Continuing Care Services Limited

Continuing Care Services t/a The Promenade

Inspection report

The Promenade Residential Care Home
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Tel: 01964533348

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16 February 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive unannounced inspection took place on the 13 and 16 February 2018.

Continuing Care Services t/a The Promenade is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is located in the seaside town of Hornsea, in the East Riding of Yorkshire. Accommodation is provided in single and shared bedrooms for a maximum of 24 older people, some of whom may be living with dementia. During this inspection the service was fully occupied.

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

At the last inspection on the 26 July 2017 the service was rated 'Requires Improvement' overall. We issued a requirement notice for a continued breach in Regulation 12, safe care and treatment, and a warning notice for a continued breach in Regulation 17, good governance. You can read the report from our last inspections on our website at www.cqc.org.uk. After the inspection the provider completed an action plan explaining what they would do to meet the requirements of the regulations.

During this inspection we saw evidence to confirm that the service had improved and achieved compliance with Regulation 12 and Regulation 17.

The registered manager, deputy manager and staff had worked hard to introduce new systems and procedures. Medicines systems had been reviewed and quality monitoring of the service had been developed and strengthened. Records had improved and were clear about people's consent and consultation.

People received their medicines safely as prescribed. The provider had reviewed and improved their practice to record topical medicines. Following the last inspection a full review of people's topical medicines had been completed. Topical medicine application records were used that included a body map to record the application of creams prescribed for use, 'as and when required'. Daily checks for completion had been implemented and were carried out by senior staff, and the registered and deputy manager completed monthly audits of these records. There was a clear procedure for receiving medicines into the service and accurate records were kept of each prescription, the name, strength, route and quantity of the medicine, and when it was received by the service.

Regular audits were carried out to identify any shortfalls in practice and we saw people were encouraged to share their views about the service. The service worked in accordance with current legislation relating to the

Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

A recent survey had been issued to gain the opinion of people and their relatives about areas of the service provision. We found the service had received a positive response to the questions asked which the registered manager had evaluated. Staff felt supported by the management team and spoke positively of working at the home. They received on-going training and support they needed to assist people effectively.

Risks to people had been identified and assessed and care plans contained guidance for staff in terms of how to support people. Other care plans contained detailed guidance regarding how to safely support people.

People told us they felt safe living at the home and staff were trained in recognising and understanding how to report potential abuse. There were sufficient staff available to meet people's needs and safe recruitment procedures were followed in order to ensure the suitability of workers.

Information about people's health needs and contact with any healthcare professionals was recorded in people's records. However, one person's nutritional needs assessment had not been completed and other records were inaccurate and had not been reviewed to ensure that staff had up to date information to support the person safely. Despite this, staff we spoke with knew how to provide the care and support that people needed. We received positive feedback about the quality of meals provided. People were supported to eat and drink enough and had a choice as to where to eat their meals.

Staff had developed respectful and positive relationships with the people who used the service and were kind and caring in their approach. People's privacy and dignity was respected and they were supported to be independent, where able. Some information was in accessible formats such as picture signage to aid orientation around the home. The service would benefit from expanding on this to further support the individual needs of people who lived at the home.

Staff had time to provide activities which people enjoyed. Visitors were welcomed into the home at any time. The provider had a complaints policy in place. No formal complaints had been recorded since the last inspection.

Private and sensitive information was stored confidentially.

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.

Medicine systems and processes had been improved and ensured people received their medicines as prescribed.

Safeguarding procedures and policies ensured people were protected from avoidable harm and abuse. Staff were safely recruited and there were sufficient staff employed to look after people safely.

Risks to people's health, safety and welfare were assessed and mitigated.

Is the service effective?

Good

The service was effective.

Staff were trained and knowledgeable about people's needs.

People were supported to eat and drink well to promote good health and well-being. The registered manager implemented actions during the inspection to ensure peoples records in relation to food and drink were robustly recorded and reviewed.

Consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were supported by staff who were respectful and kind. Staff encouraged people's independence where possible.

Staff were aware of their responsibilities in supporting people with their care needs in a dignified manner with their privacy maintained.

Staff knew people well and had developed friendly relationships.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and gave staff the information they needed to support people in line with their wishes and needs.

