

The Shaw Foundation Limited

Treetops

Inspection report

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Date of inspection visit:
15 May 2018
17 May 2018

Date of publication:
21 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

We undertook an unannounced inspection on 15 and 17 May 2018. The last comprehensive inspection of the service took place in September 2017. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this last inspection the service had failed to comply with a warning notice that had been issued after a comprehensive inspection in January 2017. The service was rated as requires improvement. The domain of well-led was rated inadequate for a second consecutive time therefore, the service was placed in special measures.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had previously breached. You can read the report from our last inspections, by selecting the 'All reports' link for, Treetops on our website at www.cqc.org.uk

Treetops 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. Treetops can provide care and support for up to 24 older people, some whom are living with dementia. At the time of our inspection there were 15 people living at the service.

The service provides accommodation in purpose built premises. The service is on ground floor level and has three separate areas. Maple, Holly and Ash. Each area has a lounge and kitchen area. There was a communal activity room and two garden areas.

There was a registered manager in post. 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. Each manager was responsible for a number of services.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated inadequate in any of the key questions. Therefore, this service is now out of Special Measures.

Since our last inspection the service had made improvements and was now meeting the regulations previously breached. Consent to care and treatment was sought in accordance with the Mental Capacity Act (MCA) 2005. Systems to monitor and review the quality of care had been improved so that records were accurate and issues were identified promptly so appropriate actions could be taken.

Staffing numbers were at a consistently safe level. However, the service continued to use a high proportion

of agency staff, both for nursing and care staff. This impacted on people as they were often supported by staff who were unfamiliar to them. It also affected the staff team morale and teamwork.

Risk assessments identified potential risks to people. Guidance was clear for staff on how to support people safely and reduce risks. People's independence was promoted through positive risk assessments and care planning.

Staff received an induction, training and regular supervision to support them in their roles. Staff spoke positively about the training offered by the service and the support they received.

People were supported by staff who were kind and caring. The atmosphere was calm and relaxed. Visitors were welcomed at the service and encouraged to engage and provide feedback about the care and support provided.

Care plans had improved to provide consistent information about people's backgrounds, preferences and routines. Strategies were in place to guide staff on how to support people effectively.

People were supported with their nutrition, hydration and healthcare needs. Applications were made when appropriate in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care or need protecting from harm.

There were activities available for people. People and relatives felt comfortable in raising any concerns or complaints. Actions were taken as a result promptly.

Improvements were being made in the internal decoration and external areas of the service. The service was clean and tidy and infection control policies and procedures were adhered to. Regular checks of the environment, equipment and fire safety were undertaken.

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.

Staffing levels continued to consist of a high proportion of agency staff which impacted on people's care and support.

The management and administration of medicines had improved.

Risk assessments were in place and provided risk management guidance.

Infection control policies and procedures were adhered to.

Is the service effective?

Good ●

The service was effective.

Decisions about care and treatment were taken in accordance with the Mental Capacity Act 2005.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff were supported in their role by an induction, training and supervision.

People were supported with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring.

People's independence was promoted.

Visitors were welcomed and encouraged to engage with the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained person centred details and guidance for staff on support strategies.

Activities were provided at the service.

Is the service well-led?

The service was mainly well led but the provider needs to demonstrate that the improvements can be sustained over time.

Staffing composition at the service affected staff's morale.

Changes had been put into place following the last inspection to make improvements and meet legislation.

Positive feedback was received about the improvements the registered manager had made to the service.

Requires Improvement 

Treetops

Detailed findings

Background to this inspection

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

The inspection 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.

We reviewed information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. A Provider Information Return (PIR) had not been requested for this inspection.

Some people at the service were living with dementia. This meant they were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with five people living at the service, 11 relatives and 13 staff members. This included the registered manager, the newly appointed manager and other senior staff members. We received feedback from two health and social care professionals. We looked at eight people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At the last inspection medicine management, risk assessments and staffing had been identified as areas which still required improvement. At this inspection we found positive improvements had been made in regards to medicine administration and risk assessments. However, the service continued to use a high proportion of agency staff, both for nursing and care staff. Staffing numbers were kept consistently at the level deemed safe by the provider. However, all nursing hours were filled by agency staff except one bank nurse who usually completed one or two 12 hour shifts per week. In addition, care staff numbers were consistently made by the use of agency staff. This ranged from two to four agency care staff out of six on duty during the day. The balance of permanent staff members at night was usually higher than agency staff.

