Knights Care Limited

Ladysmith Care Home

Inspection report

Ladysmith Road
Grimsby
South Humberside
DN32 9ND

Tel: 01472254710

Date of inspection visit:
06 January 2017

Date of publication:
07 March 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection was undertaken on 6 January 2017 by two adult social care inspectors. The service was last inspected on 1 June 2015 and it was found to be compliant with the regulations that we looked at and an overall quality rating of 'requires improvement' was awarded.

Ladysmith Care Home is registered with the Care Quality Commission (CQC) to provide accommodation for up to ninety people who require nursing or personal care. The service can provide support to people who are living with dementia, older people and younger adults. There are four separate units, two units on the ground and two on the first floor. The units on the ground floor, (Heather and Lavender) provide residential and dementia care. Those on the first floor (Iris and Orchid) provide care to people living with dementia. There is a car park for visitors to use. Staff are available 24 hours a day to support people.

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

We found there were shortfalls, mainly on the first floor. We found issues with recording of topical creams and one person's eye drops were in use after they should have been discarded. Care plans needed to have clearer information for staff about the care to be given in people's best interests. One person's care records needed reviewing regarding their pressure area care and a care plan was required for a condition they were receiving treatment for. Supplementary charts about people's food and fluid intake needed to be filled in when food and drink was offered to people. One person's slippers were ill fitting and may have posed a trip hazard. All these issues were discussed with the registered manager who addressed them during our inspection. Auditing in these areas needed to be improved and this was implemented following our inspection.

We have made a recommendation about a shortfall that we found regarding medicines.

Staff received training about protecting people from harm and abuse. Safeguarding issues were reported to the local authority and CQC.

We observed the staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff received training, supervision and appraisals which helped to support them and develop their skills.

Visiting health care professionals told us staff contacted them to discuss any changes in people's conditions or concerns they may have and that staff followed their guidance, which helped to maintain people's wellbeing.

People's nutritional needs were assessed and monitored and their preferences and special dietary needs were catered for. Staff encouraged and assisted people to eat and drink, where necessary. Advice was gained from health care professionals to ensure people's nutritional needs were met.

Staff supported people to make decisions for themselves. People chose how and where to spend their time. Staff reworded questions to help people living with dementia understand what was being said.

Activities were provided and visiting was encouraged at any time. People visiting the service were made welcome.

A programme of redecoration and refurbishment was in progress and the gardens had been improved. This enhanced the facilities that were provided for people. Pictorial signage was in place to help people living with dementia find bathrooms, toilets and their own room. General maintenance occurred and service contracts were in place to maintain the environment and equipment in use.

A complaints procedure was in place. This was explained to people living with dementia or to their relatives so that they were informed. People living at the service, their relatives and staff were asked for their views. Feedback received was acted upon. This helped the management team to maintain or improve the service provided.

The registered manager undertook a variety of audits to help them monitor the quality of the service. However, the issues we found regarding people's care records, prescribed topical creams and eye drops and best interest information at the time of our inspection had not been identified by the auditing process in place. The registered manager took action to address the shortfalls we found during our inspection. They supplied us with an action plan which they put in place to make sure the issues we found would not occur again.

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 always safe.

We found some issues with prescribed tropical creams and eye drops and a bath hoist seat required replacing. Gloves were not stored securely to protect people from potential harm.

People told us they felt safe living at the service. Staff knew how to recognise the signs of abuse and understood how to report issues which helped to protect people.

People were cared for by staff who knew about the risks present to their wellbeing.

There were enough skilled and experienced staff provided to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were provided with training to develop and maintain their skills. Staff supervision and appraisals took place.

Staff sought people's consent before providing care and support. However, a clear record had not been kept for a person with regards to the provision of care in the person's best interests. People were not deprived of their liberty unlawfully.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People privacy and dignity was respected.

Staff were knowledgeable about people's needs, likes, dislikes and preferences and they listened and acted upon what people said.

There was a welcoming atmosphere within the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records did not always reflect the care and support being provided.

Staff responded appropriately to people's needs, they listened to what people said and acted upon it.

A complaints procedure was in place. Issues raised were dealt with. Compliments about the service were received.