Activities were available at the home, should people wished to participate.

People were able to raise complaints and give feedback about the service they received.

Is the service well-led?

Good

The service was well-led.

Management of the service in terms of oversight and monitoring had improved. Quality checks had been developed further which assisted the registered manager in driving continuous improvement at the service.

There was a stable staff team led by an established registered and deputy manager. People and staff spoke positively about the management of the service.

The provider had notified us of important events that had happened in the service.

Continuing Care Services t/a The Promenade

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 13 and 16 February 2018. The inspection team on day one comprised of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. Day two was completed by two inspectors.

Before the inspection we reviewed all of the information we held about the service. This included notifications of any incidents that had occurred in the service. We used information the provider sent us in the Provider Information Return, although this had not been updated since our previous inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioning and safeguarding teams to gain their views on the service.

During this inspection we looked around the premises and spent time with people in communal areas. We looked at four people's care planning documentation and other records associated with running a care service. This included medicine records, recruitment records, the staff rota, notifications and records of meetings.

We used a number of methods to help us understand the experiences of people who lived at the service and their relatives. We spoke with 10 people who received a service and three visiting relatives. We spent time with people and saw the care and support provided by the staff team at different parts of the day. We met and spoke with the registered manager, deputy manager, four care staff, a cook, a visiting healthcare

professional and a training assessor.

Good

Is the service safe?

Our findings

At our last inspection on the 26 July 2017, we identified a breach of regulation 12 (1) (2) (g), safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured people's medicines were managed safely. During this inspection we found the provider had taken appropriate action and was now meeting legal requirements.

Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. The registered manager and staff had made improvements to the systems in place and people's medicines were managed safely. The deputy manager told us, "There have been improvements in the medicine systems. We are doing more audits of stock which are more in depth. Senior staff are having their competency checked every three months and topical medicine records are checked for completion twice each week." People's records confirmed this. A review of people's topical medicines had been completed by a GP and some had been reduced. We looked at the topical medication administration records (TMAR) for five people. TMAR included a body map to record the application of creams prescribed for use, 'as and when required'. We saw staff had signed these when required. Daily checks on the completion of records were carried out by senior staff and the deputy and registered manager completed regular audits of these records. This enabled them to monitor any inconsistencies and take appropriate responsive action where needed.

People's medicines were stored securely and the temperatures of the room and fridge were recorded regularly. We carried out a random stock check of five people's medicines and found the stock tallied with the number of recorded administrations. There was a clear procedure for receiving medicines into the service and accurate records were kept of each prescription, the name, strength, route and quantity of the medicine, and when it was received.

People who used the service told us they felt safe. One person said, "I feel safe here, the security is good." Another person told us, "I feel secure because there are always people around." A relative we spoke with said, "I have no worries about here (the home) and I visit a lot."

People were supported by staff who undertook training in how to recognise and report abuse. Staff were aware of the safeguarding procedures in place. One told us, "I would report any concerns to my manager or speak to the provider. We have leaflets in the hallway with information on safeguarding. All of my training is up to date." The registered manager was clear about what constituted abuse and knew how to follow correct procedures to raise concerns and to report abuse. This was confirmed from records we looked at and by an incident we observed during the inspection.

Staff spoke confidently to us about the specific risks to the people and how these were reduced, such as; falls, catheter care and nutrition. One member of staff told us, "[Name of person] cannot eat independently and requires their food cutting up. I look at the care plans weekly and I am not worried about lack of information as we are updated in handovers and meetings. Some people have adapted beakers for drinking and others use the full hoist or the standing hoist. People's care plans are sufficient."

Staff reported accidents or incidents as they occurred. Appropriate action had been taken in response and changes made to reduce the risk of a similar accident or incident occurring in the future. For example, one person had an unwitnessed fall, their blood had been checked and their medicine altered to reduce blood sugar levels.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. We judged there were sufficient numbers of suitable staff to keep people safe and meet their needs during the inspection. We saw people received the support they needed whether they spent time in the communal areas or alone in their rooms. For example, where people required the assistance of two staff to support their physical needs we saw this happened so risks to people's safety were reduced. People and their relatives felt there were enough staff to meet their needs overall. Comments included, "We have adequate staff but could do with more, sometimes staff are here in the morning and still here at night" and "I have no concerns about the staff, they are all good." Relatives told us, "Some days there are more staff than others, could do with more staff" and "I have been coming here five years and I've never seen anything to worry about."

