

## Larchwood Care Homes (South) Limited

# Highfield

### Inspection report

Bekesbourne Lane  
Bekesbourne  
Canterbury  
Kent  
CT4 5DX

Tel: 01227831941

Date of inspection visit:  
12 October 2018  
15 October 2018

Date of publication:  
15 January 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Highfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is a large extended property. Accommodation is arranged over two floors and a lift is available to assist people to get to the upper floor. Highfield provides care for up to 34 older people living with dementia, frailty and nursing care needs. There were 30 people living at the service at the time of our inspection.

The registered manager worked at the service each day and was supported by a deputy manager. A registered manager is a person who has registered with 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.

Our last comprehensive inspection of this service took place in June 2017. Following this inspection, the key areas of Effective and Caring was rated as Good, while the areas of Safe, Responsive and Well Led were rated as Requires Improvement, together with the overall rating of the service.

A further inspection of the service took place in November 2017. This was a focussed inspection concentrating only on the key areas of Safe and Well-led and did not look at whether the service was Caring, Effective or Responsive. At that inspection, staff followed correct and appropriate procedures to promote the safe management of medicines; there was clear guidance for staff and protocols about the administration of medicines which were followed. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. Accidents and incidents were consistently reviewed, and any potential safeguarding concerns were investigated, and referrals made to the local authority. The service was clean and potential infection control risks addressed. Recruitment procedures were robust and care planning had established people's needs and reflected their wishes about how they wanted to be supported. Staff felt there was good communication and they were clear about their roles. They felt well supported by the registered manager. Feedback was sought from people, relatives and professionals about how the service was run. Audits and checks were carried out each month by the registered and area managers, which were effective in identifying and addressing concerns and driving forward improvements. Following this inspection, the key areas of 'Safe' and 'Well-led' were rated as Good.

This inspection, completed on 12 and 15 October 2018, was a comprehensive inspection. We looked at all five key areas of the service. Improvement had been made in communication. However, additional steps in the systems and processes used to assess and monitor the operation of the service needed to be taken. This was to ensure the progress made in the service was further developed and sustained. The registered manager and the provider checked all areas of the service regularly to make sure it met the standards required. However, processes were not always effective in rectifying the cause of faults.

The management of people's medicines was safe. Risks had been identified and action had been taken to manage them. Records about people and the care they received were accurate, complete, held securely and easily accessible to staff when they needed them.

Staff were kind and caring and treated people with dignity and respect. They took time to get to know each person well and provide the care people wanted in the way they preferred. People received the care and support they wanted at the end of their life.

Assessments of people's needs and any risks had been completed and care had been planned with them, to meet their needs and preferences and keep them safe. Accidents and incidents had been analysed to look for patterns and trends. The registered manager worked in partnership with local authority safeguarding and commissioning teams, and a clinical nurse specialist for older people and acted on their advice to develop the service and improve people's care.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager or provider. People were not discriminated against and received care tailored to them. A process was in operation to investigate and resolve complaints to people's satisfaction. People had enough to do during the day, including activities to keep them physically and mentally active.

Changes in people's health were identified and people were supported to see health care professionals, including GPs when they needed. People were offered a balanced diet of food they liked and that met their cultural needs and preferences. Staff supported people to be as independent as they wanted at mealtimes.

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 support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Information was available to people in a way they understood to help them make decisions and choices. Staff treated people with dignity and gave them privacy. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

There were enough staff to provide the care and support people needed when they wanted it. New staff were recruited safely. Disclosure and Barring Service (DBS) criminal records checks had been completed to make sure staff were suitable for their role. Staff were supported meet people's needs and had completed the training they needed to fulfil their role.

Staff felt supported by the registered manager and were motivated. A member of the management team was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff we spoke with told us they would be happy for their relatives to live at Highfield. The views of people, their relatives, staff and community professionals were asked for and acted on to continually improve the service.

The service was clean and staff followed infection control processes to protect people from the risk of infection. The building was well maintained and plans were in operation to maintain and improve the environment. People were able to use all areas of the building and grounds.

The registered manager had informed CQC of significant events that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall and on their website.

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?

Good 

The service was safe.

People received their medicines safely from staff who were trained to do so, however, blood sugar level monitoring equipment was not checked when it should have been.

People were protected from the risk of abuse.

Risks to people and the environment were assessed, and staff took action to reduce those risks identified.

There were enough staff available to meet the needs of people, and those new to the service were recruited safely.

People were protected by the prevention and control of infection.

The registered manager took steps to ensure lessons were learned when things went wrong.