Is the service well-led?

Requires Improvement

The service was not always well led.

Auditing of the service was undertaken. However, the audits had not identified the issues that we found during our inspection.

People living at the service, their relatives and staff were asked for their views and these were acted upon.

Ladysmith Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 unannounced inspection took place on 6 January 2017 and was undertaken by two adult social care inspectors.

We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served in two dining rooms upstairs. We observed a member of staff giving out medicine. We looked at a variety of records; this included six people's care records, risk assessments and medicine administration records, (MARs). We looked at records relating to the management of the service, which included policies and procedures, maintenance, quality assurance and complaints. We also looked at staff rotas, training, supervision, appraisal and recruitment records.

We spoke with the registered manager, deputy manager, three staff and the cook. We gained the views of seven people living at the service and six visitors. We also interviewed two health care professionals to gain their views.

We used a number of different methods to help us understand the experiences of people living at the service, especially for those living with dementia. This including using the Short Observational Framework for Inspection (SOFI). We observed the care and support provided over a period of time to help us understand people experiences especially for those who could not talk with us. This confirmed that people

were supported by staff and provided us with evidence that staff understood people's individual needs and preferences.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "Yes, I feel safe here." Another person said, "I feel safe and I am looked after well."

Relatives and visitors we spoke with said the service was safe for their relations and friends. One relative said, "Yes, the service is safe. There is good security for the building." Another relative said, "[Name] is safe here."

Staff we spoke with knew they must protect people from abuse. Staff undertook regular safeguarding training and there were safeguarding and whistleblowing (telling someone) policies in place.

Safeguarding issues raised were addressed and they were reported to the local authority safeguarding team and to CQC. The registered manager understood their responsibility to protect people from abuse and harm. Staff we spoke with told us they would report safeguarding issues to the management team straight away.

The staffing levels provided at the service were monitored by the registered manager and management team to ensure there were enough staff on duty with the right skills to support people. We inspected the staff rotas and staff confirmed the staffing levels provided were adequate to meet people's needs. The registered manager told us staffing levels were increased when necessary, for example, when people needed to be escorted to hospital or when outings were taking place. A member of staff we spoke with said, "The staffing levels improved after the last inspection, they are fine now."

We looked at the procedures in place for recruiting staff. We found these were robust, potential staff had to provide references, attend for an interview and had a disclosure and barring check (police check) undertaken. This helped to protect people from staff who may not be suitable to work in the care industry.

We reviewed the care files of six people who used the service. Risks to people's wellbeing, such as the risk of choking, falls, or receiving tissue damage due to immobility were in place. This information was generally reviewed as people's needs changed. However, one person on Lilac Unit had not had their care records updated regarding the increased frequency of their pressure area care. This was corrected during our inspection.

People were assessed for special equipment to help maintain their safety. For example; walking aids, wheelchairs, hospital beds and pressure relieving mattresses and cushions. Staff ensured that the assessed equipment was used and the registered manager told us that if equipment was required this was put in place to protect people's health and wellbeing.

The registered manager undertook audits of accidents and incidents; they looked for any patterns that were present. Advice was also sought from relevant health care professionals to help reduce the chance of accidents or incidents reoccurring.

During our inspection we undertook a tour of the premises. We saw staff were provided with personal protective equipment, for example; gloves and aprons. Gloves were stored unsecured in communal bathrooms throughout the service. We spoke with the registered manager about the risk to people living with dementia if they ingested rubber gloves. Immediately the gloves were secured and staff were told they must always remain secure to help to protect people.

The registered manager told us about a recent inspection undertaken by the community matron to look at infection control at the service. The outcome was the service had been rated as inadequate with infection control. The registered manager showed us evidence to demonstrate all the issues raised during that inspection had been dealt with. We found, in one bathroom a bath hoist seat required replacing because it was becoming rusty underneath. The registered manager ordered a new seat straight away, which helped to maintain infection control. We also found an upstairs sluice had no soap or hand towels available for staff to use. This was discussed with the registered manager who told us the sanitising hand foam situated there was what staff had to use until they left the sluice to wash their hands in a nearby toilet.

