision made on behalf of a person had been made in their best interest.

Records kept for people who had been assessed to be at risk of not getting the food and drink they needed to keep them well, were not always accurate.

People told us they felt safe living at Lutterworth Country House Care Home and the staff team were aware of their responsibilities for keeping people safe.

Appropriate pre-employment checks had been carried out on new members of staff to make sure they were safe and suitable to work there.

People had received their medicines as prescribed. Systems were in place to regularly audit the medicines held at the service and the appropriate records were being kept.

People had access to relevant healthcare services and they received on-going healthcare support. Nutritional assessments had been carried out and people were supported to maintain a healthy, balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time with others, or on their own. Whilst not all of the staff team had received training in the prevention and control of infection they understood their responsibilities around this and the necessary protective personal equipment was available.

There were arrangements in place to make sure action was taken and lessons learned when things went wrong to improve safety across the service.

People's wishes at the end of their life were being explored.

People told us the staff team were kind and they treated people in a caring and respectful manner.

A formal complaints process was in place and people knew who to talk to if they had a concern of any kind. People were confident that any concerns they had would be taken seriously and acted upon.

Staff meetings and meetings for the people using the service and their relatives had been held. These meetings gave people the opportunity to discuss the service being provided and be involved in how the service was run.

The staff members felt supported by the management team and felt able to speak with one of them if they needed support or advice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Plans in place to reduce the risks to people had not always been followed.

It was not always evident that there were appropriate numbers of staff on duty.

People felt safe and the staff team knew what to do if they were concerned about anyone's safety.

People received their medicines in a safe way and lessons were learned and improvements made to the service when things went wrong.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all the staff team had received the required induction or training however, actions were being taken to address this.

Whilst the staff team understood the principles of Mental Capacity Act 2005, Required documentation had not always been completed.

A balanced and nutritious diet was provided and meal choices were always offered. people were assisted to access health care services when they needed them.

People's needs had been assessed before they moved into the service.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring and treated people with respect.

People were supported to make decisions about their care and

support on a daily basis.

The staff team respected people's personal preferences and choices.

Information about people was kept confidential.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's plans of care were not always up to date, accurate or followed.

People were supported to take part in social activities.

There was a formal complaints process in place and people knew what to do if they were concerned or unhappy about anything.

People's wishes at end of life were being explored.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager had not fully understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

Monitoring systems used to check the quality of the service being provided had not always been effective.

People had been given the opportunity to share their thoughts on how the service was run.

The registered manager worked in partnership with other organisations including the local authority and safeguarding team.

Lutterworth Country House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 September and 1 October 2018. The first day of our visit was unannounced. The inspection was carried out by two inspectors 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. Their area of expertise was people with dementia.

Before the inspection we reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Lutterworth Country House Care Home to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 55 people living at the service. We were able to speak with three people living there and three relatives and two friends of other people living there. We also spoke with the registered manager, the area manager, the regional manager, four senior support workers, seven support workers, the kitchen assistant and the activities coordinator.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

Requires Improvement

Is the service safe?

Our findings

The risks associated with people's care and support had been assessed. Risks assessed included those associated with people's mobility, their skin care and their nutrition and hydration. Whilst these had been carried out, not all had been regularly reviewed to check the risks were still relevant to the person.

For one person who was identified at risk of falls, it had been determined they required a crash mat and a sensor mat by their bed when they were resting. When we visited their room on both days of our visit, whilst the crash mat was in place, the sensor mat, used to alert the staff team when they were trying to get out of bed, was not in the room. This was immediately put in place.

For another person who had been assessed as requiring two hourly turns whilst in bed to protect their skin, records were not up to date to show this direction had been followed. For example on the 14 September 2018 the records showed the person was last turned at 6.50am, the next entry was on the 15 September 2018 which stated '8.20am, bed to chair'. There was no evidence of the person being turned during the night. On the 30 September 2018 the last entry in the record was at 9.30am which stated 'bed to chair'. There were no further entries for 30 September 2018 to show two hourly turns had been completed that evening. This meant the provider could not demonstrate that the assessed risks to this person had been properly managed.

