Prime Life Limited

Brockshill Woodlands

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 9 January 2017 and was unannounced.

Brockshill Woodlands is a residential care home providing accommodation for up to 30 older people who live with dementia, physical disability and mental health needs and who require personal or nursing care. The home has 23 bedrooms, 10 of which have ensuite facilities. There are toilets and bathrooms on each of the two floors. There are two communal lounges and a dining room. At the time of our inspection 19 people were using the service.

The service did not have a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the service was managed by a manager who was in the process of applying to be registered manager.

People who used the service were safe. They were supported and cared for by staff that had been recruited under recruitment procedures designed to ensure that people suited to work at the service were employed. Staff understood their responsibilities for protecting people from abuse and avoidable harm.

People's care plans included risk assessments of activities associated with their care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

There were sufficient numbers of suitably skilled and knowledgeable staff deployed to meet the needs of the people using the service. Staffing levels were decided according to the needs of people using the service. Care workers duties included kitchen duties which meant a care worker was diverted from directly supporting people for up to three hours a day.

People were supported to receive the medicines by staff that were trained in medicines management.

Care workers were supported through supervision and training.

The manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. There were people at Brockshill Woodlands who were being cared for under the Deprivation of Liberty Safeguards of the MCA.

People's lunchtime meals were delivered ready made from the provider's 'central kitchens' service based at another residential home service run by the provider. Some people told us they enjoyed their meals, others

told us they did not. People who required support with eating were supported.

People using the service were supported people to access health services when they needed them.

Where they were able to be, people were involved in decisions about their care and support. They and their relatives received the information they needed about the service and about their care and support. However, on the day of our inspection people were not provided with enough information to make an informed choice about their lunch-time meal.

We observed staff treating people with dignity and respect when they supported them apart from on two occasions.

People and their relatives contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

People were supported to participate in activities. These included social and individual activities. We have made a recommendation about activities for people living with dementia.

The provider had arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The quality assurance procedures were used to identify and implement improvements to people's experience of the service. A check that had been delegated to care workers had not always been correctly carried out. The provider had not acted, by the day of our inspection, on a requirement from a local authority food hygiene inspection in March 2016 but they were reviewing the situation.

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.

Staff understood their responsibilities for protecting people from abuse and avoidable harm.

The provider operated safe recruitment procedures. Suitably skilled and knowledgeable staff were deployed to meet the needs of people using the service.

People were supported to take their medicines by staff that were trained in safe management of medicines. Storage of medicines and arrangements for disposal of medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who understood their needs. Staff were supported through supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People's nutritional needs were met.

Staff supported people to access health services when they needed them.

Is the service caring?

Requires Improvement

The service was not consistently caring.

We saw two instances of people not being treated with dignity and respect.

People were not given information to make an informed choice about what they had for lunch.

Care workers respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People received care and supported that was centred on their personal individual needs.

People were supported to participate in activities. The manager was introducing additional activities that people could enjoy alone or with others.

People knew how to make a complaint if they felt they needed to.

Is the service well-led?

Good

The service was well-led.

The manager had clear aims and objectives of how they wanted to improve the service.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

The service had effective arrangements for monitoring the quality of the service. However, some checks that were delegated to staff were not properly carried out. A requirement from a food hygiene inspection in March 2016 was still under consideration.

Brockshill Woodlands

Detailed findings

Background to this inspection

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

We also checked to see if the provider had made improvements since our last inspection in April 2016 in three areas. These were the cleanliness and hygiene in the kitchen, people's choice of meals and implementing recommendations from audits.

This inspection took place on 9 January 2017 and was unannounced.

The inspection was carried out by one single inspector and an expert by experience. An expert by experience who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information the provider had sent to the Care Quality Commission about incidents that had occurred at Brockshill Woodlands since our last inspection on 4 April 2016.

On the day of our site visit we spoke with eight people who used the service and a relative of another person. We also 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 to us. We spoke with two health care professionals who were at the service on the day our inspection and we spoke with a social worker who was involved with a person who used the service.