Staff followed infection control procedures and we saw them using personal protective equipment such as disposable gloves and aprons when supporting people with personal care and at mealtimes. Dedicated domestic staff were employed who helped keep the service to a good standard of cleanliness. The environment was very clean, hygienic and free from any odours. A relative told us, "It's always spotlessly clean when I visit."

Safety tests were carried out by external contractors on the electrical installations, fire alarm and lighting systems, to ensure the service was safe. Firefighting equipment was in place and we saw evacuation drills took place every three months. The provider had a business continuity plan in place in the event of an incident which may disrupt or stop the service. This included information for staff on how to deal with emergencies such as a flood. This meant the provider had considered the needs and safety of people in an emergency situation.

Good

Is the service effective?

Our findings

People told us that the staff understood their needs and delivered effective care. One person said, "Staff are excellent when you are ill and very good at getting you to hospital." A relative commented, "I think the staff have good skills and are trained well." A visiting healthcare professional told us, "The staff definitely listen (to advice)."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at people's DoLS assessments and found up-to-date DoLS authorisations and renewal applications were in place.

Staff were aware of the need to gain consent from people before they provided support. We observed staff giving people choices, listening and waiting for people to give their consent. For example, one member of staff asked people if it was okay for a member of the inspection team to look around their private rooms. Staff asked for people's consent before supporting them with personal care, to eat and drink, join in activities and mobilise. One member of staff was able to tell us about a person's specific routine they chose to do each day which helped them reduce their anxiety. We saw the person following this chosen routine during the inspection.

People's ability to consent to the use of close circuit televisions cameras in communal areas of the service had been considered by the registered manager and staff. Documentation reflected when people had a loved one who held lasting power of attorney (LPOA) to act on their behalf.

People were supported by staff that had received the necessary induction, training and support to enable them to provide effective support. Staff confirmed they undertook regular training. We saw a copy of the staff training plan which confirmed 30 staff were employed and received training in areas such as safeguarding, fire safety, first aid, manual handling and infection control. Some staff were supported to achieve additional work based qualifications such as National Vocational Qualifications (NVQ).

Supervisions and team meetings took place to ensure staff were up to date with best practice. The supervision records we looked at contained similar information on what had been discussed with staff. The registered manager told us the electronic system used for staff supervisions generated pre populated sections which meant the supervisor could not add additional discussions held with the member of staff. They told us they would address this by not using the electronic system to record supervisions going forward. We saw the deputy manager held and recorded regular chats with staff about their health, the

importance of completing records, staff rotas and any errors that had been highlighted during medicine checks. Staff told us they felt supported by the management team. Comments included, "I feel comfortable with my supervisions. I am asked if I want to attend any other training. I know if I had a problem I could speak to [Name of deputy manager]" and "Staff meetings have increased since the last inspection. We are all in a good routine now and any changes [Name of deputy manager] will be put in place."

Staff cared for some people who were living with dementia but the home was not purpose built as a dementia service. Dementia signage was in place to help people orientate around the home; we saw all bathrooms and toilets had signage. A notice board displayed photographs of staff who worked at the service. People's bedrooms were personalised with lots of photographs, their own furniture and plants. This helped make them comfortable and homely. The ground floor had an open plan lounge and dining room incorporating easy chairs, dining tables and chairs. The premises were suitably adapted. People had access to all parts of the service and various seating areas were provided which enabled them to spend time alone or with others if they chose to.

We asked people whether they were happy with the food. Comments included, "The food is good, a good variety" and "Breakfast and lunch you can have what you want." A relative told us, "[Name] enjoys their food." Staff knew people's needs and preferences regarding food and were positive about ensuring these preferences were met. For people at risk of malnourishment or who were underweight, food was fortified with butter and cream. The cook told us, "Any desserts for [Name of person] have extra cream and mashed potatoes are done with butter. Daily choices are written on the notice board and the kitchen assistant will then go around and ask each person what they would like every morning." We observed this practice during the inspection. The cook went on to tell us about people's likes and dislikes and plans they had to celebrate Easter. Planning had started to create a memory tree for Easter with poems and small eggs. One member of staff had knitted small chicks for people and each person was to be asked to write down a memory for the tree. We saw that recently Valentine's Day had been celebrated with a surprise valentine's dessert on the menu which 13 people chose. This consisted of heart shaped biscuits with chocolate hearts.