The management team were aware of their responsibilities for keeping people safe and knew what to do if they witnessed or any alleged or actual abuse was brought to their attention. This included alerting the local safeguarding authority. Whilst the registered manager knew to contact the local authority, they did not fully understand which incidents should be reported to the Care Quality Commission (CQC). This was addressed during our visit with the registered manager meeting with the regional manager to discuss the appropriate submission of notifications.

The staff team knew their responsibilities for keeping people safe from avoidable harm. They knew the signs to look out for to keep people safe and they knew the procedure they needed to follow when concerns about people's health and safety had been identified. This included reporting concerns to a member of the management team. One staff member explained, "I would report it to my senior, I have a really good connection with them." Another told us, "I would go straight to the manager, she would act." The majority of the staff team had received training in the safeguarding of adults and further training had been arranged for 23 October 2018.

People's thoughts on the numbers and suitability of staff available to meet their needs varied. One told us, "There's always enough staff, can't think of their names though." Another stated, "There's always someone here to help you." A third told us, "Ever since the new provider, we have different girls, some of the agency girls are useless, language problems sometimes and being able to make tea." A relative explained, "The staff change frequently, they change floors. It's difficult to talk to staff about [person] care because they change so often." Another told us, "The carers do change, agency people, you see it more and more since they changed hands."

We asked the staff team working at the service for their feedback on the current staffing levels. The majority of the staff team spoken with felt more staff were needed to meet people's needs, with sickness and the use of agency staff having an impact. One explained "Staffing levels are not enough, I feel rushed in what we do, but we always make sure everything is done and people are cared for. We are just let down by the staffing numbers." Another told us, "We are struggling, it depends on how many people are in the home because we have respite, so if they need hoists or stand aids it takes time. You do struggle with four staff upstairs and you can't rush." A third explained, "It depends, there's more upstairs, we have four [staff] upstairs and three downstairs sometimes it's a struggle when you have agency and you've got to explain what to do." We were also told the week before our visit, one of the seniors had worked all week downstairs with just themselves and three agency workers. We were told this wasn't enough as agency workers didn't know people, and they needed to know those with dementia to understand and be able to help them appropriately.

During our visit we observed people were often left to their own devices because staff were busy providing personal care. The lack of staff available in the lounges and dining areas meant there were limited interactions between the people using the service and the staff team, particularly in the mornings of our visit. This resulted in people spending time alone or simply falling asleep. We discussed our observations with the registered manager. The regional director explained they and the registered manager used a dependency tool to assess people's dependency levels and this information was used to determine staffing levels. We recommended this tool be revisited to ensure appropriate numbers of staff were deployed on each shift to effectively meet people's needs. We were informed following our visit that the dependency tool had been revisited. This showed the provider was providing more hours than the tool required of them.

The provider's recruitment process had been followed when new staff members had been employed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at this service.

People told us they felt safe living at Lutterworth Country House Care Home. When we asked one person if they felt safe they told us, "Safe, oh definitely." Another explained, "Yes, I am definitely safe, it is the staff and the home that reassures me."

Relatives we spoke with felt their family members were safe. One told us, "It's definitely very safe here." Another explained, "If there are any risks, they [staff team] know about them."

Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used. This made sure people's safety was being maintained. Personal emergency evacuation plans had been completed. These instructed the staff team on how to assist people in the event of an emergency and a business continuity plan was in place. This provided the management team with a plan to follow should an emergency or untoward event ever occur.

People were supported with their medicines safely. Medicines were appropriately stored and processes were in place for the regular ordering, supply and returns of medicines. Medicine administration records (MARs) contained a photograph of the person to aid identification and a record of any allergies was included. Protocols were in place for medicines which were prescribed to be given only as required. These gave clear instructions as to when and why the medicines were to be given. Staff members responsible for supporting people with their medicines had received the appropriate training and their competency had been checked to make sure they continued to support people safely. On the first day of our visit we observed one senior member of staff supporting people with their medicines. They ensured all the necessary checks were completed; they supported the people to take their medicines appropriately and ensured the

medicines had been taken before completing the MAR. One person told us, "I have medicine for my chest, not every day though."

