

# Greta Cottage Limited

# Greta Cottage

## Inspection report

Greta Street,  
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Tel: (01287) 622498

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2015  
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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 

### Overall summary

We inspected Greta Cottage on 12 January and 12 February 2015. The first day of the inspection was unannounced which meant that the staff and provider did not know that we would be visiting. We told the provider we would be visiting on 12 February 2015

Greta Cottage provides care and accommodation for a maximum number of 29 older people and / or older people with dementia. Greta Cottage is a converted Victorian House in a residential area of Saltburn by the Sea. Accommodation is provided over two floors.

The home had a registered manager. 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. The registered manager was on annual leave at the time of the inspection visits.

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe.

# Summary of findings

Staff told us that they felt well supported; however formal supervision sessions with staff had fallen behind. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw that staff had received an annual appraisal.

Staff had undertaken training in safeguarding vulnerable adults, fire, health and safety, infection control moving and handling, medicines administration, bereavement, and working with challenging behaviour. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us that they thought the training they had received was good and provided them with the skills and knowledge they needed to care and support people.

We saw that there were six care staff on duty during the day until 5pm. From 5pm until 10pm there were three care staff on duty and on night duty there were two staff on duty. At the time of the inspection there were 28 people who used the service. We questioned the drop in staff on an evening to three staff. We asked people who used the service, staff and relatives if they thought there was enough staff on duty. Four people who used the service thought there was enough staff on duty. One person told us that thought more staff were needed. One relative we spoke with thought that there should be more staff on duty and one thought there were sufficient staff to meet people's needs. During the inspection we spoke with management and senior care staff and asked that staffing levels be reviewed to determine if there were enough staff on duty.

Staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions.

At the time of the inspection four people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However we did note that some medicines prescribed should be given before food and the pharmacist had failed to write these instructions on the MAR. The senior care staff told us that they would make immediate checks with the pharmacy and get MAR charts changed to reflect directions for use.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However care records needed further development to ensure that they were focussed to the specific need of each person to ensure care and support was delivered in a way that they wanted it to be.

People's independence was encouraged and they were encouraged to take part in activities and outings. Those people who wanted to took part in daily chair exercises and stretches. Staff told us that as the majority of people had some form of dementia they did daily reminiscence and quizzes with people to encourage people to talk and socialise with staff and each other. There was manipulative stimuli in the form of activity cushions for those people living with a dementia. These were made of different fabrics and textures. We saw how people enjoyed playing with these cushions. This meant that people were provided with activities that were beneficial and therapeutic.

# Summary of findings

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

We watched staff when they were moving some people. We saw staff inappropriately moved one person who used the service who was unable to weight bear. Staff supported this person by putting their arms under their armpits and moving them from the chair to the

wheelchair. This meant that the person was not protected against the risks of receiving care and support that was inappropriate or unsafe. This was pointed out at the time of the inspection to the management and senior care staff who told us that they would ensure that this did not happen again.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations have been replaced with the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

We had mixed views from people about if they thought there was enough staff on duty. We asked the provider to review people's needs and staffing. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. However some medicines prescribed should be given before food and the pharmacist had failed to write these instructions on the MAR.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective.

Staff told us that they felt well supported and had received regular training and an annual appraisal.

Staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS); Capacity assessments had been undertaken where needed.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

This service was caring, however improvements were required.

Staff inappropriately moved one person who used the service who was unable to weight bear. This meant that the person was not protected against the risks of receiving care and support that was inappropriate or unsafe.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided

Requires Improvement



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were in place. Some plans needed more information to ensure that they were focussed on the individual care and support needed.

People were involved in activities and outings. We saw people were encouraged and supported to take part in activities.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Good



## Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that morale was good and that they worked as a team.