Nursing agency staff were block booked with the aim of the majority of hours being shared between four agency nursing staff. A health and social care professional said, "Continuity of care does suffer because of the high usage of bank nursing staff. The positive of the bank staff is that they generally are of a very good standard and they tend to use the same ones as much as possible to get some continuity." However, this still meant that 11 other agency nursing staff had worked at the service during the six weeks before our inspection.

Over the same timeframe 48 agency care staff had worked at the service. Along with 18 permanent and bank staff members. Some of these agency staff members were regular to the service whilst other agency staff had only completed one or two shifts at the service during this time. This meant that people living with dementia were continually being supported by staff who were unfamiliar to them. Agency staff may not have developed relationships with people or be familiar with the guidance to support people as documented in their care records as they worked limited periods.

The composition of the staff team impacted on people. A relative said, "I would recommend Treetops if the staffing was more stable. It impacts on [Name of family member]. Her eyesight is poor and they don't always tell her what they are going to do which upsets her." As staff were not always permanent to the service they were not always familiar with the detail in people's care plans and how to support people effectively. One agency staff member called a person by a different name. This could be confusing for the person. Another relative said, "There is a big turnover of staff. It would be nicer for everyone if it could be more stable. [Name of person] has had five keyworkers since he has lived here." The aim of the keyworker system is to have a key staff member who consistently oversees a person's care and support. Keyworkers aim to build a positive and constructive relationship with the person and their family. Due to staffing, it was not possible for the service to implement an effective keyworker system.

The lack of continuity and familiarity of staff to people was highlighted. One person said, "Staff are not regular." A relative said referring to staff members, "There are lots of new faces." All permanent staff members we spoke with raised staffing as their biggest concern. One staff member said, "There is a lack of continuity with staffing. Relationships don't develop [with people]." Another staff member said, "The staffing situation affects staff morale." However one relative said, "All the agency staff are familiar. I can't tell the difference between them and permanent staff. When they know him well they are good."

We reviewed the care plans of three people who experienced agitation and anxiety. These care plans indicated how being supported by staff who were unfamiliar to them could increase agitation. Another care plan said, 'A core of long term staff are able to successfully use distraction techniques.' This showed how when staff had developed a positive and known relationship with the person they could support the person more effectively. Although these needs had been documented in the care records the level of support required could not be assured due to the proportion of agency staff employed.

We observed mealtimes in different areas of the service. People received inconsistent support at mealtimes. For example, one agency staff member stood over a person while supporting them with their meal. When one person asked what the meal was an agency staff member replied, "I don't know." Another person asked repeatedly for their meal, no staff present responded to them. In contrast we observed a permanent staff member sat next to a person, describing the meal to a person and each individual food item. The staff member asked the person, "Would you like to try it?"

People, relatives and staff commented that staffing numbers were sufficient. One relative said, "There is mostly enough staff." We observed staff attended to call bells promptly and people received care and support when needed.

Recruitment was in progress for all vacancies. We saw advertising posters and flyers that had been distributed within the local community. We spoke with a senior staff member about the strategies that were being introduced to attract and retain new staff members. The provider had a number of incentives and benefit schemes already in place for staff members.

At our last inspection of the service, risk assessments had improved but further specific details were not always recorded. At this inspection risk assessments gave detailed information and clear guidance for staff in how to support people safely around particular risks such as nutrition, mobility and sleeping. We observed staff supporting one person to move to a different area of the service following the risk assessment guidance for moving and handling equipment. Risk assessments had been reviewed on a monthly basis and updates had been included.

When people required their position to be changed regularly this was documented correctly. People's position change charts demonstrated that people were repositioned in accordance with their care plan. People who were at risk of developing pressure ulcers had accurate and up to date information recorded about their care and support in this area. Risk assessments and care plans detailed the type of equipment in place and how it should be used safely. A system was in place to check people's air mattresses were set correctly. Despite this system we found two people's air mattresses that were set incorrectly for their current weight. These were readjusted immediately by a senior staff member.

