

Crystal Nursing Services Limited

Park View Nursing Home

Inspection report

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Tel: 01159790776

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 24 May 2017. Park View Nursing Home is registered to provide accommodation and nursing care for up to 14 people with learning or physical disabilities. On the day of our inspection 13 people were using the service.

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

Staff were aware of their responsibilities to protect people from avoidable harm. Staff had received adult safeguarding training and had information available of the action required to respond to any safeguarding concerns. The management team had taken appropriate action when safeguarding incidents had occurred to reduce further risks.

The process to assess and plan and monitor risks associated to people's needs had been improved. One area was identified that required additional monitoring was the system in place to monitor pressure relieving mattresses. The registered manager took action to address this. People were not unduly restricted and accidents and incidents were recorded and monitored and action was taken to reduce further reoccurrence.

There were sufficient and experienced staff available to meet people's needs and safety and staffing levels were flexible to meet people's individual needs. Safe staff recruitment practices were in place and followed.

Improvements had been made to how prescribed medicines were managed and stored and this was found in line with best practice guidance. Body maps were not used to inform staff of the application of topical creams. The registered manager took immediate action to address this.

Staff received an appropriate induction and ongoing training and support. However, not all staff had received specific training in learning disability, mental health awareness and communication. The registered manager had already identified this and was taking action to provide staff with this training.

At the last inspection some concerns with regard to how the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS) were applied. At this inspection some improvements had been made but further action was required to sustain these improvements.

People were supported to maintain their nutrition and their food preferences were known and understood. Staff were monitoring and responding to people's health conditions and worked well with external health and social care professionals.

Improvements had been made about the information available to staff about people's communication needs. Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, routines and what was important to them.

Whilst people did not have direct access to independent advocacy services people had been supported to access this services were required. The registered manager agreed to provide people with this information.

People were involved as fully as possible in their care and support. People received an opportunity of annual holiday of their choice. People were supported to participate in activities, interests and hobbies of their choice.

The provider enabled people who used the service and their relatives to voice their views and opinions. The registered manager listened to what people had to say and took action to resolve any issues.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. The registered manager was approachable and recognised where improvements were needed in the service.

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 the risk of harm because staff had received appropriate training and understood their role responsibility to safeguard people.

Improvements had been made to the management of risks and the cleanliness of the environment.

There were enough staff to provide care and support to people when they needed it. Safe staff recruitment processes were in place and followed.

Improvements had been made to the management of medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Further improvements were required with regard to how the principles of the Mental Capacity Act (2005) and Deprivation of Liberty's Safeguards were applied.

People were supported by staff who received an appropriate induction and ongoing training and support.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring.

Improvements had been made to the information available for staff to know and understand people's communication needs and preferences.

People were supported by staff who were kind and caring and respected their rights to privacy.

People were supported to access independent advocacy

services.

Is the service responsive?

Good ●

The service was responsive.

New improved person centred care planning documentation was being introduced. People were involved with decisions as fully as possible in how they received their care and support.

People were supported to participate in activities, interests and hobbies important to them.

People had access to the provider's complaint procedure should they have wished to of made a complaint.

Is the service well-led?

Good ●

The service was well-led.

People, relatives, external professionals and staff were very positive about the registered manager's leadership, approach and response in developing the service.

There was an open and transparent culture where people and others received opportunities to share their experience of the service.

The registered manager was approachable and recognised where improvements were needed in the service. There were systems in place to monitor and improve the quality of the service

The registration and regulatory requirements were understood and met by the provider and registered manager.

Park View Nursing 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 24 May 2017 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our expert had experience of supporting and caring for people who lived with learning disabilities.

Before our inspection, we reviewed information we held about the home. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We contacted local authority commissioners of adult social care services, the local clinical commissioning group (CCG) and Healthwatch and asked them for their views of the service provided.

On the day of the inspection we spoke with four people who used the service. Due to people's communication needs their feedback about all aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received. We spoke with one visiting relative and spoke with a further two relatives via the telephone for their feedback about the service their family member received.

We also spoke with the registered manager, a nurse, four care staff, the cook and housekeeper and a visiting professional. We looked at the relevant parts of the care records of seven people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe living at Park View Nursing Home. Relatives also confirmed they felt their family member was supported appropriately to remain safe. One relative said of their family member, "Yes, they're never unsafe."

People were protected from abuse and avoidable harm because staff recognised the signs of potential abuse and how to protect people from harm. One staff member said, "We minimise any risks, potential harm and report any safeguarding concerns." Staff showed a good understanding of their role in regard to safeguarding people in their care. They were able to describe the different types of abuse people could be exposed to and the action they would take if a concern was identified.

