

Carewell (Health Care) Limited

St Mary's Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 7 April 2017. The first day of our inspection was unannounced. St Mary's Care Home provides accommodation for people who have nursing and personal care needs. It is located in the centre of Chester-le-Street and close to local amenities.

Following the last inspection of St Mary's Care Home on 18, 19 and 25 October 2016 we reported that the registered providers were in breach of the following:-

Regulation 9 Person Centred Care

Regulation 12 Safe care and treatment

Regulation 14 Nutrition and Hydration

Regulation 17 Good governance

We asked the provider to take action to make improvements and found during this inspection improvements had been made.

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.

People were being given their medicines in a safe manner. Staff were patient and kind as they explained to people what their medicines were for. We found medicine records were up to date with no gaps. People's topical medicines (creams applied to the skin) were being administered as prescribed.

Staff recruited to the service had undergone a number of checks to ensure they were suitable to work in a care home.

Regular checks were carried out on the building including fire checks, window restrictors and bed rails to make sure people were safe living in the home.

The service met the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This meant staff had applied to the local authority to deprive people of their liberty and keep them safe.

The home had recently been decorated and there was some signage to help people orientate themselves around the building. We recommended the provider review the home in the light of recent research and guidance to develop a home where the needs of people living with dementia could be met.

We found staff were provided with support through induction, training and supervision, and saw since our last inspection staff had updated their e-learning.

The service had used the Herbert Protocol. This is a nationally recognised scheme where people who are at risk of going missing are registered so that their details can be immediately released if they go missing again.

Staff were aware of people's histories and family members. They were able to engage people in conversation with humour. We found staff treated people with respect and dignity and personal care was carried out behind closed doors.

The service did not employ an activities coordinator. Staff had been advised to provide activities as well as carrying out their other duties. We saw staff were doing this however we found improvements could be made to coordinate activities, and encourage and support people in their individual hobbies and interests.

Since the last inspection people's care plans had been brought up to date. We found they were accurate and reflected people's individual needs. They included plans for people who had specific diagnosed conditions and additional information had been provided to staff about the conditions.

We found staff had improved their use of food and fluid charts and understood the importance of hydration. This meant people were no longer at risk of becoming dehydrated without staff taking actions.

The registered manager was able to tell us about the service and provide the information we needed to conduct the inspection.

People who used the service, relatives and staff were complementary about the effectiveness of the registered manager.

The registered manager had developed new initiatives in the home to ensure people received the care they needed and staff were competent in their role. This included a weekly review of people's care needs and ensuring staff knew how to appropriately thicken people's drinks when they were at risk of choking.

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.

Risk assessments had been carried out with actions put in place to reduce the risk of accidents to people.

We found people were given their medicines in a safe manner and the service had made significant improvements in the administration of people's topical medicines (creams applied to the skin).

Regular checks were in place to monitor the safety of the building. People had in place personal emergency evacuation places (PEEPs). These were up to date and accessible to emergency services.

Is the service effective?

Good ●

The service was effective.

People in the home were either gaining weight or their weight was remaining stable. When required people had been referred to dietitians and advice had been sought by the staff on how to support people.

Staff were supported to carry out their roles in the home through induction, training and supervision.

The service adhered to the principles of the Mental Capacity Act and had made application under the Deprivation of Liberty Safeguards to deprive people of their liberty and keep them safe.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff knew people's backgrounds and needs and were able to support people using humour.

The service had plans in place to support people's emotional

well-being and had guidance to staff on what actions to take if people became upset and needed support.

Is the service responsive?

The service was not always responsive.

Activities in the home needed to be coordinated in line with people's preferences and also to provide people with a stimulus in their day.

People's care planning documents were up to date, reflected their individual needs and were regularly reviewed.

We found where people had specific needs care plans had been drawn up which included the advice of other professionals.

People were given choices by staff about where they wanted to sit and what they wanted to do throughout our inspection.

Requires Improvement ●

Is the service well-led?

The service was well led.

The registered manager had introduced new initiatives in the home to ensure people's needs were met and to assess staff as competent in their role.

People who used the service and their relatives made positive comments to us about the registered manager. They described feeling the registered manager was open and approachable.

Records in the home were accurate, up to date and stored in a confidential manner.

Good ●

St Mary's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 7 March 2017. The first day of our inspection was unannounced.

The membership of the inspection team consisted of two adult social care inspectors, a specialist advisor to CQC in nursing care and an expert by experience who had experience in caring for people with dementia care needs.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 11 people who used the service and looked at 10 people's care records. We also looked at other records used to monitor people's care and the running of the service. We spoke with 12 relatives and visitors to the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We reviewed three staff recruitment records and spoke to 13 staff including the regional manager, the registered manager, nurses, senior care staff, care staff, ancillary staff and volunteers.