Whilst not all of the staff team had yet to receive training in infection control, they all knew their responsibilities for reducing the spread of infection. Personal protective equipment (PPE) was provided such as gloves and aprons and guidance on effective hand washing was available. A relative told us, "They always wash their hands and wear gloves and aprons."

The staff team were encouraged to report incidents that happened at the service and the registered manager made sure lessons were learned and improvements made when things went wrong. This included the introduction of a more comprehensive handover book providing improved communication between the staff members and the management team.

Requires Improvement

Is the service effective?

Our findings

The majority of staff spoken with told us they had received the necessary induction and training to provide safe and appropriate care. However, some told us they had yet to receive a formal induction or the relevant training. The providers training matrix confirmed a number of training courses had been provided since their taking over, though not all of the staff team had been party to this. This included Infection control, the safeguarding of adults and health and safety. One staff member told us, "I didn't have much of an induction, I completed food safety training and had a care introduction." Another explained, "I had training when I started, moving and handling training, hoist training, and safeguarding training, I've had a few different ones." A third told us, "The first day I came I was put straight onto care. I wasn't shown the fire exits or anything so she [staff member] showed me them and showed me around. I was just part of the numbers because they were short staffed. I have just started some of my training now." Communication following our visit demonstrated all new members of staff had been signed up to complete the care certificate. (The care certificate is the benchmark that has been set for the induction of new staff and is therefore what we should expect to see as good practice from providers).

It was identified not everyone had received moving and handling training. We discussed this with the registered manager and regional director. They assured us whilst not everyone had received this training, when using a hoist which required two staff members, there was always one trained member of staff to assist. Communication following our visit demonstrated falls training and moving and handling training had been arranged for October 2018.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Whilst it was noted that applications to deprive people of their liberty had been made and approved and conditions within the DoLS were being adhered to, mental capacity assessments had not been completed to ensure the decisions under the DoLS had been made in people's best interest. The registered manager acknowledged this and explained this had been identified by the new provider. They told us these assessments would be completed when required moving forward. Whilst not all of the staff team had received training in the MCA and DoLS they understood their responsibilities within this and further training had been arranged to take place on 23 October 2018.

People were encouraged and supported to make decisions about their care and support on a daily basis. During our visit we saw people choosing what to eat and drink, whether to join people socially in one of the lounges and whether to join in the activities provided.

Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements. When people were at risk of losing weight, or required assistance from staff, records were kept of the amount they ate and drank, though these were not always fully completed. The recommended daily fluid amount was not always included and fluids people were supported with were not always totalled to show the amount taken each day. For people who were on supplement drinks, these were sometimes recorded on the record sheet and other times not. This meant the record did not accurately reflect the fluids people had been supported with.

People were supported to maintain a healthy balanced diet and people told us the meals served at Lutterworth Country House Care Home were good. One person told us, "The food is lovely, you get fed well here. They give you a choice before you eat and you can sit anywhere." Another explained, "The foods okay, you get a choice when you sit down and they keep you supplied with drinks."

There was a choice of meals each day and alternatives were available should anyone wish for something different. There were snacks and drinks available throughout the day. We did note on the first day of our visit, people were offered a yogurt as a snack at 12 midday. Lunch was then served at 12.30. We overheard one person say, "Do you know what? I'm not really hungry, I don't think I can eat anymore." They then left their lunch.

On the first day of our visit the downstairs dining room was being decorated and people's lunchtime experience was rather hectic. On both floors we observed people being offered choices of food and drink. Where people needed assistance, this was carried out in a relaxed, unhurried and kind manner. People we spoke with told us they enjoyed their meal. On the second day of our visit the downstairs dining room was in operation and people's experience was much calmer with music playing quietly in the background. There were new tables and chairs and picture menus showing the meals for the day. We did note on our second visit, people who needed protection for their clothes were provided with a plastic apron normally used for PPE rather than a fabric one. We shared this with the registered manager who immediately arranged for more fabric clothe protectors to be purchased.

People's individual and diverse needs had been assessed prior to them moving into the service. The registered manager explained an assessment of need was completed to make sure the person's needs could be met by the staff team. A visitor told us, "We came and looked at it [the service] first to check it was okay and they found out what help [person] needed."