### Is the service effective?

Good 

The service was effective.

People's needs were assessed with them and their relatives when necessary.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were supported to eat and drink enough to help keep them as healthy as possible.

People were supported to remain healthy.

The building was designed to support people to be as independent as possible.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect.

People were supported to express their views about the support they received.

People had their privacy and dignity respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People had planned their care with staff and received their care how they preferred, however, some care plans were contradictory in places.

People participated in a variety of activities.

Any concerns people had been resolved to their satisfaction.

People were supported in the way they preferred at the end of their life.□□

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Checks completed on the quality of the service did not always result in action to remedy any shortfalls.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of good quality care.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were held accountable for their actions.

The registered manager worked with other agencies to ensure people's needs were met.□□

# Highfield

## 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons 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. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 12 and 15 October 2018 and the inspection was unannounced. The inspection team consisted of one inspector.

We met and spoke with nine people who lived at the service, we observed some people's care, the lunchtime meal, medicine administration and activities. We spoke with four people's relatives. We inspected the environment, including the laundry, bathrooms and some of the bedrooms. We spoke with two care staff, two registered nurses, housekeeping and kitchen staff as well as the deputy manager, registered manager and a visiting healthcare professional.

In addition, 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 speak with us.

During the inspection we reviewed other records. These included staff training and supervision records, six staff recruitment records, nursing staff registrations, medicine records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and staff. Following this inspection visit, we did not receive any additional feedback.



# Is the service safe?

## Our findings

People told us they felt safe, one person commented, "I feel safe because staff are always about, when I am in my room they look in on me. If I need any help in the night, I only need to press the button and they (the staff) come." Another person told us, "I am absolutely happy, I feel safe and have no concerns."

People received their medicines when they needed them, staff had received appropriate training and competency supervision. There were clear protocols in place to make sure people received the right amount of medicines safely and on time. Staff were aware of people's conditions and the medicines they received. People's medicine administration records (MARs) included a photograph of the person to help staff administer the right medicine to the right person. All medicines were stored securely in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Effective systems were in operation to order and receive medicines, including new and short-term medicines such as antibiotics. Clear records were kept of all medicine that had been given, they were up to date and had no gaps; all medicines given had been signed for. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). This included a pain assessment chart, which staff used to help people tell them if they were in pain and how much. Staff gave and recorded the correct dose of pain relief. Regular medicine audits were carried out by the registered manager or key staff. This helped to ensure people received all their medicines safely. Application of medicated creams were recorded separately and completed consistently.

Risks to people had been assessed and action had been taken to mitigate risks and support people to remain independent. People were supported to manage the risk of developing pressure ulcers. Risk to people were assessed continually using a nationally recognised risk assessment tool. When people were at risk they were supported to change their position regularly and staff used pressure relieving equipment safely. Detailed guidance had been provided to staff about how to use this equipment. Equipment we checked was being used correctly and potential skin damage managed safely.

People were protected from the risk of choking. When staff identified that people may be at risk they referred people to a speech and language therapist. Guidance received about how to prepare meals, such as to mash foods or thicken drinks was used to plan people's care and followed by staff.

People were moved safely. Guidance was provided to staff about the equipment and techniques they should use to move people and we saw staff following this. One person told us, "Staff are good with the hoist, they make sure I am comfortable and tell me what they are going to do before they move me. I feel completely safe".

Staff followed positive behaviour support plans to help people manage any behaviours that challenged. Plans included any potential 'triggers' and how to respond to prevent people becoming upset or anxious. We saw staff anticipate when the triggers may occur, such as one person getting too close to another person. Staff supported people to avoid triggers, including guiding people to other areas of the room. This helped people to remain calm and relaxed. One person told us, "I get fed up with the other people in here

looking at me, so if that happens, I go and sit in the office and chat with staff or I go back to my room."

Accidents and incidents were recorded and analysed to look for patterns and trends. Action had been taken to reduce the risk of accidents occurring again. People's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. Some people living with dementia used alert mats to let staff know when they wanted help in their bedroom. This reduced the risk of them falling as staff helped them to walk to where ever they wanted to go.