We looked at the records of the general maintenance undertaken. Service contracts were in place to maintain equipment. Water checks, electrical and gas checks were in place. Contracts were in place for waste disposal. Staff had access to emergency contractors' phone numbers to use if issues arose outside of office hours. Staff could contact the registered manager, deputy or managing director at any time for help and advice in the event of an emergency. People living at the service had personal evacuation plans in place for staff to refer to in the event of an emergency. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm system. Staff undertook fire training and fire drills were held to help them prepare for this type of emergency.

We inspected the medicine systems in operation in the service. We looked at how medicines were ordered, stored, administered, recorded and disposed of. There was a monitored dosage system in place, the pharmacy pre packed people's medicine to assist staff to dispense medicines safely. Photographs of people helped staff identify people and allergies people had to medicines were recorded. This helped to inform the staff and health care professionals of any potential hazards.

We observed staff giving medicine to people; they were competent and had received training about how to undertake this safety. Staff took their time to correctly check the medicine to be given; the person's identity and then staff stayed with them until their medicine was taken. We checked the balance of some medicines which were found to be correct. However, we found that some people who had been prescribed topical creams had no records in place to describe when or if these creams had been applied. We also found one person had eye drops that were in use but they should have been discarded four weeks after they were opened, these were removed from use straight away. These issues were discussed with the registered manager. We received confirmation following our inspection that a full audit of topical creams prescribed for people and eye drops was taking place. These issues were found to have occurred on the two units on the first floor. Whilst we could not demonstrate that people had come to harm from this oversight, the potential for people's wellbeing to deteriorate because of this, was present.

We recommend that the registered provider reviews their procedure for the safe storage of medicine and follows current good guidance in relation to prescribed topical creams and eye drops at all times.

Following the inspection the registered manager informed us the medicine audits in place had been changed to incorporate prescribed topical creams and eye drops and a checklist had been implemented to remind staff who was prescribed these items. This may help to ensure people receive these items as prescribed.

Good

Is the service effective?

Our findings

People we spoke with said that staff looked after them and met their needs and the food served was good. One person we spoke with said, "There is enough staff, they are competent and well trained. Care is always available. Staff are helpful and offer good advice and the food is good." Another person said, "There are enough staff on duty, the care is worth waiting for. The meals are very good."

Relatives told us they found the service effective and they said they were satisfied with the environment provided. We received the following comments; "There are plenty of staff, they are competent," "There is enough food [Name] enjoys the puddings," and "There is choice for people and appropriate engagement."

Staff undertook regular training in a variety of subjects; for example; moving and handling, medicine administration, safeguarding and the Mental Capacity Act 2005, first aid, infection control and dementia. Staff we spoke with told us that training was provided and it had to be completed to maintain and develop their skills. One member of staff said, "There is lots of training. I did my safeguarding training last week." A programme of staff supervision and appraisal was in place. This helped to highlight any further training or support needs for staff.

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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our visit seven DoLS applications had been granted and 43 applications had been made for people living at the service. The registered manager had done all they could to meet their obligations in respect of this.

We saw records of consent being obtained within people's records. Staff we spoke to told us how they obtained consent when supporting people on a day to day basis. The registered manager informed us local advocates could be provided for people which helped to protect people's rights. Staff had an understanding of the basic principles and explained how they supported people with decision making and when best interest decisions would be needed. We observed staff supporting people; they gave them choices and

waited for people to give their consent to provide care. We saw evidence of best interest decisions clearly documented within most people's records. However, we noted that for one person residing on the first floor more detailed information to describe the support to be given in the person's best interest was required. This was discussed with the registered manager who immediately implemented a full review of people's care records to make sure there was enough detail recorded about care and support to be provided in people's best interest.

People had their nutritional needs were assessed on admission and they were regularly reviewed. Information was available to staff about people's dietary needs, preferences for food and drinks and any food allergies. The chef told us the staff kept them well informed. Staff we spoke with were aware of people's special dietary needs. The food served looked appetising and nutritious.People could have something to eat and drink at any time. People ate independently, where assistance to eat and drink was required staff sat with the person and prompted and supported them to eat and drink. People chose where they wished to have their meals, either in the dining rooms, bedroom or lounge areas. There was a sociable atmosphere at lunchtime. People's views about meals were asked for at the residents meetings. The chef told us they made sure people's preferences were provided.