Care, treatment and support was provided in line with national guidance and best practice guidelines. For example, the staff team used the local NHS guidance 'Skin Matters' for preventing pressure ulcers and were provided with information regarding the triggers to look out for to promote healthy skin. We also noted the care records for a person who lived with Alzheimer's included a fact sheet on effective communication from the Alzheimer's society.

People had access to healthcare services and received on-going healthcare support. Healthcare professionals had been contacted when concerns for people's welfare had been identified. One person explained, "I haven't seen a doctor lately thank goodness, but I have seen the chiropodist." A relative told us, "[Person] has all the services, GP, chiropodist, dentist."

People were encouraged and supported to make decisions about their care and support on a daily basis. During our visit we saw people choosing what to eat and drink, whether to join people socially in one of the lounges, whether to attend the musical activity provided or join in a quiz.

People's needs were met by the adaptation, design and decoration of the premises. A number of improvements had been made to the environment and people's experiences had been enhanced by the improvements made. For example, new furniture had been purchased for the downstairs dining room and lounge, carpets and curtains had been replaced throughout the service and redecoration had been carried out. People were provided with accessible outside space. There was a summerhouse in the garden which housed a café and a bar. There was an aviary housing quails and budgies and seating areas and raised flower beds were available.

The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "I feel supported in my role, they [management team] are approachable and I get on with them." Another told us, "I feel supported, I had a supervision not long ago."

Good

Is the service caring?

Our findings

People using the service told us the staff team were kind and caring and they looked after them well. One person told us, "They are very kind and they have never tried to make me do things I don't want." Another explained, "Very kind, they will do anything for you." Relatives and friends spoken with agreed their family member/friend was treated in a kind and caring manner. One explained, "All the staff are very good, I've never heard them be unkind."

The permanent staff team were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called. The permeant staff supported agency staff to understand people's routines and preferences.

Staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always make sure the door is closed and the curtains shut. I ask them what they want and always make sure they know what I'm doing." Another explained, "I knock on the door and say good morning and make sure the curtains are closed. I ask if they would like to get up and get dressed, I always ask first and give them a choice."

Privacy notices were used on people's doors when they were receiving personal care. This made sure people did not enter the room and compromise their dignity.

People explained they were able to choose the gender of their carer if they had a preference. One person explained, "I have a shower, I can have one whenever I want. They put a towel around me, I asked for a female."

We observed support being provided throughout our visit. Interactions were kind, patient and sensitive. People told us the support workers were polite, respectful and protected their privacy. One person explained, "They usually knock on my door, the other day [staff member] apologised for not knocking because she had her hands full." A visitor told us, "The staff are very respectful, [person] has really settled here."

People were encouraged to maintain relationships that were important to them. Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I am always made welcome, I can come any time." Another explained, "They make you quite welcome." One of the people using the service told us, "My family come. They [staff members] offer them a drink if they have time."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy. One staff member explained, "I don't tell anyone anything unless I am allowed to." Another told us, "Care plans are kept behind coded doors and logs are kept in a cupboard."

Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Requires Improvement

Is the service responsive?

Our findings

People who were able had been involved in the planning of their care with the support of their relatives, though not all of the people we spoke with could remember this. A relative told us, "They did a review when we first came."

Following an initial assessment of people's care and support needs, plans of care had been developed. These covered areas such as, nutrition, mobility, and the personal care people required. Four of the six plans of care checked had not been reviewed on a monthly basis which was the norm. On the first day of our visit we noted one person's plan of care and associated risk assessments had last been reviewed in July 2018. When we checked their documentation again on the second day of our visit on 1 October 2018, we found entries to show a review had been carried out on 22 August 2018 and in September 2018. It was evident the review for August 2018 had actually been carried out at the same time as the September 2018 review and therefore not a true reflection of the persons situation in August 2018. We also noted the monitoring of a person's blood sugars had been stopped but there was no evidence to show who had made this decision or why.