Good



# Greta Cottage

## 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 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 inspected Greta Cottage on 12 January and 12 February 2015. This first day of the inspection was unannounced which meant that the staff and provider did not know that we would be visiting. We told the provider we would be visiting on 12 February 2015.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to complete 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 five people who used the service and with two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. The registered manager was annual leave for both inspection days. However for the first day of the inspection a registered manager from one of the other homes in the organisation was present for part of the day. The registered manager arranged for management cover to be present of the second day of the inspection. During the inspection we spoke with two senior care assistants, a care assistant, the audits manager and with a district nurse who was visiting the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at six people's care records (four on the first day of the inspection and two on the second day of the inspection), three recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe, one person said, “Definitely, I like to be in the lounge with the others.” Both relatives we spoke with told us they felt that people were in safe hands. One relative said, “I don’t have any worries because I know they look after X.”

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with told us about the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The senior care assistant said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries

Records looked at during the inspection informed that staff had received safeguarding training during 2014.

The home had a safeguarding policy that had been reviewed in January 2015. During the last 12 months there has been one safeguarding concern raised. Appropriate action was taken by staff at the service to ensure safety and minimise the risk of re-occurrence.

The senior care assistant told us that the handyman did a weekly health and safety check that included testing of water temperatures, checking of the lift alarm, making sure radiators are safely guarded and checking that fire doors and fire equipment is in good working order. We saw records of these checks. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, hoists, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We saw evidence of a emergency evacuation plan for people who used the service. The purpose of an emergency

evacuation plan is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls and moving and handling.

The audits manager told us that the service had a stable work force and did not have a fast turnover of staff. They told us that since the last inspection there had been three staff recruited. We looked at the files of these staff. The three staff files we looked at showed us that the provider generally operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. 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 helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We found that some improvements could be made. In files looked at we saw that staff had only documented the years in which they were employed rather than detailing the month and years. This meant that there could have been gaps in employment which might not have been explored. We pointed this out to the audits manager who told us that they would tighten up on recruitment procedures.

The senior care assistant told us that during the day there were six care staff on duty until 5pm. From 5pm until 10pm there were three care staff on duty and on night duty there were two staff on duty. In addition the registered manager of the service worked supernumerary hours Monday to Friday. At the time of the inspection there were 28 people who used the service. We questioned the drop in staff on an evening to three staff. We asked people who used the service, staff and relatives if they thought there was enough staff on duty. Four people who used the service thought

## Is the service safe?

there was enough staff on duty. One person told us that thought more staff were needed. One relative we spoke with thought that there should be more staff on duty and one thought there were sufficient staff to meet people's needed. During the inspection we spoke with management and senior care staff and asked that staffing levels be reviewed to determine if there were enough staff on duty. After the inspection we spoke with the registered manager who told us that staffing levels could be increased at any time if people's needs changed. A relative we spoke with said, "There is enough staff available. There has been quite a lot of illness but they have always brought extra staff in." A staff member we spoke with said, "We work well as a team."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines as prescribed. However we did note that

some medicines prescribed should be given before food and the pharmacist had failed to write these instructions on the MAR. The senior care staff told us that they would make immediate checks with the pharmacy and get MAR charts changed to reflect directions for use.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

# Is the service effective?

## Our findings

We spoke with people about the service they told us that they liked staff and were provided with quality care and support. One person said, "I'm very happy here." A relative we spoke with said, "They (staff) do their best to look after everyone here."

The audits manager showed us a chart which detailed training that staff had undertaken during the course of the year. We saw that staff had undertaken training in safeguarding vulnerable adults, fire, health and safety, infection control moving and handling, medicines administration bereavement, and working with challenging behaviour. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us that they thought the training they had received was good and provided them with the skills and knowledge they needed to care and support people. A staff member we spoke with said, "The challenging behaviour training was particularly good. There was a diversional therapist there who was teaching us diversional techniques."

Staff we spoke with during the inspection told us they felt well supported. We looked at staff files and saw that staff had last received supervision in August 2014. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The audits manager told us that they were aware that they had fallen behind in supervision. They said because of this they had asked staff to undertake a self assessment of their work and training needs. We were told that these had now been completed and that supervision was to commence again in the very near future. We saw records to confirm that an annual appraisal had been undertaken. We saw that induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff that we spoke with during the inspection told us that they had attended training in the Mental Capacity Act (MCA) 2005. We saw records to confirm that this was the case. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions.