We observed lunch on the two units upstairs. On Lilac Unit the lunch time service could have been planned better to make sure staff were able to assist people in a more timely way. We saw there was less staff interaction with people when staff were trying to get the trays out to those who wished to eat in their room. We saw one person was assisted to cut their meal up at the dining table by another person living at the service because staff were busy. When a member of staff observed this they offered the person appropriate assistance and told the service user who had assisted them they did not need to help as they were there to assist them now. We discussed this with the registered manager who said they would observe the lunch time service to make sure people received timely intervention from staff and to make sure people in the dining room were served first before meals were taken to people in their room. We also noted supplementary charts about people's food and fluid intake were not always filled in at the time when food and drink was offered to people on the first floor. This was discussed with the registered manager, who reminded to record this promptly.

Signage was provided throughout the service to help people find their way around, especially those people living with dementia. Some people had pictures on their bedroom doors to help them find their room. We saw the building was suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. These were provided to people who had been assessed as requiring this equipment to help to maintain their wellbeing. There had been a programme of refurbishment and redecoration undertaken since our last inspection. There was level access provided to the gardens which had been enhanced so people could walk where they wished. The back garden was secure to help maintain the safety of people living with dementia.

Good

Is the service caring?

Our findings

People living at the service told us the staff were caring and confirmed they felt cared for. One person we spoke with said, "The staff are nice. I get on ever so well with the staff." Another person said, "The staff respect my privacy and dignity."

Relatives and visitors told us the staff were caring. We received the following comments; "The staff are empathetic and proficient," "Both parents at Ladysmith were treated with nothing but kindness. The care mum receives is excellent and in the way the home treats our family when we visit makes us feel we are part of a larger family and always welcome." And "The empathy demonstrated by the young girls [Staff] looking after [Mum] is a credit to them."

Visiting health care professionals told us people were cared for appropriately and said they had never seen anything that had worried them. They also confirmed they were made welcome when they visited people living at the service.

We observed, throughout all units of the service staff offered help and assistance to people when this was required. We saw staff gained good eye contact with people and they rephrased questions to help people living with dementia understand what was being said. Staff gave people time to respond and they spent time sitting with people to talk and reminisce. The staff understood people's likes, dislikes and preferences in relation to their care. We observed staff used gentle and appropriate touch to help reassure people who were living with dementia.

Staff asked people throughout the service if they were alright or if they needed anything and they listened to what people said and acted upon it. Staff addressed people by their preferred name and they knocked on people's bedroom doors before entering. We saw care was provided in people's own bedrooms or in bathrooms with the doors closed which helped to protect people's privacy and dignity.

Staff we spoke with told us they enjoyed looking after people living at the service. A member of staff we spoke with said, "I enjoy working here, the residents are lovely. It is a nice place to work." The registered manager confirmed staff covered each other's absence and annual leave to provide continuity of care to people.

We observed visitors were made welcome by the receptionist, and care staff throughout the service. Visiting was permitted at any time and refreshments were offered to visitors which helped them feel welcome. Relatives and friends were invited to stay for meals to promote a 'family' atmosphere at the service.

The registered manager confirmed if people had to be taken to hospital in an emergency they were escorted by staff, especially if the person was living with dementia, to reassure the person.

End of life care was provided at the service, we saw there had been a lot of positive feedback received from relatives about this care. Comments included; 'The staff treated dad with the upmost respect and

compassion in his final hours. The staff went above and beyond their job to look after my mother, as she stayed at the home during my father's dying hours,' and 'A big thank you to all the staff who cared for mum for the last eight years. You all do a fantastic job and I cannot praise you enough. Thank you for all the love and respect shown to [Name] and support shown to the family.'

The service had a confidentiality policy in place. Local advocates were available for people living at the service to help support them.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their needs; they confirmed activities occurred and they knew how to raise complaints. We received the following comments; "I am involved in planning my care and support. There are activities available, bingo, quizzes and curling. I would speak with the person in charge if I had a complaint," and "Yes, I can see a doctor when I need too. There are exercise classes, singer's and trips out. I know how to make a complaint."

