

Hill Care Limited

The Laurels and The Limes Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 March 2017 and was unannounced, which meant no-one at the service knew we would be visiting.

At the last inspection on 2 November 2016 we found breaches in three regulations: Regulation 9, Person-centred care, Regulation 12, Safe care and treatment and Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan and to confirm that they now met all of the legal requirements. We saw that sufficient improvements had been made to achieve compliance.

The Laurels and the Limes is a nursing home that provides care for up to 88 people. The service operates from two separate buildings on the same site in the south of Sheffield. The Limes building is purpose built. The majority of bedrooms are single and some have ensuite facilities. There are well maintained gardens and car parking is available. At the time of the inspection there were 43 people living at the service. The Laurels building is a residential unit primarily used for people living with dementia. At the time of the inspection there were 11 people living in the Laurels. The Limes building has three floors and a lower ground floor where the service's kitchen, laundry and staff rooms are based. At the time of the inspection there were 32 people living in the Limes.

The service did not have a registered manager in post at the time of the inspection. The registered provider had recently appointed two managers, one to manage the Laurels and one to manage the Limes. 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.'

There had been some improvements with concerns identified at the last inspection in relation to the management of medicines, but there were some actions that we identified during the inspection that were attended to during the inspection. The senior managers assured us that measures would be put in place to ensure these shortfalls did not reoccur.

At this inspection we saw improvements had been made in managing individual risk, including behaviour that challenged, but staff would benefit from further training in completing behaviour analysis charts.

At the last inspection we found the recruitment of staff was not safe. At this inspection we found sufficient improvements had been made by the registered provider.

Improvements had been made to the meal time experience for people living at the Limes.

At this inspection we saw improvements had been made for people living with dementia, so that they did not become disengaged with their surroundings.

Regular resident and relative meetings had been held at the service since the last inspection. People and relatives we spoke with told us their views about the service were being actively sought.

People we spoke with told us they felt 'safe' and had no worries or concerns. Relatives we spoke with felt their family member was in a safe place. Since the last inspection the registered provider had improved the systems in place to ensure people were safeguarded from the risk of harm.

Our observations during the inspection told us people's needs were being met in a timely manner by staff.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

We saw that sufficient improvements had been made to ensure people with DoLS conditions received appropriate care and treatment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's preferences and dietary needs were being met. We received positive comments from people regarding the quality of the food.

People we spoke with made positive comments about the quality of care they had received. Relatives we spoke with were satisfied with the quality of care their family member had received.

There was evidence of involvement from other health care professionals where required and staff made referrals to ensure people's health needs were met.

We saw that people responded well to staff and they looked at ease and were confident with staff. Staff were respectful and treated people in a caring and supportive way.

Staff had undertaken training to ensure they had the skills and knowledge to support people effectively.

There was a complaints procedure available to people and their relatives. People and relatives we spoke with felt confident senior staff would listen and take appropriate action to address their concerns.

During the inspection we found some shortfalls relating to records.

At the last inspection in November 2016 we found that there were not effective systems in place to monitor and improve the quality of the service provided. At this inspection we saw there had been some improvement, however we found that further improvement was required in some areas.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We saw that improvements had been made to the management of medicines at the service, but we did find some errors during the inspection that were addressed.

Since the last inspection the registered provider had improved the systems in place to ensure people were safeguarded from the risk of harm.

Our observations during the inspection told us people's needs were being met in a timely manner by staff.

Is the service effective?

Good ●

The service was effective.

People made positive comments about the care they had received.

Staff we spoke felt supported and had received training to carry out their role.

We saw that people's meal times experience in the Limes building had improved since the last inspection.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People and relatives made positive comments about the staff.

It was clear from our discussions with staff that they enjoyed caring for people living at the service.

Is the service responsive?

Good ●

The service was responsive.

People's care records showed that people had a written plan in place with details of their planned care.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

The service was not always safe.

We found the systems in place to monitor and improve the quality of the service provided had been improved since the last inspection.

During the inspection we found some concerns in relation to records at the service.

People we spoke with told us their views about their experience of living at the service had been actively sought.