Is the service safe?

Our findings

At our last inspection in October 2016 we found the registered provider was in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found improvements had been made.

Relatives confirmed to us their family members were safe in the home. One person who used the service said, "I am very comfortable here".

We saw the service had risk assessments in place and actions had been taken to ensure staff and people who used the service were kept safe, for example this included a weekly shower head check. We also saw where people's personal risks had been identified risk assessments had been carried out and actions put in place to mitigate those risks. This included for example, bed rail assessments to ensure people would be safe using bed rails. We found the service had put in place sensor mats for some people which alerted staff to people moving around who were at risk of falling. During our inspection we noted that one person on a nightshift had started to move in the bedroom without the sensor mat alerting staff. This was reported to the day shift who immediately checked on the mats and tested to see if they were working. This meant staff responded to issues where people were at risk.

At our last inspection we found staff records were not in place to show that the recruitment of staff was transparent and had followed the provider's recruitment policy. During this inspection we found safe recruitment procedures had been followed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We found the service had used DBS checks and required prospective staff members to complete an application form detailing their employment history, experience and previous training. The service sought two references for each person and in one file we looked at the service had sought a third reference. This meant the registered provider had in place appropriate checks to ensure staff were suitable to work in the service.

During the last inspection we found people's medicines were not being administered in a safe manner. During this inspection we found improvements had been made and the records demonstrated people were being administered their medicines safely. However we found one person who was receiving a medicine through the use of a patch and saw one patch chart was missing. Whilst the staff were rotating where they put the patch we found improvements could be made to the number of patch sites which enabled the skin to better recover. We fed this back to the registered manager who immediately addressed the issue and later provided us with documents to show the improvements had been carried out. We also found improvements in the administration of topical medicines (creams applied to the skin). Although we found a minor error with only one record we saw people's skin integrity was intact. This meant people were being administered their topical medicines to good effect.

We saw one person had been prescribed a medicine using a syringe driver. This is a device used to give

people their medicines under the skin. The service had been given advice on how to monitor the use of the syringe driver by the Clinical Commissioning Group. However about the same time the person had wanted it removed. We saw the staff had taken advice from the GP and had checked with the person how they were feeling to ensure they no longer needed the medicine. Arrangements were in place for one person to have their pain relief before supporting them with their personal care. This meant their pain was being managed before their personal care was given.

We observed the administration of medicines to people, and found people were given their medicines with kindness and patience. Staff explained to one person in a manner they would understand that their GP had changed their medicine. We looked at the Medicine Administration Records (MAR) and found these were up to date and had no signature gaps.

The provider had in place a whistle-blowing policy where staff were supported to tell someone about their worries, and they also had a staff disciplinary policy. At the time of our inspection we found there were no on-going investigations into concerns in the service.

We looked around the home and found it was clean and tidy. We saw mattress audits were carried out and people's bedding was clean. We found there was an odour control issue around the bathrooms. The registered manager agreed to speak to the registered provider to address this issue.

We found there were monthly checks in place to monitor the building and ensure people were kept safe in their home. These included hot water temperature checks which were regularly carried out for bedrooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). We saw other health and safety checks for example fire checks including fire extinguisher checks, window restrictors and the nurse call system were also carried out. This meant checks were carried out to ensure that people who used the service lived in a safe environment.

People had in place personal emergency evacuation plans (PEEPs). We found these were up to date and located in a grab bag near the entrance way of the home. This meant they were accessible to emergency services who would need to locate people should the building need to be evacuated.

We checked to see if there were enough staff on duty and looked at the rotas from January 2017. At the time of inspection there 19 people using the service and there were enough staff on duty during the daytime. Staff were able to respond to nurse call bells promptly. At night time we found there was one nurse and two care staff. Staff told us they were able to manage despite people needing 2:1 care during the night shift, however should the occupancy of the building increased we found the staff ratios on a night time would need to be re-visited by the registered provider.

Since the last inspection the service had notified us of accidents involving service users and found for one person who had a number of falls the service had failed to respond to address the falls. However during this inspection we found the registered manager had introduced a falls meeting where each person's falls were discussed. We saw actions had been taken for example to contact people's GP's and test for infections. This is in line with the guidance published in January 2017 by the National Institute for Health and Care Excellence (NICE), a copy of which the home had on file. The registered manager continued to document an audit of the falls to identify patterns and prevent re-occurrences.