Relatives told us their relations needs were responded to and they were kept informed of changes in their needs. They confirmed activities were provided and told us concerns raised were acted on. We received the following comments, "My relatives health care needs have been met, any requirements regarding this have been dealt with quickly, efficiently and adequately. We have no concerns but would complain if necessary," "There is very good liaison with the medical services for example a referral to a mobility clinic. [Name's] needs are monitored and acted upon and the family are involved and kept updated. [Name] is looked after very well. Any concerns we have had have been discussed, agreed upon, and then acted upon."

Health care professionals we spoke with confirmed staff were responsive to people's needs. One said, "Staff seem to handle people's dementia well. One of my ladies is on a pressure relieving regime; the charts regarding this are always completed.

Care records we inspected confirmed people were assessed before they were offered a place at the service. This helped to ensure people's needs were known and could be met. The assessment process continued following admission. Hospital discharge letters and care plans from the local authority were gained to help inform the staff about people's needs.

We inspected people's care records on all units. We found those on the ground floor were completed thoroughly. We saw that regular reviews of people's care were held to make sure they gained the support they required. However, when we looked at people's care records on the first floor we noted these were not completed as thoroughly. We saw one person's life history in their care records remained blank, their care plan for moving and handling, dated June 2015 and their care plan for their needs and wishes relating to their mobility had not been reviewed since they were created. The person's care plan for the risk of falls was also not dated. We also found an accident form for this person had not been signed when it was completed by staff and their nutritional risk assessment needed reviewing in seven days, but the date of the original assessment was not present, so staff had not undertaken this review. Another person had no care plan in place for a current health issue for which they were receiving treatment and their care records and risk assessments for the frequency of pressure area care provided by staff was incorrect. We discussed our findings with the registered manager who had these care records immediately updated. We received information following our inspection that a full review of people's care records had been commenced.

Staff we spoke with had a good understanding of people's needs. We observed care was prioritised, for example, we saw if a person was anxious staff attended to help to calm them or if they were unsteady on their feet staff attended swiftly to respond to their needs and maintain their safety. We saw one person had

ill-fitting slippers on their feet and we asked staff to change them this request was undertaken over a period of time because better fitting slippers had to be located.

Staff told us they monitored people's condition on a daily basis and reported any issues to relevant health care professionals to gain their help and advice. Health care professionals we spoke with were generally positive about the service. We received the following comments, "I have never had any issues with the service," "Referral pathways are used appropriately and the staff approach is positive," and "I feel the staff are responsive within the home." However, one health care professional told us, "I feel staff could have got in touch a little quicker with the physiotherapy team, and then we could have supported people quicker." This feedback was shared after the inspection with the registered manager who said they would act on this comment. We saw that general practitioners, dentists, opticians, chiropodists, speech and language therapists and dieticians were involved in people's care.

Staff shared information about people's needs and wellbeing at handovers that occurred between shifts. Information about people's physical and psychological needs and health and wellbeing was passed on and any changes in people's needs were reported. This helped the staff to deliver appropriate care and support to people.

People were weighed on admission and a nutritional assessment was undertaken for people living at the service. If a person was underweight they were monitored and a referral was made to their general practitioner or to a dietician. The chef was aware of people's dietary needs; they told us they received regular updates from the care staff so they could adapt meals to suit people's current needs. Fortified foods and finger foods were provided to help encourage people to eat. We observed staff assisted people to eat and drink in an unhurried manner.

Staff throughout the service were observant and spent time speaking with people as they supported them. There was a key worker system in place. This is where a named member of staff is allocated to be the main point of contact for a person and their family.

Activity co-ordinators and staff provided a programme of activities. We observed a Tai Chi session being held which was well attended and people enjoyed this. We observed staff sitting to reminisce and sing with people. Other activities provided included bingo, arts and craft and local outings. We observed staff speaking with people, doing jigsaws with them and we observed lots of friendly banter took place, which people enjoyed. A hairdresser visited the home regularly to provide a service. People's religious needs were known, there was a church service provided at the service every two weeks to ensure people's religious needs were met. One person we spoke with said, "Opportunities have been made for me to join in activities." Another person said," A number of activities are available on a very regular basis." A relative said, "When we take [Name] out, he is always ready and staff always make sure he watches his football."

