Bupa Care Homes (CFHCare) Limited

Abbotsleigh Mews Care Home

Inspection report

Old Farm Road East
Sidcup
Kent
DA15 8AY

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28 March 2017

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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 unannounced inspection took place on 27 and 28 March 2017. Abbotsleigh Mews Residential and Nursing Home is a care home service for up to 120 older people living with dementia, sensory impairment or a physical disability. There were 118 people using the service at the time of our inspection.

We previously carried out an unannounced inspection of this service on 7 and 8 March 2016. At that inspection we found the service did not support all staff through quarterly supervision and annual appraisal in line with the provider's policy. At this inspection we found that staff were being supported through supervision and annual appraisals in line with the provider's policy.

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 2008 and associated Regulations about how the service is run.

Staff knew how to keep people safe. People who used the service and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. The service worked in cooperation with the local authority and the police where necessary in relation to safeguarding investigations, and notified the CQC of any allegations received in line with the requirements of the regulations.

Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to prevent them happening again. The service had arrangements in place to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required. Staff supported people so that they took their medicines safely.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. This protected people from the risk of malnutrition and dehydration. People had access to a GP and other health care professionals when they needed them. Staff supported people to healthcare appointments.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs. Care plans and risk assessments provided guidance for staff on how to support people with their needs. Care plans were person centred and reflected people's current needs and were kept under review.

Staff supported people in a way which was kind, caring, and respectful. Staff also protected people's privacy, and dignity. .

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. The service sought the views of people who used the services and staff, to help drive improvements. The provider had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required. The registered manager used the results of audits to identify how improvements could be made to the service. People and their relatives commented positively about staff and the registered manager. Staff felt supported by the registered manager.

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.

People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce the likelihood of these risks occurring.

The service had a system to manage accidents and incidents to reduce reoccurrence.

There were enough staff to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Staff kept the premises clean and safe.

Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

The service supported all staff through training, supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Staff supported people to access the healthcare services they

needed.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us they were satisfied with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences.

Care plans were regularly reviewed and were up to date. Staff completed daily care records to show what support and care they provided to each person.

People were provided with a range of appropriate social activities that met their needs.

The service had a policy and procedure for managing complaints. People using the service and their relatives knew about the home's complaints procedure and said they would do so if necessary.

Is the service well-led?

Good

The service was well-led.

People who used the service and their relatives commented positively about the registered manager and staff.

The service had a positive culture. People and staff felt the service cared about their opinions and included them in making any decisions about improvements to the service.

The registered manager held meetings with staff which helped share learning and ensure that staff understood what was expected of them at all levels.

The service had an effective system and process to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve.

Abbotsleigh Mews 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 27 and 28 March 2017, and was unannounced. The service was inspected by one adult social care inspector, one specialist advisor, and an expert by experience on 27 March 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two adult social care inspectors and one expert by experience returned to the service on 28 March 2017, to complete the inspection.

We spoke with 15 people who used the service, seven relatives and visitors, 10 staff, the deputy manager, the registered manager, and the regional director. Not everyone at the service could communicate their views to us so 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 talk with us.

We looked at 15 people's care records and 15 staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents

and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "Can't remember how long I've been here, but I've never felt scared." Another person said, "I feel safe because they [staff] are all so nice. They are afraid I will fall like I did at home. They use a hoist to get me in the bath. Do you know I didn't realise I was going to end up in the water. I didn't feel frightened at all the way they looked after me." A relative told us, "I've never had a problem with staff not knowing what they are doing." People appeared comfortable with staff. We saw that staff supported them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "I'm aware about the whistle-blowing policy and procedures." Another member of staff said, about a time when they had to Whistle Blow, they were very well supported by the management and their anonymity was protected.

The provider maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The registered manager sought external professional's support and implemented service improvement plans to make sure people's needs were met safely. For example, medicines had been reviewed for a person by their GP, staff were reminded of safe practices and an additional supervision was provided to them. The service worked in cooperation with the local authority and the police where necessary in relation to safeguarding investigations, and notified the CQC of any allegations received in line with the requirements of the regulations. At the time of this inspection there were three safeguarding concerns being investigated. We cannot report on the outcome of these investigations at this stage. We will continue to monitor the outcome of the investigations and any follow-up actions taken by the provider.

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, skin integrity and bed rails. We reviewed 15 people's risk assessments and all were up to date and contained detailed guidance for staff on how to reduce identified risks. For example, we saw that one person's ability to transfer independently deteriorated as a result of chest infection. Their moving and handling risk assessment identified the need for a hoist to be used and the support of two staff. This was reviewed on a weekly basis and the hoist was withdrawn after three weeks when the person regained their strength and health. In another example, one person, who had lost weight from the previous month, was put on a weekly weighing regime. We saw that the person had begun to increase in weight and their revised risk assessment noted this but it was concluded that weekly weighing should continue until the weight gain stabilised. In a third example, where people being identified as high risk of falling this had prompted the completion of a falls prevention action plan. This plan outlined what staff needed to do to help prevent further falls and contained guidance for them on how to mitigate these

risks. A member of staff told us they monitored people's falls and this was confirmed when we reviewed completed falls diary.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted that pressure activated mats had been placed next to a person's bed to alert staff to movement following a recent incident. In another example, bumpers were put on the bedrails on the side of one person's bed and staff observed the person hourly. Records also showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. The registered manager carried out individual dependency assessments on people using the service to identify staffing levels required at the home to meet people's needs. The dependency assessments were kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The registered manager told us that based on a recent review of dependency assessments they had decided to increase staffing levels and had launched a recruitment campaign some weeks prior to the inspection. They further said that they had selected some new staff and were waiting for their references and DBS clearances prior to their appointment. Staff records we saw confirmed this. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of the people and that staffing levels increased in line with changes in people's needs where required. A senior member of staff told us, "When somebody can't come on duty because of sickness or when we need an additional member of staff, the manager gets another member of staff to cover or arranges for bank or agency staff." Staff rotas we saw further confirmed this. Staff told us that people's safety was never compromised. For example one member of staff said, "Yes, it is busy, but it is manageable and we all pull together as a team and just get on with it."