Improvements had been made in medicines management and administration. Medicine administration records (MAR) had been fully signed to indicate staff had administered medicines as prescribed. Medicines were stored safely including those that required specific storage in accordance with legal requirements. The temperature of the clinical room and the medicines fridge was monitored and was within safe limits. Thickener which had been prescribed for one person was not stored safely because the container was left unattended in a communal area. A senior staff member immediately addressed this.

Topical MARs were in place for people who prescribed creams and lotions. These included clear instructions for staff on where and how often to apply the creams or lotions. At our last inspection we found topical MARs were not consistently signed for. At this inspection this had improved, however there were still some omissions. These had been identified by the service. A senior staff member said this was an area they were

working on with staff to improve.

There were photographs of people at the front of the MARs. The majority were fifteen months old and so may no longer be a true likeness of people. This was of particular relevance because the service was reliant on agency nurses to administer medicines. The registered manager said these would be updated.

Preferences for how people liked to take their medicines had been recorded. For example, we saw guidance for staff such as, "Give on a spoon. Has poor eyesight so needs to be talked through the process."

There were protocols in place for people who had been prescribed additional medicines on an as required (PRN) basis. Protocols gave guidance to staff about when a person may require an additional medicine and strategies to try before medicines were given. For example, a protocol for one person who had been prescribed medicines for when they were anxious detailed steps staff should take to reassure the person before resorting to the use of medicines. We highlighted to the registered manager that some pain relief protocols would benefit from additional detail. This was of importance due to the use of agency staff, who may not be as familiar with people living at the service.

Systems were in place to monitor and check medicine administration. This ensured any errors or omissions were identified promptly. There was a process in place to check MARs which identified gaps and errors. Incident records showed when these had been identified and the steps taken to rectify them. Twice daily stock checks of all medicines were carried. In addition audits, which checked stock balances and MAR charts were completed twice a week.

People and relatives told us they felt the service provided a safe and pleasant place to live. One person said, "I love it here. I have lived here a long time." A relative commented, "My relative is definitely safe here. He is always comfortable and looks nice and clean." Another relative said, "[Name of person] is safe and well looked after."

Incidents and accidents were reported and recorded. The improvement at the last inspection had been sustained. Incidents and accident records continued to be fully completed. Records contained clear details about the nature of the incident or accident and the actions taken at the time to manage the situation. All reports were reviewed by the registered manager to ensure effective actions were taken to reduce any risk or reoccurrence.

A policy was in place for safeguarding people. The service had followed procedures when concerns had been raised. Staff we spoke with were clear on their responsibilities for reporting any concerns. The local authority and CQC had been notified where appropriate. The service had responded to concerns raised and taken suggested actions and measures to keep people safe.

Personal evacuation plans were in place for people. This detailed the type and amount of support people would need to evacuate the building in an emergency situation. A business continuity plan was in place to deal with unforeseen circumstances. For example, a gas leak or water shortage. Regular checking and testing of equipment occurred to ensure these were safe for the intended purpose. This included testing of mobility, electrical and fire safety equipment. Risk assessments of the environment and premises were in place to reduce known risks. The building and grounds were monitored regularly in regards to any health and safety and maintenance requirements. Effective systems were in place to ensure appropriate actions were taken.

The provider's recruitment procedure was followed before new staff began working at the service. Staff files

showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. We saw regular meetings occurred with new staff during their probationary period and support provided where appropriate.

Refurbishment work was being undertaken to improve the environment. This included the redecoration of lounges and communal areas. A tree had been removed from one of the gardens as this had caused paving to become lifted. This work would mean the space was safe and accessible for people in addition to the other garden area already in use. One person who enjoyed gardening commented about the current work to the outside area, "I enjoy the garden. I can't get round to Ash's garden as it is not safe but I will get stuck in when it is ready." We observed the other garden area being well used by people and relatives throughout the day. Staff said additional improvements to this space in terms of furniture and aesthetic appeal would benefit people further.

Infection control policies and procedures were in place and adhered to. The service was clean. Staff were observed to wear personal protective clothing where appropriate. Systems and processes were in place in the kitchen and laundry area to ensure infection risks were minimised. One person said, "It is clean here. It's spotless. They clean it every morning." A relative commented, "It's lovely and clean here."

Is the service effective?