A complaints procedure was in place. We looked at the complaints that had been received; issues raised were investigated and were dealt with appropriately. A range of compliments had also been received from people, their relatives and visitors about the service provided.

Requires Improvement

Is the service well-led?

Our findings

We saw that a lot of work had been undertaken since our last inspection to improve the environment and to re-write people's care records. During this inspection, we found that the registered manager was responsive to feedback and was clearly motivated to improve the quality of the service provided. However, the concerns identified during the course of our inspection showed us that further work was required. For example, feedback relating to people's care records, supplementary food and drink charts, medicine management of prescribed topical creams and eye drops, and a person having ill-fitting slippers demonstrated that further work was needed to address and improve these aspects of the service.

People we spoke with told us they were satisfied with the service provided and they said the service was well-led. One person said, "The manager is friendly and does a good job." Another person said, "There is a good management team."

Relatives told us the service was led effectively and they confirmed their views were sought. A relative said; "The management team are approachable and they are up to date with [Names] day to day condition. We have completed a survey about the service and the results were shown to the family." Another relative said, "The service is managed very well."

Health care professionals told us the service was run effectively and said they had no concerns to raise about the management of the home. One health care professional said, "The service is well-led. The manager is very supportive and has good knowledge of all the residents."

The registered manager was supported by a deputy manager and senior care staff. The managing director visited regularly to help to monitor the quality of service provided. Staff told us the management team were approachable and supportive and they confirmed they were able to raise issues with them at any time.

We saw audits were used to monitor the service. New audits had just been introduced where tick boxes were used for the auditors' findings. These were being trialled at present. The previous audits had more room for the auditor to write details of their findings. Currently, both types of audit were being used to see which type the management team felt were the most effective to highlight issues and record the action taken to address any issues found. Audits completed covered areas such as; accidents and incidents, health and safety, staff training and recruitment, care and medicine records and maintenance and servicing of equipment. Where issues were found an action plan was put in place to monitor how the issue was resolved. We saw that the auditing in place had not identified the issues we found during our inspection. The registered manager told us they would include the shortfalls we found in the audits to ensure these issues could not occur again. Following our inspection we received an action plan which told us how the issues we found had been addressed. This demonstrated the ability of the registered manager and registered provider to be proactive and work with CQC to help raise the standards of the care and support offered to people who used the service.

Staff meetings were held, however staff we spoke with told us they would like more meetings. One member

of staff said, "We could do to have a few more meetings, especially with the management team and senior staff." This comment was shared with the registered manager who told us more meetings would be scheduled straight away. We looked at the minutes of staff meetings that had been held, these were available to staff so those who were unable to attend could be kept informed. Staff were asked for their views about the service in a staff survey. The registered manager told us any feedback received by either method was acted upon.

Resident and relatives meetings took place to gain people views. We looked at the minutes of these meetings and saw activities, staffing levels and food provided had all been discussed.

Quality assurance surveys were sent to people, and their relations to ask for their feedback. We looked at the results from the last survey. The feedback was positive. Where issues or suggestions had been raised, for example, a comment had been received that the garden could be made tidier, this had been acted upon. A new gardener had been appointed, the flower beds had been re-platted and we saw they were well maintained. This demonstrated the registered provider acted upon feedback to maintain or improve the quality of the service provided.

The registered manager provided CQC with notifications about accidents and incidents that occurred. This helped to keep us informed. We saw that there were policies and procedures in place to help guide the staff, for example these covered; safeguarding vulnerable adults, infection control and person centred care. The registered manager kept up-to-date with important changes in legislation and guidance on best practice. They explained that they received updates from head office with links to relevant information or guidance. The registered manager explained that this information was shared with staff through their supervisions and team meetings and by the use of information leaflets left on notice boards. This showed us there were systems in place to ensure the registered manager kept up-to-date with important information.