We looked at five people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at a staff recruitment file to see how the provider operated their recruitment procedures. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits. We checked whether the provider had implemented recommendations from a food hygiene inspection by the local authority. We spoke with the manager, four care workers and a registered manager from another service who was supporting the manager.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. A person who used the service explained, "I feel safe. It's very nice here and the staff are friendly". A relative of another person who used the service told us, "I visit often. I've never seen anything that gave me concerns about [person's] safety". Another relative commented in a survey carried out by the provider in November 2016, 'I can now go to work feeling that my mum is safe'.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. A care worker told us, that whilst they had not had reason to report any safeguarding concerns they were confident the manager would take any concerns raised seriously. The manager was alert to risks of people being exploited by relatives and they had taken appropriate action to protect a person at risk of this. A social worker we spoke with told us, "[Person] is safe and protected from abuse".

People's care plans had risk assessments of activities associated with their care routines, for example supporting people with their mobility. The risk assessments were detailed and included information for care workers on how to support people safely and protect them from harm or injury. For example, a person who liked to go for walks was supported to do so, but in their best interests they were accompanied by a care worker because of a risk they would become disorientated if they went out alone. We saw care workers use suitable equipment safely when they supported people with their mobility needs. Since our last inspection only two people had experienced a fall that resulted in an injury. This showed that risk assessments were effective and that people were protected from avoidable harm.

A contributing factor to people being safe was that the provider deployed enough staff to be able to meet people's needs. A relative told us, "There always appear to be enough staff whenever I visit, which is most days". We observed that when people used their call alarms to request attention staff responded quickly. When we compared staff training records to a staff rota we found that staff with the relevant training were always on duty. A minimum of four care workers were on duty and they were supported by the manager. Each day a care worker was allocated 'kitchen duties' that included receiving delivery of meals from the provider's 'central kitchen services', maintaining safe food temperatures, plating people's meals, washing crockery and cutlery and cleaning the kitchen. We discussed this with the manager because the arrangement meant that each day a care worker was diverted from supporting people more directly for a period of up to two and a half hours. They told us they would discuss the possibility of employing a kitchen assistant to carry out catering and kitchen cleaning duties with the a director.

The provider had recruitment procedures that ensured as far as possible that only staff suited to work for the service were recruited. Candidate's suitability was assessed through review of their job application form and at job interviews. All the necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce. People using the service and their relatives

could be confident that the provider took care in deciding who they employed.

At our last inspection we told the provider that they needed to improve cleanliness and hygiene in the kitchen at Brockshill Woodlands. They had taken action. New cupboards, work surfaces and hand washing facilities for staff were fitted in May 2016. Actions had been taken to implement the recommendations of a local authority of a food hygiene inspector, though one requirement had not been fully implemented and was still under consideration. After our inspection visit we spoke with the food hygiene inspector who told us the manager had asked for a food hygiene inspection because they were confident they had implemented the requirement.

People were supported to have their medicines at the right times. Only staff trained in medicines management supported people with their medicines. Their competence to do this was assessed annually. This was in line with the provider's medicines management policy.

The arrangements for the ordering, storing and disposal of medicines was in line with the provider's medicines management policy which followed current guidance about safe management of medicines.

The provider had an 'estates department' that was responsible for maintaining the premises. We found several that required attention. These included a light bulbs that needed replacing, areas of badly worn carpet, flaking paint, and a window on a staircase that didn't close which let in a draught. One person's room had an alarm cord with a men's tie tied to it to make it long enough for a person to reach. An audit by the estates department of the building and premises scheduled for later in the year had already been brought forward to take place before the end of March 2017. The manager told us they would share our report and feedback with the estates department.

Good

Is the service effective?

Our findings

People using the service felt that staff met their needs. A person told us, "The staff do everything I expect". A relative of another person told us, "The staff are very knowledgeable about [person's] needs". Comments relatives made in greetings cards referred to staff meeting people's needs. Comments included, 'Your work is so very important, and beyond the capacities of most of us. You are special people'. Comments relatives made in satisfaction survey carried out in November 2016 included, 'I have found the staff to be excellent'. It was evident when we spoke with the manager and care workers that they were knowledgeable and fully informed about people's needs.