Checks took place to help ensure the safety of people, staff and visitors. Portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Testing and monitoring of water temperatures was up to date and did not identify any concerns. Plans were in place and understood by staff about how to support people in an emergency. These included supporting people to move to other parts of the building if needed. Staff were trained and confident to use the equipment to evacuate people. Staff had completed fire training and took part in regular fire drills. Regular checks were completed on the building and equipment to make sure it was safe. However, we found one automatic fire bedroom door release activated frequently with the general noise of the service. This meant the door closed when the person didn't want it to and when there was no safety reason why it should. To stop this happening, visitors had placed a chair against the door. Although this prevented unwanted closing of the door, it also meant it wouldn't close automatically in an emergency. Audits had recorded the problem with the door closer, however, no action had been taken to repair the problem. This was pointed out to the registered manager during the inspection and resolved,

The service was clean and people were protected from the risk of the spread of infection. Staff had completed infection control and food hygiene training. The registered manager had made sure that protective equipment such as aprons and gloves were easily available to staff and we saw staff using them throughout our inspection.

Staff were recruited safely. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Risks associated with any convictions were assessed and action had been taken to mitigate them. Evidence of conduct in previous employment and proof of identity were obtained and staff were not allowed to start work until these checks were completed. Nursing and Midwifery Council took place to ensure the nurses working at Highfield were registered and fit to practice.

We observed staffing levels were sufficient and staff worked at a calm pace to support people to get up and ready for the day. Personal care was completed when and in the way people wanted. Staff spent time with people throughout the inspection. People enjoyed this and told us staffing levels were appropriate. Staff felt they were not rushed and there was enough time to give people the support they wanted. Some people told us they could have a shower or bath each day if they wanted to and were happy with this. The registered manager routinely reviewed people's needs against the deployment of staff and was confident that staffing was flexible enough to respond to changing needs. Agency staff were occasionally used, they received a familiarisation induction to the service and the tasks they were required to do.

People were protected from the risk of abuse and discrimination. Policies were in operation to safeguard people from abuse and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager or provider. Staff were confident that any concerns they raised would be addressed quickly. The registered manager discussed any concerns with the

local authority safeguarding team and acted on their advice to keep people safe. Staff knew how to whistle blow outside of the service if they needed to.

## Is the service effective?

### Our findings

People told us the service was effective in meeting their needs and staff were skilled in carrying out their roles. One person told us, "I think the staff are well trained, they do really well looking after me." Another person said, "We get a good choice of food, there is always something appetising."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff followed the principles of the MCA. 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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received MCA training. DoLS applications were made as necessary, where authorisations were made, they were current and any conditions were met.

People's care and support was delivered in line with current legislation. Each person had their own individual care plan which showed how the person wanted to be supported. Records included information about the person's physical and mental health needs. People were able to tell us who their keyworker was and what their role was. Records showed that care planning considered any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

Staff had the skills and experience to deliver effective care and support. Staff told us they had an induction when they started working at the service, this involved time with a manager where they spent time reading people's care records, policies and procedures and getting to know the service. They also spent several shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received a comprehensive programme of training before they started working with people. New staff were completing the Care Certificate; a set of standards that social care workers follow in their daily working lives. Staff were supported through their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff received support during formal one to one meetings with the registered manager; some meetings were planned in advance, while others were in response to situations arising. Staff discussed issues that had happened in the service and reflected on their practice. A schedule of supervision and appraisal ensured their frequency reflected the service's policy.

There was an ongoing schedule of training. Staff had completed a mixture of e learning and face to face training in a range of subjects which enabled them to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for most staff. Our

observations found that staff were both competent and confident in delivering personalised care. Staff had also undertaken extra training in subjects such as challenging behaviour, dementia awareness, diabetes, catheter and end of life care. Competency checks were completed after training sessions to check staff knowledge and understanding. All staff told us the training was a good standard. Competency checks and revalidation of nursing qualifications ensured registered staff remained trained to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet. People told us they were involved in planning menus and provided feedback to the cook. Menus looked nutritious and well balanced. Meals were mostly eaten together in the dining area, although some people chose to eat in different parts of the home. Picture card menus with a bold print description were used to help some people choose what they wanted to eat. Other people were shown different plated up food so that they could smell and see what it looked like to help them make a choice. Where needed, plate guards were used to help people eat independently and staff prompted other people to eat with hand on hand support or verbally orientating people to what they were doing. Meal times were well organised and people received the support and supervision they needed. Organisation within the kitchen ensured people received the correct meal choices and that they were prepared in a way that was safe for them to eat. For example, some meals were softened and others were fortified to suit individual needs. Throughout the inspection people were offered drinks and snacks. One person told us, "I haven't found there has been anything I didn't want to eat, the food is good."