Our findings

At our last three comprehensive inspections consent to care and treatment had not always been sought in line with legislation and guidance as records relating to assessments of people's decisions about their care and treatment were insufficient.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection improvements had been made. Where people were assessed as lacking the capacity to consent to particular areas of their care and treatment appropriate processes had been followed and documented accurately. For example, some people had a sensor mat or bedrails in place to support them to remain safe. Appropriate health and social care professionals and relatives had been involved in making a decision in the person's best interest. New documentation was being introduced to the service in regards to MCA. This would support the service in recording details in a more person centred way. A tracker was in place to monitor and review on a monthly basis the areas where people lacked capacity and to ensure the corresponding care plans and risk assessment were up to date and accurate.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made for people and any conditions in place had been met or were in progress.

All new staff completed an induction programme which was aligned to the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. Staff spoke positively about their induction experience. Records demonstrated the areas that staff had completed during their induction. One staff member said, "I completed two weeks of shadowing." Regular reviews monitored new staff's progress and provided additional support where necessary.

Staff received regular supervision. Supervision is where staff meet one to one with their line manager to discuss their performance and development. Staff commented that supervision was supportive and useful. One staff member said, "I feel very supported."

Staff were provided with regular training to ensure they had the necessary skills and knowledge for their role. Staff we spoke with commented that the training they received was effective. One staff member said, "We get loads of training. I can't fault Shaw on their training." People said that staff were well trained. One person said, "Yes they [staff] are good." Another person said, "We get looked after fine." One staff member explained the recent training they had received in dementia and how this had supported them in their work practice. However, we did highlight to the provider that some staff member's refresher training in regards to

MCA and DoLS was nearly four years ago. After the inspection, the provider sent us clarification that refresher training had now been scheduled for the forthcoming months.

Systems were in place to monitor people's food and fluid intake where needed. The charts reviewed had been completed in full with target intakes recorded. When people did not meet their target, staff had documented this in the daily records. In these cases, staff had written on the chart for the following day that staff needed to encourage people to drink more. The charts had all been signed by the person in charge for the shift. This showed that people's food and fluid intake was being fully monitored. On the day of inspection it was warm and people were frequently offered drinks.

People spoke positively about the food provided. One person said, "The food is good." Another person said, "They ask me in the morning what I want to eat." A relative said, "She has plenty to eat and drink. We have no complaints."

The service had begun implementing ways to utilise the space in the service in different ways. For example, furniture had been changed in the central area to encourage people to sit and use it more. People could choose where they wanted to go within the service for example, lounges and outdoor spaces, and were supported if needed. The service had considered people's needs when redecorating the service. For example, the hallway walls were brightly coloured with contrasting coloured handrails. However, there were limited objects or things that would stimulate people around the service who were living with dementia in line with best practice guidance. For example, sensory or exploratory items.

People had access to on going healthcare. Records showed that people had been reviewed by the GP, the hospital liaison team and speech and language therapy. People were supported to attend hospital appointments where needed. The GP visited weekly, knew people well and had worked with the service for some time. There was an improved communication process in place. It was documented why people needed a GP review. The outcome of these reviews was documented so that any actions could be taken. A senior staff member said, "Communication between us, the GP and pharmacy has improved a lot." Detailed care plans were in place in relation to specific health conditions. This gave guidance to staff about signs and symptoms to observe for and the appropriate actions that should be taken.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person said, "Staff are good to me." A relative said, "Everyone seems well looked after by staff. Staff all seem OK and they seem caring enough. Another relative said, "Staff do show empathy." A health and social care professional commented, "Regular staff are excellent."

The service provided a relaxed and calm atmosphere. One relative said, "It is a community here, with a community spirit."

We observed people responding well to staff they knew. Staff spoke kindly to people and joked with people where appropriate. One person became distressed about where they were. A staff member spoke calmly with them, reassuring the person where they were and who people around them were. The staff member moved closer to them to offer physical reassurance.

Staff engaged with people about different topics. One staff member asked a person if they liked a song that was on the radio. When a song came on that the person liked, the staff member encouraged the person to sing and joined in with them.

People were offered choices and these were respected. People were asked where they would like to be within the service and what they would like to do. For example, if they would like to sit inside or outside. One staff member said, "Would you like to sit outside and feel the sun on your face?" People were asked what meals and drinks they would like.