At the time of the inspection four people who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as salads, a sandwich or soup. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "I have a really good appetite I enjoy everything that is put in front of me." A relative we spoke with said, "It was Easter when X came here." They invited me to stay for Sunday lunch. The food to me is more than generous. Last Sunday they had chicken three lots of vegetables potatoes and gateaux."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. On the day of the inspection a number of people were poorly with the cold virus. We saw that staff provided people with lots of hot and cold drinks. We saw that people were encouraged and supported to have their drinks. A relative we spoke with said, "I know they are watching fluid intake. They will have a fruit juice with lunch and they will get a cup of tea."

The senior care assistant informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. In one of the care files looked at during the visit we saw that staff had incorrectly calculated the risk to the person on their nutritional screening. Staff had not scored weight loss over a six month period. This was pointed out to management and senior care staff at the time of the inspection who said that they would review all

## Is the service effective?

assessments of people who used the service. We saw that staff had taken the appropriate action to contact the persons GP when they had lost weight to ask for the dietician to visit.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I'm having problems with my teeth. I'm seeing the dentist." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to

hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. During the inspection we spoke with a district nurse who was visiting the service to see a person who used the service. We asked the district nurse what he thought of the service. They said, "They are really good here and think about the client." They also said, "If they have any concerns about pressure areas they are proactive in seeking advice and obtaining pressure relieving mattresses. I think it is a really good home."

# Is the service caring?

## Our findings

People who used the service told us that they were happy with the care and service provided. One person said, “I like them (staff) they do their best for you.” A relative we spoke with said, “X (staff) is a gem. She can’t do enough for you. She is kind and caring and will do anything to help.”

During the inspection we sat in communal areas so that we could see both staff and people who used the service. We saw that a number of people who used the service were immobile and required the use of the hoist for transferring from one area to another. We watched staff when they were moving some people. We saw staff inappropriately moved one person who used the service who was unable to weight bare. Staff supported this person by putting their arms under their armpits and moving them from the chair to the wheelchair. This meant that the person was not protected against the risks of receiving care and support that was inappropriate or unsafe. This was pointed out at the time of the inspection to the management and senior care staff who told us that they would ensure that this did not happen again.

This was a breach of Regulation 9 (Care and welfare), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 9 (3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff interacted well. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw that staff were affectionate with people and with people and provided them with the support they needed. We saw that staff provided care and support to one person when using the hoist. We saw that staff explained what they were doing and were encouraging and chatty. They made sure that the person was safe and comfortable.

Staff treated people with dignity and respect. Staff were attentive to all people who used the service but particularly to those who had the cold virus. We saw that staff provided reassurance to people when they needed it. We saw that

staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring. A relative we spoke with said, “They always make sure she looks nice.”

Staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about food, clothes, activities and how they wanted to spend their day. One person decided that they wanted to go for a rest on their bed and staff supported them to do this.

People and relatives told us that visits from family were encouraged and welcomed at any time. A relative we spoke with said, “They care about me as much as they do X.”

Staff told us how they respected people’s privacy. Staff told us how they were always discreet when speaking to people about their personal care. They told us how they always knocked on people’s doors before entering and ensuring that they called people by their preferred name. They told us how they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that had compassion and respect for people. Generally the environment supported people’s privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in activities and outings. Staff told us the importance of reminiscence and how they did simple quizzes to keep peoples' minds active and stimulated. One person who used the service said, "I like it when they read the questions out of the book it makes me think." Staff told us how many people were visited by their relatives on a regular basis.

The senior care assistant told us that care staff did simple chair exercises and gentle stretching with those people who wanted to every morning. We watched the chair exercises and stretches on the day of the inspection and saw that seven people joined in and had fun whilst doing this. Staff told us that as the majority of people had some form of dementia they did daily reminiscence and quizzes with people to encourage people to talk and socialise with staff and each other. We saw staff spend some time with a group of people talking about their careers. When staff asked one person about their work this led to another person asking questions. The whole exercise led to people asking questions and conversing with each other.