We found the assessments in place for one person's nutritional needs were inconsistent and required review. An assessment overview stated the person was high risk yet their summary of care need indicated the risk was low. Their weight had not been recorded since October 2017 and risks at mealtime had not been reviewed since August 2017. We discussed our findings with the registered manager who told us the person required some of their food to be modified. There had been no referral made to speech and language therapy or dietetic services to support the person with this need. The registered manager reviewed the person's records and a referral to nutrition healthcare services for this person and two others was completed during the inspection. We found there had been no impact to the person's health and well-being from the inconsistent record keeping as there was no indication that the person was not eating and drinking well.

Care records we looked at showed us that staff kept records about the healthcare appointments people had attended. People told us that they felt staff looked after them if they were unwell. One person said, "They will call a doctor out and quickly." A relative told us, "The optician and dentist come here, the dentist sorted out my relative's teeth." A visiting healthcare professional told us, "At one point the relationship (between service and healthcare service) was a little strained but this has got better. We always get good support and they [staff] definitely listen to us."

Good

Is the service caring?

Our findings

People told us staff were caring and they were happy living at the home. Comments included, "I know all the staff by name and all the residents, staff are caring", "Staff are family orientated, all are okay" and "All the staff are kind." They also told us staff treated them with dignity, respect, and understood the importance of privacy. Comments included, "Staff do knock on doors and respect our privacy." A relative told us, "I have seen carers knock on doors before going in."

Staff we spoke with demonstrated a good knowledge and understanding of the people they were caring for. We observed staff speaking with people in a polite, courteous, kind and friendly manner. For example, a member of staff was observed singing and dancing with a person. We spoke to the staff member who told us about the person's love of music and dancing. The member of staff involved the person in the conversation we had. We saw they were caring and attentive to the person and it was clear they were enjoying each other's company. The deputy manager spoke to us about the staff team and how caring and thoughtful they all were. They told us, "We all want to provide the best care for the residents we possibly can." A visiting health professional said, "The residents look well cared for, they are always up and dressed."

Staff showed they had the knowledge and skills they needed to effectively communicate with people to make sure people felt understood. The effective use of touch and tone of voice was used by staff where they recognised it was appropriate for people. For example, we saw one member of staff was very clear of each person's method of communication when asking them if a member of the inspection team could look in their private rooms. They positioned themselves directly in front of one person, gained eye contact and changed their tone of voice to enable the person to understand. The person smiled and said, "Yes." We saw the member of staff had to raise their tone of voice slightly to support another person to understand what was being asked of them.

Care plans were in place and were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. This approach meant staff provided responsive care to people who had communication difficulties and recognised they could still be engaged in interaction and making decisions. For example, one person's dementia support care plan stated, '[Name] responds to physical sensation or involvement with various activities. Use gentle stroking or a similar gesture prior to helping. This may prompt [Name] with lifting a limb.'

A member of staff told us, "I chose to do some training around mental health. I did this as you can never have enough information about people. We [staff] have trained in dementia and I learned that not every day is the same. We give reminders for times of meals and what the choices of meals are. We have instruments and do movement to music with people. We also have tactile cushions and twiddlemuffs for people to use." A Twiddlemuff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulation activity for restless hands for patients living from dementia.

If people were able they were encouraged to be involved in planning their own care and support. If people had family then their opinions and views were sought. One person told us, "Staff do involve me in decisions

when it's about me." Another said, "I have a key worker, not sure about a care plan. If I have a problem I go to my key worker." A relative said, "I am involved with the care plan, I am trying to get my relative to have more showers." People had access to independent advocates if they wished. Advocates provide independent support for people to express their views and ensure their rights are upheld.