The provider arranged training for all staff. Care workers we spoke with told us they felt well trained and that their training had prepared them to care for and support the people using the service. One told us, "We get the training we need. We have refresher training to keep our skill and knowledge up to date". Care workers had training about dementia which taught them what it was like to experience limited mobility and reduced sensory abilities. They also received training about medical conditions people lived with, for example diabetes. The manager maintained a training plan to ensure that care workers received the training and support they needed.

Staff were also supported through one-to-one supervision meetings. These took place every three months and more frequently if required. The manager used these meetings to inform staff about new guidance or to remind them about best practice. Care workers told us they found the supervision meetings helpful and supportive. One told us, "The supervisions are helpful. I can air my views and I get feedback about my performance".

We saw several examples of care workers communicating effectively with people. They adapted how they communicated with an individual, for example either speaking slowly, repeating what they said or using gestures to support people to understand what they were saying.

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 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 process 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.

Care workers we spoke with had a good understanding of the MCA and its importance. They had received training about the MCA and in discussion with us they demonstrated they understood the principles of the Act. For example, they understood that people had to be presumed to have mental capacity unless there was evidence to the contrary; and that where people lacked capacity they were supported in their best

interests in the least restrictive way. At the time of the inspection seven people were subject to DoLS authorisations. We looked at one of the DoLS authorisations and found that care workers supported the person in line with the conditions and recommendations of the authorisation. Care workers supported people to be independent but if people expressed a choice of an activity that placed them at risk of harm, care staff explained it was not in the person's best interests to do what they proposed. This showed the provider and staff had a good understanding of how to support people to have a positive experience by using the MCA.

We had mixed feedback about the quality of meals people had at Brockshill Woodlands. Of the 21 people who participated in the most recent satisfaction survey in November 2016, seven said the food was 'outstanding', 13 said it was 'good' and one said it required improvement. Four people told us they enjoyed their meals. However, three said otherwise. A person we spoke with told us, "The food is awful. I am vegetarian; I get two roast potatoes and a bit of veg". Another said, "I'm very disappointed by the meals offered" and third said, "I have the same cheese sandwich every day at teatime". We found that there were two types of cheese available. A person told us, "I'm not looking forward to lunch. It's horrible, it's vile, and there is no choice".

People's hot meals were prepared at another service run by the provider and delivered to Brockshill Woodlands. People had a choice of two meals at lunchtime. They were asked what meal they wanted after the meals were delivered. People were not offered an alternative meal but a person who asked for sandwiches was able to have those. Another person who asked "for a bit of both" options was served a portions of both. There were foods in the refrigerator and freezer people could have had as an alternative but people were not asked if they wanted an alternative meal. Those foods included foods for people with liked ethnic food. This showed that on the day of our inspection people experienced a limited choice of meals despite the service's ability to offer people a wider choice of meals.

The food containers were hot when they arrived; food temperatures were checked using thermometer probes. Temperatures were maintained and meals were served hot.

Half the people we spoke with told us they enjoyed their meals. A person told us I can't fault the food". They also said that "the choice of food is really good" which indicated that what we observed on the day of our inspection was not typical, though we made similar observations at our previous inspection in April 2016. When staff supported people to choose their meals they did so either by explaining and describing what the meals were or showing two plated meals that people could choose from. A person told us, "I enjoyed my lunch". A relative told us, "I've no concerns about the food. My [person who used the service] tells me he likes the food". They added they sometimes had lunch with their relative and enjoyed the quality of the food. People who required support with eating their meal received that support. We saw a care worker sit with a person and help them cut their food into smaller manageable pieces.

People had enough to eat. A person told us, "Sometimes they put too much on the plate, but we don't go hungry". From our observations of 11 people during the lunch period we found that very little food was left uneaten. The manager told us that the amount of food delivered was calculated to be enough for 24 people (12 portions of each main course option). We saw people have extra portions and very little food was left unserved. A doctor who was visiting the service on the day of our inspection told us, "From what I have seen there is no-one here who is under nourished".