Records confirmed staff had a safeguarding policy and procedure available to support them with their role and responsibilities in responding and managing any safeguarding concerns. Records confirmed that there had been a low number of safeguarding incidents and appropriate action had been taken when there had been concerns.

At our last inspection some concerns were identified about how risks were assessed and managed. At this inspection we found improvements had been made with the exception of how pressure relieving mattresses were monitored to ensure they protected people against the risk of developing pressure sores. We discussed this with the registered manager and nurse who agreed to review the system in place that monitored mattress. It is important pressure relieving mattresses are regularly checked to ensure they continue to provide the correct pressure to protect people's skin.

Records confirmed risk plans were in place that informed staff of the action required to manage known risks and that these were regularly reviewed. For example, some people were at risk of choking and had health needs that meant they required a particular diet. Staff were aware of these needs and we saw during our visit people were supported as described in their risk plans. Where people had been assessed as requiring equipment to keep them safe this was found to be in place and available. This included mobility equipment such as a hoist, bathing equipment, wheelchairs and specialist beds.

We observed staff supporting people appropriately without placing unnecessary restrictions on them. One person told us how they had gained in confidence since living at the service and that they accessed the community independently. Whilst some people relied on staff to support them both indoors and outside, staff said that they ensured people had opportunities to go out and spend time as they wished. We observed people were supported with opportunities to access the community.

At our last inspection some concerns were identified about the cleanliness of some parts of the service. At this inspection we found improvements had been made. The environment including seating was found to be clean. New cleaning schedules had been introduced for weekends and these were monitored by the registered manager.

Staff had information available that informed them of the action required if the service was affected by an unexpected event. Personal evacuation plans were also in place that informed staff of people's needs in the event they needed to be evacuated safely from the building. The health and safety of the premises and equipment were regularly checked by the maintenance person who worked at the service. Records confirmed service checks were completed by external contactors where required with regard to fire safety. The fire and rescue service completed a safety assessment in 2017 and the recommendations made were found to have been completed. Staff told us they had attended regular fire drills and had received training in relation to health and safety and records confirmed this.

People told us that sometimes agency staff was used but these were usually the same staff. This was confirmed by staff who said that consistency was important for people. On the whole people said they felt there were sufficient staff available who responded to their needs in an appropriate time. Relatives were confident that their family member was supported appropriately by staff that were competent, skilled and experienced. One relative told us, "They (staff) never appear rushed."

Two care staff were positive that there were enough staff available to meet people's individual needs and safety. One staff member said, "Staffing levels are ok, there's no strain, people have their needs met." However, two staff told us that they felt more staff were required, but said people were not at risk. One staff member told us, "Staffing levels are not enough, we could do with one more staff on duty to get people out more."

The registered manager said people's dependency needs were constantly monitored and whilst there were a regular set number of staff per shift, this increased if people had any appointments to attend. An example was given how a person had an outpatient hospital appointment the day after our visit and an extra member of staff and the registered manager, had changed their working hours to provide support. Records confirmed what we were told.

On the day of our visit we found there to be appropriate levels of staff available. People were supported with activities in the community and within the service. Staff were observed to have time to spend with people; they were unhurried in their approach when supporting people and responded to people's needs in a timely manner.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff that were deemed suitable were employed to work with people living at the home.

At our last inspection some concerns were identified with how medicines were managed. At this inspection we found improvements had been made and medicines were administered, managed and stored appropriately.

One person told us they sometimes had to wait for pain relief. We observed this person asking for pain relief, and were with them when they received it over an hour later. We discussed this with the registered manager who agreed to follow this up. Relatives were confident that their family member received their medicines safely. One relative said, "Staff know everything about [name of family member's] medication, professional, clued up."

There were safe medicine administration systems in place and people generally received their medicines when required. We observed a nurse administer a person's medicine, they followed good practice guidance.

They were unhurried and waited with the person to ensure they had taken their medicine safely.

We saw that medicines were kept securely and that each person had a Medicines Administration Record (MARs) that was individual to them. These records showed people's personal preferences on how they liked to take their medicines. Where a person required a medicine as and when it was needed, a PRN medicine protocol was available for staff that advised about how and when this medicine should be administered. We noted that body maps were not used to inform staff about the application of topical creams. The nurse on duty agreed to take immediate action to address this. We completed a sample stock check and found this to be correct. Only nursing staff administered medicines, they had a medicine policy and procedure available and records confirmed they had received appropriate training including competency assessments. Audits and checks were in place to ensure medicines were managed safely.

Is the service effective?