People's independence was promoted in care plans. For example, one care plan we reviewed documented which areas of personal care the person was able to do for themselves and how staff should promote this.

The service had received one compliment in the past 12 months. This referred to a new activity that had been trialled at the service which people had enjoyed. One relative said, "I cannot praise this place enough."

We observed visitors and families being welcomed at the service by staff. There were no restrictions on visitors. We observed relatives who regularly came and had lunch with their family member. One relative said, "It is a lovely place. I come in to give my relative their lunch." Another relative said, "We always feel welcome, they always offer drinks."

A dignity tree had been displayed at the service. People and staff had written what dignity meant to them. One comment said, "Being honest and nice." Another said, "Giving people the respect to continue living life the way they want to."

People were offered choices throughout the day. For example about what they would like to eat or where they would like to be in the service. One relative said, "They [staff] always ask permission. It makes [Name of person] feel good as he was used to being in charge because of his job."

Is the service responsive?

Our findings

People received care and support which was responsive to their needs. One relative said, "They are interested in my relative as a person." Another relative said, "I'm happy with the standard of care."

Care plans had improved to consistently provide information about people's family, previous employment and hobbies. For example, we reviewed one care record where it described the places the person had resided at different times of their life and the jobs they had. Care records detailed information that was important to people such as significant events, pets and relationships. This information is important so staff can engage people in conversation and activities of interest and understand current behaviours displayed. Previously a pen picture of people had been available for agency staff to have easy access to key information about people's backgrounds. The registered manager said this would be reintroduced.

People's preferences and routines were described in their care plan. For example in one care plan we reviewed it said, 'Likes a hot milky drink before going to bed at around 20.30.' Another care plan described how the person liked to dress and why this was important to them. People's preferences in regards to the gender of carer was recorded and we observed a staff member assuring a person that this would be upheld. Information about how people liked their hot drinks and other information was held confidentially within the lounge area so agency staff could have a quick reference to this type of information.

Strategies were in place to guide staff in how to approach care and support with people. For example, one person would sometimes decline personal care. Guidance for staff indicated the time of day was important to the person and to offer care again at a later time. Another care plan guided staff to assess the person at the point of support being delivered as to their mobility needs. It then gave guidance on the mobility equipment to be used depending on their needs at the time. Where people had a sensory impairment, details were recorded about how to effectively support and communicate with the person. One person had a hearing impairment. Their care plan said, 'Make sure [Name of person] can see your face, speak slowly and clearly.' Whilst information in care plans was thorough not all agency staff members would not have the time to become familiar with all the information before providing care to people due to the limited time they worked in service.

End of life care plans were in place. However, often information was limited. For example, one care plan said, 'Any religious requirements or any wishes needs to be monitored.' However, it was not explained what these requirements might be. The registered manager said these care plans would be developed to be more person centred.

Relatives said they had been involved in planning and reviewing family members care and support. One relative said, "I have been involved in care plans and meetings." Another relative said, "I am always included in reviews. They are always honest with me, that is important."

Activities were planned and forthcoming events were displayed on the noticeboard. For example, religious services, singers, exercises and musical entertainment. Individual one to one activities that people enjoyed

were also planned such as gardening, celebrating special occasions and pampering. Due to unforeseen circumstances the activities co-ordinator had been in a seconded role for several months previously. Due to this activity records had not been kept fully updated. However, they had returned to their role and activities continued to be developed. People and relatives spoke positively about the activities provided. One person told us about their weekly shopping trip with the activities co-ordinator. They said, "I look forward to Mondays as I go shopping once a week." Another person told us how much they enjoyed the singing entertainment. A relative said, "They were organising a party in the lounge. It is very good here."

The service had received four complaints since September 2017. Complaints had been investigated and responded to. People and relatives told us they felt comfortable in raising any complaints or concerns. One person said, "If I had any concerns I prefer to speak to someone 'high up'. I did mention an issue and it was sorted." The complaints policy was displayed for people and visitors.

A communication board was available for friends and families. This displayed minutes of previous relatives meetings, dates of forthcoming meetings and forms which relatives could complete to give feedback to the service. Relatives were encouraged to give their opinions and raise any issues. Relatives told us that actions had been taken when items had been brought up. One relative said, "They have always dealt with problems efficiently."