Requires Improvement 

The Laurels and The Limes 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 22 March 2017 and was unannounced. The membership of the inspection team was two adult social care inspectors, a pharmacist inspector, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who was experienced in the care of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with eight people living at the service, six relatives, the services nominated individual, the strategic development manager, the regional manager, a senior homes manager, the manager of the Limes, the manager of the Laurels, a nurse, two senior care staff, an activities coordinator, five care staff and two housekeeping staff. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: four people's care records, nine people's Medication Administration Records (MARs), four staff recruitment files, four staff training and supervision files and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 2 November 2016, we found concerns relating to the management of medicines. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked to see if sufficient improvements had been made.

People and relatives we spoke with did not express any concerns regarding the management of medicines at the service.

The registered provider had been working with the NHS medicines management team to improve the management of medicines at the home.

We looked at nine people's Medicines Administration Records (MARs) and spoke with two senior care staff, the nurse responsible for medicines and the senior homes manager.

Medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We found staff did not carry out regular balance checks of controlled drugs in accordance with the provider's policy. The registered provider assured us that effective measures would be put in place to ensure this did not reoccur.

Room temperatures where medicines were stored were recorded daily and were within safe limits. We checked medicines which required refrigeration. One person's eye drops was being stored in the fridge. We found temperatures had been recorded for the fridge on the Laurels unit which were outside of the recommended range for storing medicines on three occasions in March 2017 and no action had been taken. In addition, the senior homes manager was unaware temperatures had been recorded which were outside of the recommended range. This meant we could not be sure the medicines stored in this fridge were safe to use. The registered provider assured us that effective measures would be put in place to ensure this was rectified and did not reoccur.

People had photographs and allergy details completed on their MARs; this helps to prevent medicines being given to the wrong person or to a person with an allergy. Some people were prescribed medicines to be taken when required, or 'PRN'. There were person-centred protocols in place to guide care staff when and how to administer these medicines safely; however some protocols needed updating to reflect the current dose stated on the MARs. The senior homes manager told us they were in the process of being reviewed. The administration times of some medicines were recorded on a 'time sensitive medications' chart, for example when required paracetamol. This meant staff could ensure the next dose of medicine was not given too soon.

One person was being given their medicines covertly (disguised in food or drink). We checked care records

and found appropriate assessments and best interest decisions had been carried out in accordance with the Mental Capacity Act.

Another person was administering their own medicines. Staff had carried out a risk assessment which was regularly reviewed, in order to ensure the person was supported to manage their medicines safely.

Some people were prescribed medicines to be applied to the skin, for example creams and ointments. Topical MARs were used to record the application of these medicines, and body maps were in place to show staff where they should be applied. We found topical preparations were stored securely in locked cupboards.

Three people were prescribed fluid thickeners to be added to their drinks to reduce the risk of choking. All three care records had information to guide staff how to thicken fluids to the correct consistency. However, we found staff did not always record when thickener had been added to drinks for two people. This meant records did not reflect the treatment people had received. In addition, one person's records showed the incorrect amount of thickener had been added to their drinks on several occasions. We asked a member of care staff how much thickener should be used and they told us the incorrect amount. Using the wrong amount of thickener increases the risk of choking. We spoke with the two managers who told us action would be taken immediately.

At the last inspection our findings showed the recruitment of staff was not safe and we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Fit and proper persons employed. At this inspection we checked to see if sufficient improvements had been made.

We found the registered provider's recruitment and selection policy had been reviewed so it identified all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. The registered provider had also completed a review of staff files to check if all the information specified in Schedule 3 had been obtained. Where further information was required, there were details of the action the registered provider had taken to obtain this information. For example, an explanation for gaps in a staff member's employment.

We reviewed four staff recruitment records. The records contained a range of information including a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We found that some staff involved in recruitment would benefit from a greater level of understanding of the detail of evidence required to complete some of the satisfactory checks as set out in Schedule 3. For example, we saw one applicant's employment history had not included the starting month and end months of employment. We shared this information with the regional manager to ensure this level of detail was obtained.

At the last inspection we found there were not robust systems in place to safeguard people from the risk of harm and we found the registered provider in breach of Regulation 13. We saw the registered provider had taken action to improve the systems in place and ensure any incidents were reported to a manager. For example, there was reminder of the protocol to follow for unexplained bruising displayed in the Laurels for staff to follow.