Our findings

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.

At our last inspection some concerns were found with how the Mental Capacity Act 2005 (MCA) had been applied. At this inspection we identified continued shortfalls. The registered manager told us that since our last inspection people's ability to consent to their care and treatment had been reviewed. The nurse present confirmed they had completed this action. We saw some examples such as assessments and best interest decisions had been completed for medicines and people's personal finances. However, this documentation could not be provided for all the people we were told had received mental capacity assessments. The nurse or registered manager could not account for the missing documentation on the day of our visit.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us about applications that had been sent to the local authority DoLS team for assessment for people, where there were some restrictions on their freedom and liberty. We saw two people had authorisations in place and staff were ensuring people were being supported in accordance with their authorisation. We looked at applications that had been made to the local authority and could not be assured that these had been received by the local authority. We also identified some examples where people used lap strap belts that required a DoLS authorisation but these had not been applied for. We discussed this with the registered manager who took immediate action during our visit to ensure people were not unlawfully being deprived of their liberty. We further discussed with the registered manager our concerns about how the MCA was being applied. They assured us that they would take immediate action to address these shortfalls. Following our visit they forwarded us information of the action they had taken to make improvements. However, we were unable to judge the effectiveness and sustainability of this at this current time.

Staff demonstrated an understanding of their role and responsibility in relation to MCA and DoLS and confirmed they had attended training on this legislation. Staff told us how they included people as fully as possible in decisions and how they gained consent from people before providing care. We saw examples of how staff gave people choices and involved them about the activities they did, including their choice of food and drinks.

We found positive behavioural support plans provided staff with detailed information about people's

fluctuating mental health needs and what people's coping strategies were. This told us that people could be assured that staff understood their needs and could provide effective support at times of anxiety.

Staff were supported by the registered manager to have the appropriate resources to carry out their role effectively. This included an induction and ongoing training and support. Staff were positive that they were supported appropriately. One staff member said, "Training is important, I think what we receive is sufficient." Records confirmed staff had received an appropriate, detailed and structured induction when they commenced their employment. This told us that staff were supported to understand their role and responsibilities.

The registered manager showed us their records for staff training, this included training staff had received and when refresher training was due. Staff were supported to undertake formal care qualifications in health and social care. We identified by talking with staff and from the staff training record that there were some gaps in staff training such as learning disability and mental health awareness and communication. The registered manager told us they were aware of this and had plans in place to address this training need.

Staff received regular supervisions from the registered manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time but could approach the registered manager at any time to discuss any concerns they had.

People told us that they liked the food choices and that they received sufficient to eat and drink. One person said about the food, "It's nice, I have a snack, I buy coke every day." One person told us how they liked a particular diet due to their cultural background and said that the cook knew this and cooked the foods they liked. Relatives were complimentary about the food choices.

We observed the day's menu was on the wall in picture format in the dining room, and times of meals were on the notice board this information was helpful and supportive for people. We also saw how the cook offered people a choice of meals. The cook told us how they used pictures of different meal choices to support people to make informed choices and how they also provided meals based on people's known preferences.

The cook was able to tell us about the different diets people had and we saw people received meals and drinks as described in their support plans. Throughout our visit we observed staff offered people a choice of drinks and snacks. People were observed to enjoy a relaxed meal time experience. Some people needed assistance from staff with their eating. We found staff were unhurried in their approach ensuring people were comfortable. People were offered seconds and where people accepted this was respected.

People's support plans showed that their dietary needs had been assessed and planned for. People's food, fluid intake and weight were monitored to ensure if changes occurred this would be picked up on acted upon. We saw examples of external healthcare professional's involvement when concerns had been identified. This included a dietician, GP and speech and language therapist when swallowing difficulties had been identified for a person.

People told us staff supported them with any health need they had. Relatives were confident that staff supported their family member effectively with health care needs. This included keeping them informed of health needs.

Feedback from external health and social care professionals was positive. One professional told us about

the person they supported, saying, "They [staff] have made a remarkable improvement to their mental and physical health and that is all down to the dedication of the manager and their team."

People's care records confirmed people's health needs had been assessed and planned for. Staff had the required information to know how to support people with their health. They were confident in telling us about some people's specific health needs and how they supported them with their health and well-being. Records showed that people were appropriately supported to attend health appointments such as the dentist and optician to have their health monitored.

People had health action plans that recorded their health needs and appointments. We found care records gave examples of the staff working with external healthcare professionals such as the GP, psychiatrist and specialist learning disability community team. This told us that staff worked with external healthcare professionals to provide effective care and support.