At the time of our inspection the service had a three star rating (the highest rating is five stars) from a food hygiene inspection carried out in March 2016. We found that a requirement from that inspection had not been implemented. We also found two four kilogram packages of cheese that were past their 'use by' date (2

January and 7 January 2017). These had not been identified when daily checks of the contents of the refrigerator were carried out. The manager removed and disposed of the cheeses after we drew this to their attention. After our inspection that manager contacted the local authority to invite them to carry out a food hygiene inspection because they felt a five star rating was achievable.

People were supported with their health needs. On the day of our inspection every person who used the service had their eyesight tested by an optician. A person told us they were looking forward to getting a new pair of glasses. We saw evidence in people's care plans and other records that care workers arranged for health professionals to visit people if they felt unwell. A district nurse who was visiting the service told us that people were well supported with their health needs. They told us, "The people are well supported. The staff can't do more than they do. They follow my instructions and advice and always keep me well informed". People's health was monitored through observations. Where necessary, people's food and fluid intake was recorded on forms which made it possible to monitor and check that people were eating and drinking the recommended amounts.

People's responses to the satisfaction survey included, 'some areas of the home could do with a lick of paint' and '[The home is] in urgent need of refurbishment. The home is outdated and does not reflect a care home'. In December 2016, a director visited the home and reported 'The building is obviously older and not specifically designed for care activities…..however there were some presentation issues that would give a much better impression to visitors and a nicer environment for clients to live in'. This showed the provider acknowledged people's concerns about the premises and had begun to act on them, for example the early stages of development a room suited for activities for people with dementia and a refurbishment of some areas of the home. We recommend that the service seek advice and guidance from a reputable source, about adapting old buildings to make them more suitable for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

We saw two instances of people not being treated with dignity and respect. A person had been brought to a lounge in a wheelchair and left. As they appeared to be uncomfortable we asked a care worker if that person was normally left seated in a wheelchair. The care worker told us the person was normally transferred into an armchair but that as it would soon be lunch they decided not to transfer them. However, it was another one and half hours before the person was taken to the dining room. That person's comfort had not been ensured during that period. Another person who used a wheelchair told us they had been "abandoned" in a bathroom and had to return to a lounge unsupported. We brought our observations to the attention of the manager who told us they would offer support to staff about treating people with dignity and respect.

We saw that people were not supported to make an informed choice about their lunchtime meal. The care worker who offered the choice of meals was not consistent in how they described those meals. For example, we heard one of the meal options described in three different ways: a 'pasta bake'; a 'cheese bake with vegetables' and a 'cheese bake with cauliflower'. The other option was described as a 'savoury mince' but people were not told whether it was beef, lamb, pork or another meat. This meant people were not given information they needed. We discussed with the manager and visiting registered manager what we saw about how staff offered people a choice of meals. We were told that ordinarily a menu was delivered with the meals which staff could then show or explain to people. However, that had not happened on the day of the inspection. The visiting registered manager told us they would address this lapse. The manager told us that in future staff would be informed what meals had been delivered and how they should be described to people who used the service so that people could make an informed choice.

People who used the service told us that staff were kind and caring. Comments from people we spoke with included, "The carers are kind, especially the older ones", "The staff are very nice. I enjoy it here" and "The staff are very friendly". A relative told us, "The staff are very helpful whenever I visit". Comments relatives made in greetings cards reflected that they felt staff were kind and compassionate. More than one relative referred to how kind staff were and one wrote, 'Please accept my heartfelt thanks for the care, kindness and gentleness you give to my mother'.

We saw examples of staff being kind and caring and doing things to show people that they mattered to them. A relative told us, "The staff always make sure [person] is nice and warm. [Person] always look neat and tidy which is so important to him". We saw care workers hold conversations with people and support them to be comfortable. Care workers supported people to participate in activities. It was clear from people's conversations, laughter and gestures that they enjoyed the company and support of staff throughout the time of our inspection. Relatives' comments in a recent satisfaction survey showed that people often experienced this. Comments included, 'Staff are lovely and caring, they make everyone feel welcome at any time of the day' and 'My husband seems very settled, the staff are always very friendly'.