During the inspection we reviewed the incident and accident records completed in January and February 2017. We saw these records were being reviewed by a manager and the action taken was being recorded. One of records described an incident between two people in January 2017. We spoke with the senior homes

manager; they told us they had not reported the incident to the local safeguarding authority as neither person involved had sustained an injury. They also told us that one of the people involved did not usually display this kind of behaviour. After the inspection we contacted the local safeguarding authority. They told us there had been a previous incident involving the person reported in December 2016 and would have expected the new concern to be shared. Although neither person involved had sustained an injury, this showed there was a risk of inconsistent practice in reporting concerns to the local safeguarding authority. After the inspection we shared this information with the nominated individual so appropriate action could be taken.

We looked at people's records to ensure a risk assessment had been completed to identify any potential risks and measures had been put in place to reduce and manage the risks to the person. We saw that one person had sustained a weight loss and there were measures in place to reduce and manage their risk of further weight loss. However, we saw that staff had not calculated the person's overall level of risk on their Malnutrition Universal Screening Tool (MUST) correctly. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. We also noted the person's care plan had not been reviewed automatically when they returned from hospital. We shared this information with the manager of the Laurels so appropriate action could be taken.

At the last inspection in November 2016, we found there was a risk that people's behaviour was not managed consistently and the risk to their health, welfare and safety was not managed effectively. At this inspection we saw improvements had been made. However, we noted that one person's behaviour analysis was not being completed properly by staff. For example, the details of the antecedence, behaviour and consequence. This showed that staff would benefit from further training in completing behaviour analysis charts. We shared this information with the manager of the Limes so appropriate action could be taken.

People we spoke with told us they felt 'safe'. Their comments included: "You have to remember, I tried other homes before I settled here - this was a good decision," "This home is far safer than living in my own home" and "I was so lonely at home. The Limes offers me such security."

People and relatives we spoke with did not express any concerns regarding the staffing levels at the service. People told us staff responded to their calls for assistance. One person said: "The staff are wonderful; they come immediately if you use the nurse call buzzer." A relative commented: "I have never noticed how long it takes for them to answer the nurse call - so it can't be a problem."

Our observations during the inspection told us people's needs were being met in a timely manner by staff in the Laurels and the Limes buildings. Staff we spoke with did not raise any concerns regarding the staffing levels at the service.

People and relatives we spoke with did not express any concerns about the cleanliness of the building. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas.

Is the service effective?

Our findings

At the last inspection we received mixed views about the quality of food. At this inspection all the people we spoke with complimented the food that was provided at the service. Their comments included: "There are no problems with the food" and "I like the food here." We also received positive comments about the quality of food from relatives we spoke with. We saw there was a menu displayed on the wall and on the tables in the Limes building. The menus displayed in the Laurels building were 'dementia friendly' and were in a pictorial format.

We observed lunch being served in both buildings. During the observations we saw that people were offered a choice of what they would like to eat. Our observations in the Laurels building showed that people were being appropriately supported and the atmosphere was calm and conducive to eating. In the Limes building the staff were seen to be calm and patient when encouraging people to the dining tables. We saw the atmosphere had improved since the last inspection. It was observed to be calmer and more conducive to eating. A smaller dining area was now provided for people who may need to sit separately or in a more peaceful environment. We saw people being assisted to eat in both the dining room and in the adjoining lounge area. We saw staff quietly engaging and encouraging people to eat. One relative we spoke with described the improvements that had been made: "I must admit - the mealtimes are much calmer - the new manager has changed the arrangements - no one rushes around." A staff member also made positive comments about the new arrangements, "The manager has changed the way all the lunchtime meals are served, and there is no rush. We make sure a person is settled then offer them their meal of choice straightaway. We don't expect them to just sit there for half an hour until everyone is in the dining room, it works so well."

We saw the environment within the Laurels building had been improved since the last inspection. For example, new chairs, footstools and other furniture had been purchased. The lounge on the ground floor had been rearranged to enable people to have a quiet space and natural light by the window. The strategic development manager provided us with details of further improvements that were planned to enhance the environment for people living with dementia in the Laurels building and garden. For example, a garden room called the 'garden café' was being developed on the first floor.

During the inspection there was a calm atmosphere within both buildings. People were able to navigate through the service independently or by using a walking frame. Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

People we spoke with told us they were satisfied with the quality of care they had received. Their comments included: "They [staff] have worked so hard to let us know what health care and support is available in the city" and "I work so hard to keep my independence, the staff help you with that."