At our last inspection we found the service did not have in place systems to show they were compliant with the Control of Substances Hazardous to Health [COSHH] Regulations 2002 [as amended]. Compliance with

these regulations would ensure that chemicals used in the cleaning or maintenance of the home were stored and used safely We found at this inspection arrangements had been put into place to ensure people were safe from the misuse of chemicals used in the home.

Staff had received training in safeguarding people in their care. We looked at the safeguarding log in the home and found a safeguarding alert had been made to the local authority since our last inspection. This meant staff and the registered manger showed an understanding of actions to take when a person needed to be safeguarded.

Is the service effective?

Our findings

At our last inspection in June 2016 we found the registered provider was in breach of Regulations 9, 12 and 14 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. During this inspection we found the service had made improvements.

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 so that they can 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). 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. We found the registered manager had a good understanding of the MCA and DoLS; staff had been trained in both. The service had made applications to the appropriate body, and where these had been authorised CQC had been notified.

We saw improvements had been made to inform the kitchen staff when people's dietary needs had changed. Kitchen staff had at their disposal a file containing photographs of people with information on their nutritional needs. During our last inspection we were concerned about people's hydration needs not being met. We looked at people's food and fluid charts and found there had been improvements in the completion of these documents. People's fluid needs were documented on the handover information between shifts. Target fluid levels had been discussed with people's GP's. Staff handed over information to the next shift and commented on people's fluid intake. We saw advice had been sought from GP's for people's fluid intake. One person told us, "They are always badgering me to drink plenty of water". This meant staff were aware of the importance of good hydration and the need to maintain people's hydration to prevent future health problems.

On looking at people's weights we found where people had lost weight dietary advice had been sought, however during this inspection we found most people in the home had either gained weight or their weight was stable. One relative said, "I don't know what is going on but my mother always told me to tell the truth and St Marys is wonderful - the food is excellent". The registered manager showed us some new picture menus they were looking to provide; they showed pictures of the food as well as the description.

We used the Short Observational Framework for Inspection (SOFI) to look at people's experience of meal times. We saw the hot food trolley had been reported broken since early February 2017. People were being supported to come downstairs to the dining room to eat their meals. Those who remained upstairs had their meals taken to them. We found people were brought into the dining room and sat at a table of their choice. We saw people who were sat together were not offered clothes protectors at the same time and had their

meals presented together. One person had their meal placed in front of them but was unable to reach it. With assistance of a staff member they were moved closer in their wheelchair to the meal in front of them and their plate was moved towards them. They reached out for a knife and dipped the knife in their food but were unable to feed themselves. A member of staff returned to start to support the person to eat whilst one of their table companions was finishing their meal and their second table companion was struggling to eat their fish and chips. This meant the social benefits of bringing people together in a dining room to share a social experience were then eroded once the meals were served.

In addition to the handover information we found the home maintained a diary to aid communication. We observed staff talking to each other and passing information between them about people's care needs. One staff member said, "We work as a team."

The registered manager showed us a supervision matrix which demonstrated staff were meeting on a regular basis with their line manager for a supervision meeting where they were invited to discuss their performance, any concerns and their training needs. We checked staff files and found the dates on the matrix corresponded with the supervision notes in staff files. Not every member of staff had an appraisal date. We spoke to the registered manager who agreed to address this issue.

We saw new staff entering the service received an induction. The regional manager advised us due to the proposed changes in NVQ funding arrangements from the end of April they had spoken to all staff and supported them to sign up to doing their next NVQ level. The registered manager showed us a matrix of staff training, we found staff had undertaken training in a range of training relevant to their role and which included moving and handling, nutrition and hydration, first aid, falls prevention, data protection and fire safety.

We found the service had two volunteers who visited the service on a regular basis. They carried out tasks in the home to support people's care including volunteering with staff over a lunchtime period.

The service had in place a network of other professionals who they contacted for guidance and support in providing people's care. We found they had regular contact with community matrons and nurses, and GP's. We also found the service had referred people to a wheelchair service, had involved dieticians in GP's and tissue viability nurse.

We found that although two of the bathrooms had been used as storage areas there were accessible routes to the toilet areas and other bathrooms were available for people to use. We found each of the bedrooms had been decorated. The registered manager discussed with us their ideas on making the home more user friendly for people with dementia type conditions. The work had begun with signs on the doors to communal areas which supported people's independence around the home. We recommend the registered provider reviews the home using research on providing environments suitable for people living with dementia.

Is the service caring?

Our findings

We spoke to people and their relatives about the care people received in the home. One person said, "[Staff member] really looks after me - everyone is very kind and caring". One relative said, "The care my mother is receiving is great and we have no problems on that side". Prior to the inspection one relative wrote to us and said, "The care my mother receives is excellent, and I believe she is treated by the staff as if she is their own relative." One person wrote to us and said, "I find the carers and nursing staff look after me very well, are friendly and helpful."