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. People made positive comments about the approach of staff saying they were kind and caring. One person told us, "If I want to go out my keyworker will come in on her day off and help me." A keyworker is a member of staff that has particular responsibility for a named person who uses the service. Relatives were complimentary about staff describing them as, "Brilliant."

External professionals spoke very favourably about the care and attention of staff. One professional said, "The staff are extremely friendly and helpful and clearly have warm relationships with the residents." Another professional told us, "The home had a family feel about it and all the staff I met were very helpful and professional but in an informal way so to enable good interaction with residents. The manager provided care and support above and beyond what was expected of them for the person I supported and I am very grateful for that support." A visiting external professional said "It's (the service) a very special place."

Staff demonstrated they were knowledgeable about people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. This included supporting people with their cultural and religious needs and preferences. For example, a person was supported with their dietary needs and attended a place of religious worship. People's care records were detailed and informative; this ensured staff had the required information to provide an individualised service. This included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

Our observations found people were relaxed within the company of staff and friendly and jovial exchanges were had. Staff used good communication and listening skills, they picked up on and responded well to people's communication preferences. People had different communication needs and methods to express their needs and wishes, such as Makaton, a form of sign language, behaviours or gestures. Staff were good at interpreting people's needs, allowing time for people to express themselves, they promoted choice and encouraged independence and respected and acted upon people's wishes.

We asked the registered manager if people had independent advocacy information available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager said that this information was not available but assured us they would make this available for people. The registered manager gave an example of a person who had been supported by an independent advocate. This told us that if this additional support was required by a person who used the service they were supported to access this type of service.

A person gave an example of how staff had involved them in planning the care and support they required. This person was planning to move into more independent living, they told us how staff had supported them with developing their independence to achieve their goal. This included developing daily living skills and practical support such as completing housing applications and securing a travel card.

People told us that staff respected their dignity and privacy and relatives confirmed this. One relative said, "Staff close blinds and shut the door when providing care."

Staff gave examples of how they respected people's dignity and privacy when providing personal care and support. Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Is the service responsive?

Our findings

People told us that they were supported with activities and opportunities to pursue their interests and hobbies. One person told us about their interest in playing the drums and guitar and proudly showed us their collection of instruments. To support this hobby we saw an upstairs room had been developed into a music room to enable this person and others to use. This person told us that a staff member was helping them to learn how to play the guitar. Another person enjoyed horse riding and their care records confirmed they had been supported on a regular basis with this activity. Relatives were positive that their family member was supported to lead active and full lives. One relative said, "They see if they [family member] does enjoy something, they keep doing it."

People told us about community groups they attended and activities they did with the support of staff indoors. One person told us how they spent their time and that this included visiting their family for overnight stays. Another person said, "I go to an over 50s club, do exercises; singing and have a meal. Do drawing, and an artist visits twice weekly." Staff confirmed there was an activity coordinator employed but they were unavailable on the inspection visit. Staff talked about the activities they supported people with and we saw there was a collection of activities and arts and crafts available.

The activities folder had a plan for each person and a daily record of what they had done. Activities listed included art; relaxation; film night; horse riding/carriage driving/going to see the horses; community trip; cookery session; aromatherapy; Getaway club and arboretum walk.

On the day of our inspection visit we observed a visiting aromatherapist gave a person a foot massage in the privacy of their bedroom. We saw a staff member support three people to participate in a painting activity. Everyone was fully involved in the activity choosing paint colours, the staff member was seen to interact with each person very well, encouraging and praising people for their contribution. We also saw people were supported to spend time in the garden enjoying the warm, sunny weather. Other people were supported by staff on a trip out to a local park.

Two people told us about the holidays they were supported with each year. One person explained they normally went to Greece on holiday saying, "Went last year." Another person said they were not planning a holiday because they were, "Saving up for my flat." A staff member told us how they supported a person on holiday to Blackpool every year as this was the person's choice. A staff member also explained that people's birthdays were celebrated and people received birthday presents. They also celebrated different events throughout the calendar year and photographs around the service confirmed this.

People told us that their wishes for how to spend their daily routines were respected and acted upon. For example, people said they had a choice of what time they went to bed and got up. One person said, "I go to bed when I want. I get up early on Monday's, staff get me up then." Another person told us, "I go to bed when I'm tired."

We looked at a person's pre-assessment. This information is important to ensure the service can meet

people's individual needs. It's an opportunity to consider if additional resources or staff training is required. This information was then used to develop person centred support plans that informed staff of people's needs and wishes.