Relatives we spoke with were satisfied with the quality of care they had received. Their comments included: "[Family member] stayed here on respite - he was so happy and loved," "They [Staff] strive for perfection," "The staff work so hard, they show good care to everyone here," "Without fail all the staff care for my [family

member], " "[Family member] has an excellent care plan - reflecting the professional care she receives" and "[Family member] is happy here because of the great care."

We checked to see if staff had received appropriate support and training to enable them to carry out their role. Staff we spoke with told us they felt supported and described the training they had received. The registered provider's supervision policy issued in July 2016 stated that each care staff member would receive a formal supervision at least six times each year and an annual appraisal. Within the policy there was no reference to providing group supervisions. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We looked at the services staff supervision schedule and reviewed a sample of staff files to confirm supervision identified on the schedule had taken place. The Limes manager and regional manager also provided us with records of the group supervisions that had been completed at the service. We saw the frequency of supervisions provided to staff varied and were not always delivered according to the provider's supervision policy. This was reflected in the feedback we received from staff. We also noted that some staff's supervision and annual appraisal records were missing from their files. We spoke with the Lime's manager and regional manager; they told us the records had been archived by the previous manager. After the inspection the registered provider sent us copies of the missing records.

The service used a staff training spreadsheet to monitor the training completed by staff. The training provided covered a range of areas including the following: safeguarding, moving and handling, fire safety, infection control, dignity and respect, dementia, and health and safety. Since the last inspection some staff had been provided with dementia experience training and there were plans in place to deliver further sessions throughout the year. We received positive feedback about the new training from staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

In people's records we found evidence of involvement from other professionals such as doctors, dentists, optician and speech and language practitioners.

Is the service caring?

Our findings

In the reception area of the service there was a range of information available for people and/or their representatives.

People we spoke with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "The staff are wonderful – marvellous," and "All of the staff are so friendly."

Relatives we spoke with made positive comments about the staff and told us their family member was treated with dignity and respect. Their comments included: "The staff work so hard - they show good care to everyone here," "The staff are lovely, they always are," "The staff are what I call - very caring carers" and "I can assure you, there are some superb staff here."

Staff we spoke with were able to describe people's individual needs and people's likes and dislikes. It was clear from our discussions with staff that they enjoyed caring for people living at the service.

We observed staff giving care and assistance to people throughout the inspection in both buildings. Observations showed that staff treated people with dignity and respect. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. We saw that staff and people were at ease with each other. People we spoke with said that they got on well with staff. During the inspection there was a lot of laughter and friendliness between people and staff. Some people in the Laurels told us it was raining again because one of the staff members was singing again.

People could choose where they wished to spend their time. People's comments included: "I am going out today with friends for lunch. I go out whenever I want to - no one has a problem with that," "I try to keep myself busy - I come and go as I please," and "We love using the café (Limes building) - I can make me and my wife a drink every day before we go out for a walk."

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. A relative we spoke with described how staff had supported their family member and the whole family when a relative had died. Their comments included: "The care and the carers here are fantastic. They've [staff] gone above and beyond to support [family member], really lovely to [family member]. They made sure [family member] looked nice for the funeral. They couldn't have done more for [family member]. They have been really sensitive and looked after the whole family."

Is the service responsive?

Our findings

At the last inspection on 2 November 2016 we found a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person centred care. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked to see if improvements had been made.

At the last inspection we saw that people's care plans were personalised, but not yet person centred. We saw the service was still in the process of completing each person's life story and auditing people's care plans. The strategic development manager told us the life story for each person living in the Laurels had been completed and this was now being incorporated into care plans. Understanding a person's life story can have a very positive benefit for people living with dementia.

The strategic development manager also told us that dementia care mapping would take place in the Laurels and outcomes from these would be incorporated into people's individual care plans. Dementia care mapping is an observational tool used in 'public areas' of a service and helps to achieve and embed person centred care for people living with dementia. This showed the registered provider was taking ongoing action to ensure people received person centred care.

At the last inspection we found concerns regarding people's daily charts. At this inspection we saw that people's daily charts were being completed by staff.

Relatives we spoke with told us they were fully involved in their family member's care planning. Their comments included: "It is great that we are now involved in care planning; they [staff] even get you to sign it when it is agreed," and "There have been some very useful meetings to develop [family member] care plan."