We saw staff were familiar with people's backgrounds and needs which enabled them to have meaningful conversations about their past employment or family members. Staff had the time and were open to chatting to people about their chosen subjects. We found people were happy and content in the presence of staff.

We observed staff giving information to people about the time of day and what they could do next. The home had an information board which gave people and their relatives, information about the service. This included the Herbert Protocol which is a national scheme used by the police and other agencies to compile useful information which could be used in the event of a vulnerable person going missing. The registered manager told us they had used the scheme for one person known to have previously gone missing.

We saw staff members approached people with kindness, anticipated their needs and offered their help. We observed staff seek permission from people before they provided help and support. This meant staff listened to people and involved them in their care.

Staff promoted people's independence. We saw care documentation provided information on what people could do.

We found staff could communicate with people to provide their support. For example we observed one staff member worked with a person who was unable to fully communicate their needs verbally. The staff member was able to ascertain the person was in pain and needed some additional support. In another example we saw staff using humour and banter to gently persuade a person it was lunch time. We found staff took a caring approach and had the skills to listen and understand people's needs which in turn promoted their well-being.

People in the home had access to advocacy arrangements. We found the registered manager understood the need for advocacy and had referred a person to an advocacy service to enable decisions to be made. We also found the service had listened to relatives as advocates for their family members. For example food preferences had been noted by the staff.

We reviewed people's care plans and found people had in place plans to support their emotional well-being. For one person this included having their hair done. In one person's plan it was noted they became tearful and liked to be supported with chats and snacks. One relative described to us a scenario where their family

member had felt quite down on one occasion. This had been noticed by the care staff who had offered them a cup of tea and a chat and their mood improved. This meant staff provided emotional care to people to support their well-being.

We found people's wishes and personal items were respected. One relative told us they had requested their family member's bedroom be decorated in a colour of their choice. We saw people's rooms had been decorated and contained their personal items. These items were carefully placed in people's rooms and were clean and tidy. This meant people were surrounded by personal possessions which were familiar to them.

We saw people were clean and well-presented. People were provided with their personal care behind closed doors to promote their privacy and dignity.

Throughout our inspection staff were able to give us access to people's records. However they were keen to ensure the records were stored confidentially and worked with the inspection team to do this. We found people's records were securely stored.

At the time of our inspection there was no one receiving end of life care. However we saw people had in their the care records "Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)" documents in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). People also had emergency health care plans in which their wishes had been described. End of life care plans were also in place. The registered manager had updated staff that in the event of a death of person subject to DoLS there was no longer a need to refer a person to the coroner.

Is the service responsive?

Our findings

At our last inspection we found the registered provider was in breach of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. During this inspection we found the registered provider had made improvements.

We looked at the complaints made to the home about the service they provided. We found one complaint had been made since our last inspection. The registered manager had investigated the complaint and spoken with the complainant about the outcome. One relative told us they had made a complaint in the past but found the current registered manager much more responsive to any concerns they had raised. One person told us, "The current manager is very fair and approachable. I have never had to complain but know I can talk to her any time". This meant relatives showed confidence in speaking to the registered manager about any concerns or complaints.

The service did not employ an activities coordinator. We saw in a staff meeting the registered provider had advised staff to write down when they chatted to people as this was an activity. We saw staff had recorded when people had been relaxing in the lounge watching TV or listening to music. During our inspection we found staff engaged people in spontaneous activities when it was possible to do so whilst carrying out their other duties. The registered manager using a bucket of cleaning items spoke with the person about using a scrubbing brush. One person was encouraged and supported to do jigsaws. We saw a group of people being supported to arrange daffodils in vases for the home. People had the opportunity to hold therapeutic dolls and provide care for them. One person told us they felt their days were long in the home, another person told us they would like to play bingo. Whilst we saw improvements had been made in the home to engage people we found this was done on an adhoc basis and people were not given opportunities to participate in planned activities which were meaningful to them. A more coordinated approach was required to ensure individual interests were addressed and people were provided with a stimulus. We fed this back to the registered manager who nodded in agreement.

We recommend the registered provider reviews the activities in the home in the light of latest NICE guidance.

People had in place a document entitled, "This Is Me" which gave staff background information about people who used the service. We saw these documents had been completed to enable staff to understand people's histories.