Staff worked well with each other and other organisations to deliver effective care and support. We saw positive but discrete communication between staff members when discussing people's needs. At the end of each shift, nursing staff carried out a handover which made sure incoming staff were aware of any issues or concerns. Staff knew to make referrals to other health and social care professionals when required. For example, one person had recently been referred to a specialist nurse when they developed a new health condition. Staff kept accurate details of people's health needs and preferences, which could be given to health staff if the person needed to attend an appointment at hospital. This included detail of the person's medicines and how they prefer to take them.

People were supported to have timely access to healthcare services and staff arranged for people to have regular reviews of their health and medicines. Records showed people were seen by a chiropodist and were supported with regular visits by their GP and optician.

People's needs were met by the design and decoration of the premises. Highfield provides accommodation and support for older people, many of them living with dementia. The registered manager had due regard to guidance of best practice for a dementia care setting. For example, there were handrails in corridors to aid mobility. Signage to toilets and lounge areas were easily visible and in written and pictorial forms, this helped to aid people's awareness of their surroundings. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. A former bathroom had been converted to a wet room, giving more space for staff to support people. We saw people moving freely throughout the building and using the garden. Plans were in place, quotes obtained and capital expenditure approved for further improvement to the building. This included the refurbishment of the sun lounge to make it a more useable space all year round and to redevelop the services' laundry area. The garden to the front of the service had been tidied, giving a view of the large pond and outside seating provided.

## Is the service caring?

### Our findings

People told us they thought the staff were caring and that they were treated with respect. One person said, "If you're looking for problems, you won't find any. The staff care about all of us, it's more than just their job." Another visitor told us how they had been supported by staff which had helped them adjust to their changed circumstance of their wife now living at Highfield. They said, "The staff have been wonderful, so supportive. I think of them as my friends. I couldn't wish for my wife to have come to a better home."

People told us and observations we made showed people were treated with kindness. We saw staff taking time to listen to people and responding appropriately and compassionately. People were happy, and relationships between people and staff were relaxed and informal. When one person became anxious, staff were quick to comfort them and offered reassurance. Staff knew how the person would behave if they felt more relaxed and were able to describe this to us. We saw the person became more at ease following the support from staff. Staff told us they enjoyed working at the service and felt close to the people they supported. One member of staff said, "They're like an extension of my family. In fact, I'd be happy for any of my family to stay here."

People were supported to express their views and were involved in making decisions about their care and support. People were also supported and encouraged to maintain relationships with their family and friends. People could have visitors whenever they liked. Family members were encouraged to take part in people's reviews. If people did not have friends or family members to support them at reviews, the registered manager ensured they had access to external advocates if they needed to. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Regular resident meetings were held where people had the opportunity to discuss issues such as activities or the menu.

People were supported to be as independent as they could be. People's care plans included information on what the person was able to do for themselves, and guidance for staff on how to support the person to be able to do things themselves. Staff told us they helped people make as many decisions as possible about the support they received. There was a clear person centred culture at the service and a commitment to supporting people to express their views, feelings and maintain their independence. Staff knew about people's background, their preferences, likes and dislikes and supported people in a way that they preferred.

People were supported to maintain important relationships outside of the service. Relatives told us there were no restrictions on the times they could visit, they were always made welcome and invited to events. Staff recognised people's visiting relatives and greeted them in a friendly manner and offered them drinks. Visitors told us they could speak to people in private if they wished and gave positive comments about how well staff communicated with them, telling us how staff contacted them if they had any concerns about their family members.

People's privacy was taken into consideration when they were being supported by staff. Staff described how

they would make sure people had privacy, like knocking on bedroom doors and waiting for a reply before entering or reminding people to close the bathroom door when they used it.

Staff made sure people's private information was kept safe. Computers were password protected so they could only be accessed by authorised staff, and care records were locked away when they were not being used by staff.

## Is the service responsive?

### Our findings

At our last comprehensive inspection in July 2017 communication within the service was not always effective and had impacted upon meeting people's care needs. This was when night staff were left without enough incontinence supply's to effectively manage people's continence needs and lack of guidance for staff around the management of epilepsy.

At this inspection, people had their needs met effectively by a staff team who knew them well. One person told us, "I am helped just the way I like it, there is nothing I want changed." A visitor told us, "The management all helped when my wife moved here a few months ago. I can't fault the staff or care in any way." However, conflicting information in some care plans may prevent people from receiving consistent and responsive care.

Each person had a care plan, most of which provided clear guidance and information for staff to support people and meet their needs. However, we brought to the attention of the registered manager two care plans that were not to the same standard of the others looked at. One care plan contained contradictory information about the person's mental capacity to make simple decisions, while another care plan identified a person should be weighed fortnightly. While there was no record this had happened, other areas of the care plan showed that weight loss was not a concern.