The majority of people using the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, their relatives or representatives had opportunities to be involved in decisions about how their care and support was delivered. A relative told us, "I know I can be

involved as much as I want to be". People who used the service were involved in choosing colour schemes for parts of the home that had recently been redecorated.

Although most people were not involved in longer term decisions about their care, they were involved in every day decisions. For example, they decided when they wanted to be supported, where they spent their time and whether they participated in activities. We saw people move between the three communal rooms depending on how they wanted to spend their time. A person who spent time in different rooms told us they enjoyed doing so. It was evident they liked to watch other people and staff. The rooms were different and offered people a distinct choice. We saw people go to a room where they spent quiet time away from television and other people, others preferred to be amongst other people.

The provider promoted dignity and respect through policies, staff training and supervision. Our observations were that staff treated people with dignity and respect. For example, staff referred to people by their preferred name. People were supported people with their personal care in the privacy of their rooms or bathrooms. Every one of the 21 people who participated in the most recent satisfaction survey said they were treated with dignity and respect.

People's relatives were able to visit Brockshill Woodlands without undue restrictions. We saw from the visitor's signing in book that relatives visited the home from early in the morning to in the evening. Relatives were able to participate in activities and share mealtimes with people.

Good

Is the service responsive?

Our findings

People we spoke with told us that were satisfied with the quality of care they experienced. A person using the service told us, "I'm definitely well looked after" and another person said, "I've been really well looked after". A relative of another person told us, "I know that staff look after [person's] needs".

We saw from information in care plans we looked at that people using the service contributed to the assessments of their needs or, if they were unable to, their relatives did so. We saw a care worker interviewing a person who was new to the service about their life history and likes and dislikes. Our observation of how staff supported people was that the care and support they received was in line with their care plans. People's reactions showed that they were satisfied with the support they received.

People's care plans were 'person centred' because they contained information about people's life history and individual preferences. The care plans also contained detailed information about people's assessed needs and those needs should be met. Care workers we spoke with told us they referred to people's care plans because they were an important source of information about people and how they should be supported. For example, care workers knew which people required fortified drinks to supplement their meals. We saw from daily records that care workers made that people were supported in line with their care plans. For example, where necessary staff recorded how much people had to eat and drink. Two health care professionals who were at the service at the time of our inspection told us they felt people's needs were being met.

Since our previous inspection the manager had begun to introduce activities that were based on people's interests and hobbies. These supplemented existing group activities such as games, chair aerobics and social activities. The manager told us they were planning to introduce 'memory boxes' containing memorabilia that care workers would use to stimulate people's memory of life events they wanted to talk about. A further example was a 'knitting club' that supported people who said they liked to knit. A person told us they enjoyed participating in that club. People had access to sensory items that provided them with comfort. We saw people drawing, some with the support of care workers. A person spent time completing crosswords, another told us, "There is enough to keep me occupied".

The service had a weekly programme of activities that ranged from was on display, but only a few were based on people's interests or hobbies. Some activities supported people to use their skills, for example baking or participating in making cakes that were included in people's snacks. A 'garden room' was being developed to be a place where people could participate in activities and experience sensory stimulation, but this was in its early stages. A director who visited the service in December 2016 had left ideas for the manager about how to develop the room. Development of activities suitable for people with dementia was still in its early stages and people's views were being sought about the type of activities they wanted. This was a step forward because of all the things people were asked about in the most recent satisfaction survey, the range of activities scored the lowest. We recommend that the service seek advice and guidance from a reputable source, about activities for people with dementia to help with the introduction of activities that

would improve people's experience of the service.

At the time of our inspection the provider was taking action to improve the service's links with the local community. They had contacted a local scout group to discuss how a link-up could be mutually beneficial. The provider's intention was that visits from scout group members would add a new inter-generational activity for people. Whilst no reply had been received at the time of our inspection this did show that the provider was exploring ways of integrating the service with local organisations in the community.