We looked at people's care plans and found assessments had been carried out to determine people's needs. For example people's care plans including descriptions of their mobility needs, their eating and drinking needs and their sleeping requirements. We saw where people had specific conditions or needs such as diabetes, epilepsy or skin care, plans had been put in place to guide staff in how to meet individual needs. In some cases relevant information had been supplied to staff, for example guidance on diabetes and what to look out for when people's diabetes became unstable. Arrangements were in place for the support of one person who wished to eat independently but with oversight in case they had difficulty swallowing. This

meant people were in receipt of person-centre care.

In respect of diabetes we found the nursing staff on duty were aware of the blood sugar parameters for one person. They added these to the care plan during our inspection to assist other nurses who were not familiar with the person. We found they were making justifiable professional judgements about the person's care which was overseen by a GP.

Daily care charts were in place in the home. For example we saw staff regularly updated food and fluid charts, positional changes and bathing requirements. This meant staff were monitoring people to ensure their needs were met.

Care plans in place for people with specific care needs including diabetes, epilepsy and tissue viability. These had been written after consultation with other professionals. Nursing staff on duty were aware of the blood sugar parameters for one person. Justifiable professional judgements overseen by a GP. They added these to the care plan during our inspection

Staff reviewed people's care plans on a monthly basis or earlier if their care needs changes. For example we saw one person's dietary needs had changes. Their care plan had been immediately updated. This meant staff were given up to date guidance on how to care for people.

We saw the registered manager had introduced in their own words a weekly "Ward round". For three weeks prior to the inspection each person's care had been reviewed and actions identified to ensure the person's care was up to date. The actions included for example to chase up blood results from the GP. This me

We saw choice was a key feature used by staff to engage people in their care. One person chose to lie in bed on a morning, regular checks were made on the person and they were given the choice to have support to get up. We observed where staff supported people to enter a room they were given choices about where they wanted to sit and what they wanted to do.

Is the service well-led?

Our findings

At our last inspection in June 2016 we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found the service had made improvements.

There was a registered manager in place. The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow.

We found notifications had been made to CQC of events in the home and the home had their current CQC rating displayed in the entrance way of the home. This meant

Relatives felt the improvements in the home could be attributable to the new managers and compared the new manager more favourably than with other managers in recent times. For example one person told us they were very happy with all the carers at St. Mary's care home and in particular the new manager as they never used to speak to the previous managers, the person said, "They did not make themselves visible".

One relative told us the manager had been there when their relative had arrived from hospital, they said, "[The registered manager] made [person] feel very welcome as did all the staff - in the following days they were all brilliant and made the transition from home much easier". Another relative said, "[The registered manager] is very fair and approachable - always makes herself visible on our visits". Following our last inspection relatives wrote to us to tell us about their experiences at St Mary's Care Home; one person wrote they were "Aware things were not good in the last year", but told us since the new registered manager took over, "Things have really improved, she is everything I could want in a [registered] manager."

The registered manager had introduced a number of initiatives to ensure the service had improved. This included what they described as a weekly "Ward round" to review people's care needs. They had also initiated checks on staff to ensure staff were able to use thickening agents in people's drinks who were at risk of choking and apply topical medicines correctly. This meant the registered manager was ensuring staff were competent in their role and had systems in place to measure their competency.

At our last inspection we found documents were not accurate or up to date. We found improvements had been made to the documents. One member of staff told us they had learned, "If it is not written down it hasn't been done." We found people's care documentation had been audited and actions taken to update the files. During the inspection we noted one person's care needs had changed and the records were very quickly updated.

At the last inspection we found personal records in a cupboard were accessible through a gap in a door as boxes of other records had fallen behind the door. The regional manager and the registered manager described how they had tackled the issue and told us they had arranged for a confidential waste service to remove the archived material. We found the cupboard door to be locked. Both managers stated work was on-going to archive documents and the service would no longer keep documents beyond seven years. This

meant people's personal records were now being confidentially and appropriately stored.

We saw the registered provider had held meetings with relatives about our the findings of our last inspection and the action we planned to take. We spoke with a number of relatives who quoted particular aspects of the contents of the report, however we found whilst the relatives had access to on line facilities and the CQC website the registered provider had not made copies of the summary report available.

The regional manager showed us a survey form they had introduced and to try and get the views of people who used the service. We found these had been used by staff to support people to complete and involved using ticking boxes against faces with different expressions.

Staff surveys had also been carried out by the registered manager, the results had been aggregated. We saw the staff felt supported by the manager and had made positive comments about the home.

We found there was clear partnership working with other services. Advice had been sought from GP's with regard to people's fluid levels and from the Speech and Language Therapy Team if staff felt people were at risk of choking. The registered manager had referred one person to an advocacy service to help the service offer the right kind of protection for them. This meant the service was working collaboratively with community based services to meet people's care needs.