Staff had the knowledge to meet people's needs whilst making sure people had every opportunity to remain as independent as possible. One person told us, "We are encouraged to do things. I can't pull my bed away from the wall so the cleaners do the rooms and the staff cut up my food for me." We saw people's independence was promoted by staff at meal times by making sure people had assistance where required but also respecting other people who were able to eat their meals without support.

Relatives came and went throughout the inspection and we saw they were made welcome by staff. We spoke with several relatives and their overall view was that the service was caring. One relative told us, "The staff are incredible." Others said, "All the staff are caring" and "I come about four times a week and can come when I like."

Peoples' differences were respected and people were able to maintain their identity; we saw people wore clothes and jewellery of their choice and could choose how they spent their time and where. People that were able chose when to get up and go to bed. One person told us, "I go to bed at 8pm, peace at the end of the day." Another said, "I like living here, you can do whatever you like, and the carers listen to you." We saw one person went out for a walk every morning and another liked to have a gin and tonic every evening. Diversity was respected with regard to peoples' religion, preferred gender of staff for personal cares and arrangements in the event of their death.

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely and computer documents were password protected when necessary.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative told us, "I think people are treated according to their needs, everyone is different." We looked at a selection of care plans which contained personal information about people. For example, the overview section of the plan provided information about people before they came into the home, what their lives were like, their previous occupations, family, likes, dislikes and preferences. Care plans provided guidance to staff on people's care and support needs including their mobility, overall health, personal care, nutrition/hydration, continence, spiritual/cultural needs and last wishes. The registered manager told us, "Senior staff review people's care plans every month and the deputy manager tries to look at a selection every month to ensure these have been done." We discussed the shortfalls in reviewing we had noted in one person's care plan and the registered manager acted promptly and strengthened the care plan audit to ensure any changes were highlighted.

We found the care plans reflected what support a person needed and how they wanted to be cared for. The plans explained how care and support should be delivered for each person. One person's plan set out how their dementia was a controlling factor in their daily life which may cause difficulty for the person to recognise family, friends and potentially themselves in a mirror; this could result in confusion and frustration for the person. The care plan set out clear information for staff to support the person in reducing their level of anxiety during these periods. For example, by considering removing any mirrors, covering mirrors and giving the person plenty of reassurance.

Care plans incorporated risk assessments. They reflected individual issues such as use of equipment and falls. Care monitoring tools, such as MUST (Malnutrition Universal Screening Tool) and Waterlow (pressure care assessment) were used to supplement the documentation. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, and the Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore in a person. Information about people's wishes in relation to end of life care was recorded and where appropriate, there were Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in place for people. These help to ensure people's wishes are upheld, should the circumstance arise.

Staff we spoke with told us they worked as a team to respond to people's needs and had regular information sharing to keep them up to date with changes to people's needs. A relative said, "I think staff know the residents fairly well and know what people like and dislike." One member of staff told us, "Any updates to people's plans are done monthly or as and when needed. The care plans are okay. All assessments are done on the CareDocs system." CareDocs is a computer based care planning and home management system for residential and nursing care homes. Another member of staff said, "I look at peoples care plans weekly and we are given updates in handovers and meetings."

We looked at whether the provider was following the Accessible Information Standard. This standard informs publicly funded organisations how they should ensure people who use services, and their relatives, can access and understand the information they are provided with. We saw clear signage around the home

for people to see to guide them to specific areas. There was a picture sign to inform people of the date and time of the weekly fire alarm however this was located underneath the stairs and may be difficult for people to see.

We received mixed views when we spoke to people about the activities they participated in. One person said, "We do have activities, we have bingo, play cards, and dominoes." Another told us, "Staff are too busy for activities, but the place is clean, and bathrooms are clean." We saw some people spending time enjoying the sea views from the conservatory area at the front of the home. Relatives said, "(The conservatory has) a fabulous view and that is psychologically good for them (people living at the home) all" and "The home had people in for music sessions. A woman singer comes in, and they have quizzes." In the large communal lounge we saw activities were available in the afternoons. We saw staff had the time to provide an amount of one to one time with people, playing games such as cards and singing and dancing. Many people were watching the winter Olympics on the TV together. One person told us, "I like to watch TV and I have loved watching the Olympics."