Relatives meeting had been held regularly and were well attended. A meeting occurred during our inspection. With staff's and relatives permission we observed the meeting. Family members could ask questions and were updated on current matters regarding the service. Areas such as staffing, activities, food and communication were discussed.

Is the service well-led?

Our findings

At the last four comprehensive inspections, the provider had not met the regulation relating to good governance. At this inspection we found improvements had been made within the service. The service was now meeting the regulations relating to good governance and consent to care. We have rated this key question as requires improvement. This is because further time is needed to demonstrate the improvements made can be sustained. Since 2015 the service had received four comprehensive inspections. The service had failed to meet the regulations on all occasions. The service has been at a requires improvement rating since March 2015. The service was placed in special measures in September 2017. The service had a significant number of vacancies for people as the provider decided not to take new admissions for a sustained period of time to enable the service to make the required improvements. The provider needs to demonstrate that safe, good quality care can be provided when the numbers of people accommodated increases.

Improvements had been made in areas previously in breach of regulations or requiring improvement. These included medicine administration, risk assessments, induction records, repositioning records, care planning and ensuring decisions made were in accordance with the Mental Capacity Act (MCA) 2005. The safeguarding tracker was regularly updated and actions taken in response to safeguarding concerns had been documented. Previously the provider had not taken action in relation to feedback they had received from survey completed by people and relatives. A survey was planned for June 2018 and the provider had sent us an action plan of how this would information would be used once obtained.

A matrix gave an overview of the different stages of the DoLS process. The aim of this was to ensure conditions had been met and relevant authorities notified. Whilst all notifications had been sent and conditions had been met this was not always recorded on the matrix, which had been highlighted to the service at the last inspection. We also brought to the attention of the provider the scheduling of their refresher training in regards to MCA and DoLS, which had not been identified or actioned.

The service had a system in place to monitor the quality and safety of the service. Bi-monthly audits were in place for areas such as care plans, risk assessments and the environment. Changes had been made to medicine audits. Twice weekly audits were now in place. This enabled errors or omissions to be promptly identified so appropriate action could be taken. The provider and senior staff had regularly reviewed and documented the actions taken to ensure previous breaches of regulation had been met. Support had been provided to the service from other areas of the organisation.

All the staff we spoke with told us about how the composition of the staff team affected the working culture of the service. Staff said that due to the high use of agency staff members it was difficult to build constructive working relationships and a positive team culture. One staff member said, "Staff morale is low." Another staff member said, "We feel forgotten compared to some of the bigger Shaw homes."

People, relatives and staff spoke positively about the impact the registered manager had made on the service. A health and social care professional said, "The registered manager has worked wonders in the time

she has been there. She is very knowledgeable." A staff member said, "The registered manager has helped stabilise things." Positive changes in nursing care were also highlighted due to an agency staff member who had been employed to oversee this area and support the registered manager. A health and social care professional said, "The standard of nursing care has improved." Another health care professional commented, "[Name of staff member] has done an excellent job in the short time they have been there. It is very impressive."

Staff commented that the new manager was approachable and receiving support from the registered manager, senior staff and the provider to settle into their role. One staff member said, "The new manager is working well with staff."

Systems were in place to effectively communicate with staff. A handover sheet detailed the main areas of people's care and key information. A verbal handover took place at the start of each shift. A monthly newsletter was provided for staff which gave information and updates about the organisation. For example, highlighting news from other of the organisation's services, employee recognition and upcoming events.

Team meetings were arranged regularly in advance. Areas such as staffing, training and health and safety were discussed. Reflections occurred when incidents or issues had arisen. This was intended to enable learning and implement changes. Recent staff meetings had not always been well attended by staff. This meant full engagement from the staff team was difficult. Areas and actions from the previous meetings had not always been revisited to ensure completion.

Relatives told us that the service communicated with them. One relative said, "Communication is OK as long as you speak to the right person." A relative said, "They do ring us if there are any problems."

Links with the local community were currently limited, but were highlighted by staff as an area for development. The service had links with a local church. People at the service had recently enjoyed pet therapy and this was being continued.

The provider understood the legal obligations relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The provider had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.