Otherwise, care plans were reviewed regularly and information was reflective of people's current needs. They gave guidance about how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. When people needed support with moving and handling there was detailed information about the type of hoist and sling they needed and how staff should support them. Care plans contained information about people's likes and dislikes and things that were important to them. Health plans detailed people's health care needs and involvement of any health care professionals as well as details on how to best support the person in other healthcare settings if needed. For example, if the person needed a stay in hospital. When able, people were encouraged to be involved in compiling their care plan and where possible family or friends were asked to assist.

Staff knew people well and could describe the care and support people required. People told us staff supported them in the way they preferred. At the beginning of each shift, a handover provided staff with information about the care and support people had received as well as any concerns about them. This was recorded on a handover sheet.

Staff recognised when people were becoming frailer and nearing the end of their lives. Staff had received training to be able to support people with end of life care. They worked with GP's and palliative care specialists to support people to be as comfortable as possible. People had been asked about their end of life wishes and staff supported people to make sure their wishes were recorded and respected. Any medicines needed to support people at the end of their life were available, stored safely and reviewed to make sure they remained appropriate. Staff were aware of people's cultural and spiritual needs regarding their end of life wishes.



An activities organiser was employed at the service, they completed a monthly planner which contained details of organised events such as trips out to the seaside, shopping trips and theatre. Parties and birthday celebrations had taken place and people told us how much they had enjoyed them. Some people enjoyed joining in with social activities, whereas other people preferred their own company or a quieter environment. Activities were reviewed and evaluated, so people could have their say about what they thought of them. One person told us, "I like to join in with activities, they are good fun." During the inspection, people enjoyed a variety activities and staff made sure people who stayed in their rooms were not overlooked. People's birthdays and national events were celebrated often with a buffet, tea and cakes.

Staff understood the importance of promoting equality and diversity. People could meet their spiritual needs by attending a regular religious ceremony if they wished to do so. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

## Is the service well-led?

### Our findings

People and visitors told us they were happy with the way the service was run, they said the provider, registered manager and staff were all approachable and professional. Each person we spoke with told us they would recommend Highfield and staff told us they were proud to work there. Everyone we spoke with told us the service had improved.

The registered manager and provider had a range of audits in place. These included the way in which people were supported and, in particular, for people who were at risk of not eating and drinking enough. Other checks concerned management of medicines, provision of training and guidance for staff, recruitment checks as well as safety checks of the service and equipment used in it. However, we found these checks had not always been effective in quickly resolving shortfalls in the running of the service. For example, staff knew a fire door was propped open because the magnetic door stay released the door when not intended, yet this had not been addressed. We raised our concern in overseeing the operation of the service with the registered manager who confirmed they would continue to focus on testing, revising and embedding ways of monitoring the running of the service. This included the continued input from the regional manager during visits to be service and the completion of progressively more detailed assessments of how well people's needs and expectations were being met. The registered provider had made sufficient provision to monitor, assess and improve the quality of the service. This had resulted in the previous breach of regulations having been met. However, in view of the areas identified during this inspection, further progress was still needed to fully develop systems and processes necessary to identify and quickly resolve shortfalls in the running of the service. This is an area we have identified as requiring improvement.

The provider had a clear vision of the service which included supporting people to be independent and treating them with dignity and respect. Staff and the registered manager shared the provider's vision and provided the service as they required. Staff were clear about their roles and responsibilities. Staff were reminded of their roles at regular staff and supervision meetings. All staff we spoke with told us they would be happy for a relative to receive a support at the service.

Staff felt supported by the management team. They told us the management team provided them with support and guidance when they asked for it and were always available. One member of staff told us, "Communication is good, the manager is always open to questions and suggestions." Staff worked as a team to provide people's care and support. A registered nurse had oversight of each shift and allocated tasks to staff. Staff were held accountable for their work. Some staff had been given the role of key workers. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Key workers were enthusiastic about their role and described to us how they had supported people to personalise their bedrooms and purchase items they wanted, such as clothes and cosmetics.

The provider had plans in place to improve the service. A programme of refurbishment was underway with plans agreed to renovate the sun lounge and laundry area. The management team kept their skills and knowledge up to date by attending forums, conferences and training provided by the local clinical commissioning group. They also implemented guidance from the national institute for care excellence, such

as around the management of medicines.

People, their relatives, staff and community professionals were asked for their views about the service. The last survey was completed in 2017 and feedback was positive. Residents and relative meetings were held regularly and changes at the service were discussed. CQC inspections were talked about at meetings and people were encouraged to share their views with us, which they did.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.