People using the service and their relatives had access to a complaints procedure. A relative told us they knew about the complaints procedure and that they felt comfortable about approaching the provider if they had any concerns. The complaints procedure made clear that complaints were an important source of feedback and learning. It advised people who they could refer a complaint to if they were not satisfied with how the provider handled it. No people or relatives had made a complaint since our last inspection.

Good

Is the service well-led?

Our findings

A new manager joined the service in October 2016. People told us they knew who the manager was. It was evident that the manager had in the short time they had been with the service fully acquainted themselves with the needs of the people using the service. They had arranged their filing systems in such a way that information they required was instantly accessible when they needed it, for example when receiving requests for information.

At the time of our inspection the manager was in the process of applying to be a registered manager. They understood their responsibilities under the terms of service's registration with the Care Quality Commission (CQC). They kept the CQC informed of events at the service, such as deaths, accidents and incidents. This was important because it meant the CQC could monitor the service.

People using the service and their relatives had opportunities to be involved in discussions about developing the service. These included reviews of people's care plans and fortnightly 'manager's surgery' meetings. These provided opportunities for relatives to meet in private with the manager to discuss issues. Residents and relatives meetings took place every three months to discuss more general matters. For example, residents and relatives were informed about the refurbishment of the home and their suggestions about colour schemes were acted upon. Discussions also took place about social activities and outings that people wanted. Their suggestions were acted upon.

Staff were supported to raise any concerns they had about poor or unsafe practice. They could do so using the provider's incident reporting procedures. People who used the service told us they would raise any concerns with the manager. Care workers told us they felt confident that any concerns they raised would be taken seriously by the manager. Care workers could also raise concerns anonymously with the provider using the provider's whistle blowing procedure.

The provider had procedures for regularly assessing and monitoring the service. These procedures operated at two levels; within the home and at head office level. At local level, the manager carried out regular monitoring concerned with the delivery of care. This included monitoring of care plans and care records and observations of care worker's practice. They also carried out audits. These covered the quality of care workers record keeping, for example food and fluid intake charts and medicines administration records. They also observed how care workers put their training into practice, for example supporting people with dignity and respect. Some checks were delegated to care workers. These were not always accurately carried out. For example, daily checks of the contents of a refrigerator had not identified food items that were a few days past their 'use by date'. The items had not been opened so had not been used, but may there was a risk they may have been had it not been for our intervention. The manager told us they would review the arrangements for delegated checks.

We shared our observations of how people were supported at lunch time. The manager told us they would add periodical lunchtime observations of care worker's practice at lunchtimes to their schedule of observation checks.

At head office level, a Primelife director had carried out regular audits of the home and reported findings to the manager and a board of directors. We saw that at their most recent visit a director had carried out an inspection of the service. This was aimed to support the manager and their report included advice the manager told us they found helpful.

The manager had set a number of objectives they wanted to achieve. One was securing an improved food hygiene rating from a food hygiene inspector. The manager was aware that a requirement from a food hygiene inspection remained outstanding and they were taking action to implement it. Another objective was to secure a higher level 'quality assessment framework' (QAF) award from the local authority that paid for the care of some of the people using the service. A QAF is a financial incentive to achieve standards of care expected by a local authority. The manager was in the process of developing a written action plan to implement improvements to those aspects of the service we rated as requiring improvement at our last inspection.

The monitoring procedures included obtaining the views of people using the service and their relatives of their experience of the service. People's feedback was positive and actions were taken to address areas that people said they felt needed improvement. These included meals and activities. These were areas were we identified scope for improvement.

Care workers we spoke with told us they felt the service was well managed. They told us they felt listened to when they made suggestions. For example, a care worker told us that their suggestion for a system of allocating specific duties to care workers was implemented. They told us, "It's worked really well. We all know who has to do what". All staff we spoke with told us that they would prefer for the provider to employ a kitchen assistant to take full responsibility for the kitchen and serving people's meals. They said this would enable them to spend more time directly supporting people, for example with activities and other interactions. We found that that care worker's time spent on kitchen duties had reduced the time they could spend supporting people.

A relative told us the manager was always welcoming and approachable. They told us, "They manager is really nice. They involve me and I have no concerns about the service".