Whilst plans of care were in place, not all were accurate or up to date. One person's plan of care stated they took the medicine warfarin. When we checked their medicine plan, this information was not included. When we looked at other areas of the plan including their skin care plan and their transfer sheet, (a document used to inform professionals of their care and support needs if they have to go to hospital) the taking of this medicine was included. We asked the senior member of staff on duty whether this person was on this medicine. They told us they were not. This meant had this document been required to provide information to other healthcare professionals/hospital workers prior to our visit, they would have been misinformed with regards to the medicine they were taking. The taking of warfarin was immediately removed from their transfer sheet.

We noted for a person who had been identified at risk of malnutrition, their nutrition and hydration plan and nutritional screening tool had not been updated since July 2018. Their monthly weight had also not been recorded in their plan of care. The reviewing of these documents is important to ensure they receive the nutritional care and support they need.

We recommend that all people's plans of care be reviewed to ensure they accurately reflect people's current care and support needs.

People were supported to follow their interests and take part in activities. The service employed an activity coordinator who attended the service on a Monday, Wednesday, Friday and alternate Sundays. They explained when they were not on duty they arranged for the staff team to carry out activities. Activities were offered on a group and one to one basis. One person told us, "I enjoy the activities here, we go out sometimes." Another explained, "When our activities lady is here she takes us out in the van to Rutland Water and the garden centre. The activities with [activities coordinator] are brilliant, we all love her."

A varied range of activities were offered. These included, gardening sessions, quizzes, reminiscence sessions, skittles and painting. Trips out and outside entertainers were also enjoyed. These included, guitar players, singers and visiting therapy dogs. Interaction with therapy dogs has been shown to reduce blood pressure and provide physical stimulation. On the days of our visit people enjoyed a session with a guitar player and a quiz.

A formal complaints process was in place and this was displayed for people's information. When we asked people what they would do if they had a complaint or concern of any kind. A relative told us, "We are quite happy to raise concerns."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were always supported by a member of staff when the GP or community nurse visited. This was so they could be given information in a way they understood. Information about the service was available in large print and menus were available in picture format.

Peoples preferences and choices at end of life had been explored in some of the plans of care checked. We did note in one file checked the monthly reviews since April 2018 read, 'paper work with son'. It was recommended the paperwork be chased so the information could be included in the persons plan of care. For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes. One of the people using the service told us, "I know what my end of life wishes are. Funeral all sorted."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. 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 registered manager had not fully understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service and as such, had not always submitted notifications of incidents to us. This is important because it means we are kept informed and we can check whether the appropriate action has been taken in response to these events. The registered manager informed us on the second day of our visit that they had met with the regional manager to discuss this and they were now aware of their responsibilities to inform us of such events.

Quality monitoring systems were in place. Regular checks had been carried out on the paperwork held including people's plans of care, medicine records, falls and pressure ulcers. Whilst the registered manager had a number of quality assurance systems in place these had not identified the shortfalls identified during our visit. For example, the review and accuracy of people's plans of care and associated documentation including monitoring charts. The lack of mental capacity assessments had been identified and we were told these would be completed moving forward.

Regular audits to monitor the environment and on the equipment used to maintain people's safety had been carried out. This made sure people were provided with a safe place in which to live.

The registered manager was supported by the management team who visited on a regular basis. During these visits areas of the service were monitored and sit and see observations were carried out. These enabled the management team to observe the care and support being provided.

People told us they felt the service was well managed and the registered manager and the staff team were friendly and approachable. One of the people using the service told us, "[Registered manager] is fine, she is always around." Another explained, "I don't know her name [registered manager], but she always tries to help."

Staff members on the whole felt supported by the management team. They told us there was always someone available to talk to if needed. One explained, "I feel listened to and very much supported by [registered manager]." Another told us, "If you're not sure there is always someone available to ask."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

People and their relatives and friends had been given the opportunity to share their thoughts of the service being provided. This was through regular meetings and informal chats. The registered manager had also used surveys to gather people's views of the service provided. Following the return of the most recent surveys the information contained within them had been collated and turned into a newsletter for people's information. Improvements made following feedback from people included, the introduction of a managers surgery to further enhance the availability of the registered manager and further improvements to the choices and preferences with regards to the meals offered.

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. They had recently made a self-referral to the local authority falls team after acknowledging a recent high number of falls. They were awaiting a response at the time of our visit.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.