At the last inspection we received mixed views about the activities provided at the service from people and relatives we spoke with. The interaction between staff and people living in the Laurels had been centred around tasks and staff had not been actively engaging with people. At this inspection we saw the interaction between staff and people in the Laurels was more self-assured and positive. We saw people were alert and enjoying each other's company. Before lunch some people had enjoyed a 'pampering session' including the painting of nails. One person told us they had really enjoyed the session and had chosen their favourite colour for their nails. In the afternoon people were interacting with each other and watching a World War two film on television. We overheard people discussing their families' involvement in the forces.

People we spoke with made positive comments about the activities. Their comments included: "We had marvellous St Patrick's Day prizes," "I love anything that involves dancing," "This new manager chap [Limes manager] is marvellous, he has sorted so many things out for me, I am going out to a lunch club, he helped me get in touch with old friends and set it up" and "I love the bingo, and you can win good prizes." One person described how people were being involved in choosing what activities they would like to do. They commented: "They [staff] have a new approach; they have asked us all sorts about our past hobbies and

what we would like to do." This showed that people were being actively involved in activities and their views sought.

Relatives we spoke with made positive comments about the activities being provided at the service. They also made positive comments about the activities coordinator. Their comments included: "[Name] the activity worker works so hard she gives hundred and twenty percent in all that she does" and "[Activity coordinator) gets so much out of everybody, she is just right for the job."

There was one activities coordinator at the service. Since the last inspection the registered provider had appointed an additional coordinator on two occasions, but they had not stayed in post for various reasons. The Limes manager told us that an additional activities coordinator had been appointed and they were due to start shortly. This meant there would be an activities coordinator based in each building. The strategic development manager told us there was a plan to deliver activity and engagement training to all staff within the service. They also told us a subscription had recently been taken out with the National Activity Providers Association (NAPA). The intention was to use the information in the quarterly magazines and weekly emails to help guide and support the activity coordinators and staff in providing meaningful activities, involving people and their relatives.

The registered provider had a complaint's process in place. A copy of this was displayed in the reception area of each service. We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns. Relatives we spoke with told us they would speak with a senior member of staff if they had any concerns or complaints. They felt their concerns and/or complaints would be taken seriously and responded to in good time.

Is the service well-led?

Our findings

At the last inspection on 2 November 2016, we found the registered provider did not have effective systems in place to monitor the quality of service delivery. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good Governance. The registered provider sent us an action plan detailing how they were going to make improvements. This inspection was undertaken to check that they had followed their plan and to confirm that they now met all of the legal requirements. We saw that sufficient improvements had been made to achieve compliance. We found the registered provider had not completed all the actions within their improvement plan. Although the timeframe to complete some of the actions had not been met, we saw evidence to show the registered provider was actively in the process of completing them. For example, action had been completed to ensure that any people's DoLS conditions were being met and action had been completed to improve the mealtime experience of people living in the Limes. We saw that care plan audits had not been completed for all the people living at the service, but we saw examples where an audit had been completed.

During the inspection we found some shortfalls relating to medicines. The registered provider assured us that effective measures would be put in place to ensure this did not reoccur

We found some shortfalls during the inspection, relating to the completion of records. For example, we saw that some staff files did not contain all their relevant documentation in regards to supervision.

Since the last inspection the registered manager had left the service. In the interim period the service had been managed by the regional manager and a senior homes manager. At the beginning of February 2017, the registered provider had appointed a new manager for the Limes building and a new manager for the Laurels building; who was an existing member of staff. We received positive comments from relatives and staff regarding the change of the management structure. Relatives comments included: "This new fellow [Limes manager] that's managing the home is grand - nothing is too much trouble," "Although the management changes are ongoing, I think it is for the better" and "Funnily enough, I feel more secure about the management of the home now, than ever before, but they [senior managers] are keeping us informed more."

Since the last inspection the service had held regular resident and relative meetings. The feedback received from people and relatives showed they were being actively involved in improving the service. One person commented: "It's good that following relatives meetings, we see things change" and "There have been some very good relatives meetings - where we have been able to share any concerns we have - I feel as though they [senior managers] are listening now."

Since the last inspection external healthcare professionals had been asked to complete a quality assurance survey when they visited the service. We saw that the service had received positive feedback.

We saw that regular staff meetings took place to review the quality of service provided and to identify where improvements could be made.

There were regular checks completed by the senior staff within the service to assess and improve the quality of the service provided. The registered provider also completed regular checks at the service. Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.