Staff and relatives we spoke with said that the service provided in house entertainment in the form of singers and musicians. Staff told us at Christmas people had enjoyed a carol service, singers and actors who had come into the home to do a pantomime performance for people. The audits manager told us the importance of manipulative stimulus for those people living with a dementia. They showed us some activity cushions (age appropriate) that had been made for people. These were made of different fabrics and textures. We saw how people enjoyed playing with these cushions. This meant that people were provided with activities that were beneficial and therapeutic.

Staff and relatives told us how representatives for the local churches visited on a weekly basis (Roman Catholic and Church of England). Those people who wanted to join in were provided with a short service and communion.

On the day of the inspection we saw how some people were reading magazines. One person we spoke with said, "The hairdresser comes in weekly and that makes me feel better when I have my hair done."

On the first day of our inspection we reviewed the care records of four people. Each person had an assessment, which highlighted their needs. Following assessment care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. We saw that some care plans were confusing and did not focus on the actual problem. For example the care plan for one person on communication also mentioned information on nutrition. The care plan for another person who had behaviour that challenged stated that the person required reassurance but didn't state how to provide the reassurance. We pointed this out to management and senior staff. When we arrived on the second day of the inspection we were told that work had commenced to review and where needed re-write care plans to ensure that they were individual to the person and focussed on the actual need and support. We looked at the care plans of two people who used the service. We saw that care plans were focussed on the individual need, specific to the person and detailed what the person could do for themselves and the support needed from staff. We saw records to confirm that the end of each month that there was a monthly review and evaluation of care needs.

People who used the service and relatives we spoke with told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with said, "I can assure I would speak out good or bad. The good far outweighs the bad here."

Discussion with the senior staff confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that there hadn't been any complaints made in the last 12 months.

# Is the service well-led?

## Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager and provider. They told us that they thought the home was well led. A relative we spoke with said, "On the whole this home is well run."

The registered manager was annual leave at the time of the inspection. However for the first day of the inspection a registered manager from one of the other homes in the organisation was present for part of the day. The registered manager arranged for management cover to be present of the second day of the inspection.

Staff we spoke with during the inspection said, "The atmosphere in here is much better than other places I have worked. We work as a team."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "I've worked here for a lot of years and we work closely with the manager. She is here daily and we can talk to her."

The registered manager had employed an audits manager. During the inspection we spoke with the audits manager who demonstrated a good understanding of the principles of good quality assurance. The audits manager recognised best practice and developed the service to improve outcomes for people.

The audits manager told us of various checks that were carried out on the environment and health and safety. We saw records of audits undertaken which included cleanliness of the kitchen, medicines, care records and health and safety. This helped to ensure that the service was run in the best interest of people who used the service.

The audits manager also spent time in communal areas of people who used the service. She spent time and observed the experiences, care and support that people received. The audits manager told us the importance of making sure that people were stimulated and that staff engaged with people. We were told that her findings were fed back to staff in order to improve the quality of the service people received. We saw records to confirm that this was the case.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

We saw that a 'relatives and residents' meeting had taken place in January 2015. Senior staff told us that they planned to have such meetings every two to three months.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

We asked staff about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that a satisfaction survey was used to gather feedback. We saw that a satisfaction survey had been undertaken in August 2014. We saw that the results of this survey were very positive. People expressed satisfaction with the care and service received. Two relatives pointed out improvements they thought could be made. One was for the laundry service as some clothes had gone missing and clothing had not been washed to their satisfaction. The other was that the doorbell did not always work. The audits manager told us that following the survey staff were spoken to about the laundry to improve the service and a new door bell was purchased.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>We found the registered person had not protected people against the risk of receiving care or treatment that is inappropriate or safe. Staff failed to use safe moving and handling techniques when moving one person who used the service. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 (3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>