The provider had a complaints procedure. Records showed there had been no formal complaints since our last inspection. Overall people who lived at the home and relatives told us they knew how to complain and would feel comfortable approaching the management and staff team if ever they needed to. One person said, "If I had a complaint I would go to the manager or the deputy manager. I have never had a complaint." A relative told us, "If I had a complaint I would go to [Name of deputy manager and senior staff]. I have never complained. I usually say, 'Can I have' and we generally get it." There was a process for when complaints were received to capture and investigate these.

People and their relatives had opportunity to raise any concerns and give feedback and suggestions about the service through satisfaction surveys. We saw that people had given their views on areas such as food, the environment and activities. The results of the satisfaction survey conducted in 2017 indicated there was generally a high level of satisfaction about the service. One comment read, 'I am happy with everything.'

Good

Is the service well-led?

Our findings

At our last inspection on the 26 July 2017, we identified a continued breach of regulation 17 (1) (2) (a) (b) (c) (e), good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we issued a warning notice. This was because the provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. During this inspection we found the provider had taken appropriate action and was now meeting legal requirements.

Checks were in place to measure and monitor the quality of the service overall. These included complaints, activities and policies and procedures. We saw from records we looked at that areas of the service that related directly to the management of the service, in terms of oversight, had improved. This included the safe management of people's medicines, the evaluation of accidents and incidents, the application of the MCA 2005 and consultation with people living at the home.

We saw that the provider had reviewed the audits in place at the service and introduced improved systems and additional checks on people's medicines. We saw these audits had highlighted shortfalls which had been appropriately actioned. For example, monthly checks of people's topical medicine charts had picked up missing signatures. These had been followed up and actions taken to reduce the risk of recurrence. A member of staff said, "We had meetings after the last inspection and medicines was an issue. More audits are done and there are more observations done on staff. We had to complete a medicines booklet. This has absolutely improved medicines management as more is looked at and people ask more questions."

The management team had incorporated learning from external professionals to support improvements to medicine practices at the service. For example, they had worked with an external company to improve auditing of medicines and with a local GP to review people's medicines. This supported people to benefit from staff acting upon good practice guidance.

Consultation with people had been improved with the introduction of satisfaction surveys and peoples consent had been sought in line with the MCA in relation to the use of CCTV cameras in communal areas of the home. Accidents and incidents were recorded and a monthly summary had been introduced so that any trends and themes could be noticed in a timely manner. One member of staff told us, "We record any accidents on the computer system; we then print them out and give them to the manager."

The registered manager was supported by the deputy manager and the provider. As a management team the registered manager told us they worked well together. The deputy manager told us, "The support from the provider has improved. They ring up and visit and we always speak."

The registered and deputy manager held meetings with staff to discuss aspects of service operations. We reviewed minutes from meetings held in November 2017 and January 2018, and saw discussions had taken place around the findings from medicine audits and changes to the data protection policy. A member of staff told us, "Staff meetings are regular. We had one yesterday about training, managing incidents and any

referrals needed for people."

People who used the service that we spoke with could recall who the registered manager was. One person said, "I know the name of the manager, they are called [Name]." We saw the registered manager interacting with people who used the service during our inspection. Staff consistently told us they thought the registered and deputy manager were supportive and approachable. Comments we received included, "I am supported very well by [Name of deputy manager]. I can go to [Name of registered manager], they are approachable and would keep anything I say confidential if needed" and "I can approach [Name of registered manager] 99% of the time and I am comfortable." Staff received supervision and training, to provide them with opportunity to develop their skills and discuss any development needs.

We observed staff worked together well, communicating with each other respectfully and working together to give people the support they needed. Relatives told us they were confident the home was well-managed. One told us, "This is a lovely home, its positive care, the carers are lovely. I feel that the carers run this home."

We found the service had a positive and friendly atmosphere and staff were motivated to provide good quality care. Staff told us they enjoyed coming to work, including one who said, "Peoples safety comes first. This is a fine place to work and I love it." Another told us, "We have fantastic carers and this is a nice and friendly environment." A person living at the home commented, "I can't think of anything that would make it (the home) better." Staff spoke warmly of people they supported and our discussions with staff indicated a culture where staff put the needs and wishes of people first.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.