Support plans were regularly reviewed and we saw examples when they had been amended due to a change in a person's needs. Information provided staff with guidance about the action required if changes were identified in a person's needs, showing that people could be assured that staff would respond appropriately. However, we found an example of a person's communication support plan that lacked specific detail. For example, this person's general history stated they wore a hearing aid and we saw they were wearing this. We noted the communication support plan did not include any information about the hearing aid including instructions about maintenance. A staff member advised there was a separate document that provided this information. On viewing this we found the document only recorded when staff did a battery check but this had only been completed four times during 2017. This meant it was unclear if and how the hearing aid was maintained. We discussed this with the registered manager who agreed to review this information.

The registered manager told us that people and or their relatives if appropriate, were invited to attend an annual review meeting in conjunction with the local authority who had funding responsibility. This review was used as an opportunity to review how people's care and treatment had been provided over the year and to plan for future goals and wishes. The registered manager showed us examples of new person centred plans that were being introduced. An area of development was to support people to identify goals and aspirations and to plan, monitor and review these outcomes.

We asked people if they knew how to make a complaint and if they had what their experience had been. One person said, "No (had not made a complaint) I'm happy." Another person told us, "Yes, I complained about clothes getting lost in the laundry, I felt it shouldn't happen." Another person said they did not know how to make a complaint. Relatives told us that they had not had to make a complaint but they would do so if required. One relative said, "I would speak to whoever's on duty."

A staff member gave an example of when they had an issue with another staff member. They told us they reported this to the registered manager and action was taken. We saw the complaints process was on display in picture format in people's bedrooms.

The registered manager showed us the provider's complaint policy and procedure and the complaints log showed no complaints had been received since our last inspection which the registered manager confirmed.

Is the service well-led?

Our findings

The service had a positive person centred, inclusive and open approach. Relatives were complimentary and positive about the service their family member received. Relatives said they were confident they could talk with the registered manager. One relative told us, "The manager is always available, and very helpful." Another relative said, "Anytime you can pick the phone up or go in. Nothing adverse in this place at all."

Feedback from external professionals about the service and leadership was positive. One professional said, "I have been very happy with the care I have seen provided to people at Park View. All my advice has been correctly implemented and my experience is that people have thrived at Park View. From a management perspective, the manager is very available for discussions as required and is very visible and present within the home. They clearly know the residents well and interact well with them."

Another professional told us, "I was very impressed with the level of attention and commitment shown by all the staff at Park View. They were able to respond in a very personalised way to the needs of the person I supported and communicated with me about their progress. I found the approach they adopted to meeting their needs led them to make breakthroughs with them that other services had not been able to achieve. They were flexible and able to adapt and change the service to meet the person's needs."

Additional positive feedback included, "The manager was incredibly committed and caring person and this filtered down to all of his team. It was clear that the culture and ethos of the home was to create positive outcomes for the people they were supporting no matter how time consuming this may be. It was clear from the outset that the whole team worked in a relationship based way and managed to build bonds with the person I supported that enabled them to trust them to allow them to support him."

Staff spoke positively about working at the service and had a clear understanding of the vision and values that the registered manager and provider had and expected. One staff member said, "I absolutely love working here. We get to know and understand people by building up relationships, spending time with people and reading information about people's needs."

Staff told us they would use the provider's whistleblowing policy if concerns were not acted upon. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

As part of the provider's internal quality assurance checks they invited people who used the service, relatives, representatives and professionals to complete an annual survey about the service. A relative told us, "We complete feedback questionnaires annually. The owner is very nice."

People told us that they had attended meetings in the past where they could share their views about the service. However, the registered manager explained that attempts to have meetings had been unsuccessful and that staff constantly talked to people about their experience about the service they received. Any concerns or improvements were then discussed in staff handover or staff meetings. We saw staff meeting

records that confirmed discussions included informing and exchanging information specific about people's needs, staff training and staff expectations and responsibilities.

The conditions of registration with CQC were met. The service had a registered manager in place who was very experienced in managing services. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way. The registered manager was supported by the deputy manager, and provider who completed monthly visits to the service to complete checks and follow up on previous actions.

There was a system of audits and processes in place that continually checked on quality and safety at the service. We found these had been completed in areas such as health and safety, medicines, accidents and support plans to ensure that the service complied with legislative requirements and promoted best practice. During a tour of the building we identified that some people's pillows and quilts required replacing, the registered manager agreed to take immediate action to complete this. The registered manager told us that whilst they had completed the work required of them following our last inspection to make improvements to how the Mental Capacity Act principles were applied, they identified during this inspection there was a shortfall in their oversight of this area. Following our inspection visit they forwarded us information giving assurance of the action they had taken to address this shortfall.