Staff responded to people's requests for help in a reasonable time. One person told us, "It isn't very often I call them. But if I press the orange button they come." The registered manager monitored call logs. We saw electronic records were generated to monitor if calls were answered promptly, and the small number of calls that were delayed for more than five minutes were reviewed and discussed with staff to prevent it happening again.

The service carried out comprehensive background checks of staff before they started work. We saw that recruitment records included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, proof of identification, and registration of qualified nurses with their professional bodies. This meant people only received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards such as window restrictors, hoists, portable appliances, and the safety of gas appliances.

The service had arrangements to deal with emergencies. One member of staff told us, "We carry out fire drills once every three months." Records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations.

Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their medicines safely. One relative told us, "They give my loved one's medicines regularly and I've seen them do all the paper work." The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. Medicines were stored securely including controlled drugs. For example, medicines which required refrigeration were kept in lockable refrigerators in medicines room and the temperature of the refrigerators and rooms were monitored by staff to ensure medicines were safe to use. The clinical service manager conducted monthly medicine management audits and analysed the findings from the audits. They shared any learning outcomes with staff, and arranged further supervision and training for staff when necessary, to ensure people received their medicine safely.

Good

Is the service effective?

Our findings

At our inspection on 7 and 8 March 2016, we found that staff were not supported through regular supervision and yearly appraisal in line with the provider's policy. The provider sent us an action plan following the inspection telling us how they would address this issue and when they would complete the action needed to remedy the concern.

At this inspection we checked to see if these actions had been completed. We found that staff were supported through supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervisions sessions staff discussed topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for staff who had been in post for one year. One staff member told us, "My annual appraisal reassured me that I was doing ok; we set targets for my next year and spoke about areas of my job which, I sometimes find challenging." Staff told us they felt supported and able to approach their line manager or the registered manager, at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "They [staff] really do look after us; you certainly have nothing to grumble about." Another person said, "Oh yes, they [staff] know what they are doing."

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training when they started work. The registered manager told us all staff completed all modules of mandatory training identified by the provider. The training covered areas from food hygiene, infection control, equality and diversity, health and safety, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when required. Staff training records we saw confirmed this.

Staff asked for people's consent. Staff we spoke with understood the importance of gaining people's consent before they supported them. One member of staff told us, "I always offer options and ask permission. I know the residents very well so I look out for their body language. If I am unsure, then I will refer to their care plan." Records clearly evidenced people's choices and preferences about their care provision.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, people's specific healthcare needs such as use of bed rails.

The registered manager knew the conditions under which an application may be required to deprive a person of their liberty in the best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The provider had completed the monitoring forms for the supervisory body as required in line with the conditions they had placed on people's DoLS authorisations.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person told us, "The food is very good and I get a choice." Another person said, "I get enough to eat and drink." One relative told us, "When my loved one was discharged from the Hospital, they told her she wouldn't walk; she's started eating well and put on some weight and the staff here have got her walking again."

Staff recorded people's dietary needs in their care plans and shared the information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, the service catered for people who needed soft diets, thickened fluids and fortified diets. The chef told us there were alternatives available if people did not like what was offered on the day.

The service protected people from the risk of malnutrition and dehydration. We saw staff completed a Multi Universal Nutrition Screening Tool (MUST) to check for malnutrition and monitored people's weight as required. Where risks were identified, staff completed food and fluid charts to monitor people's intake and take further action if required. For example, we noted that staff sought advice from the healthcare professionals such as the Palliative Care team and Speech and Language Team (SALT). Guidance to prevent the risk from choking was found on the front of people's supplementary folders in their rooms for staff to refer to.

We carried out observations at lunch time in three dining areas at the home and also visited people who had their meals in their room. There were enough staff to assist people and we saw them provide appropriate support to people who needed help to eat and drink. The atmosphere in the dining rooms was relaxed and not rushed. Staff assisted people with care and attention, and helped those who took their time, encouraging them to finish their meals. Where people did not want to eat the meal provided, a further choice was offered. For example, a member of staff offered a person an alternative dish when they observed that the person had left most of their original meal. Initially, the person said they were not hungry, but when the alternative meal was provided, they managed to eat the majority of it.

Staff supported people to access healthcare services. One person told us, "I can see a Doctor if I want or if they want me to see one." One relative said, "Doctor saw my loved one's leg and referred her to hospital

where it got sorted out, and the Doctor and the Nurse followed up with the treatment here. My loved one can go to shops in one of their wheelchairs if she wants." We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses, physiotherapist, and chiropodist in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. Staff attended healthcare appointments with people to support them where needed.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "They [staff] are all so nice. They help me with everything and they care about me." Another person said, "They [staff] look after me well, that's what matters." One relative told us, "Care is exceptional, my loved one is always well looked after." We observed caring interactions between staff and people throughout the inspection. For example, we saw how staff irrespective of their role, always acknowledged people as they walked past.

We observed that staff had good communication skills and were kind, caring and compassionate. One relative told us, "They [staff] are all so pleasant. They say they're just doing their job. I can go home at night and not worry about my loved one's care." Staff talked gently to people in a dignified manner. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands and maintaining eye contact, which was positively received.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One person told us, "I do feel involved in my care. Since I've been here, I've been fine." A relative said, "I was involved in the initial care planning and they [staff] did come back to us after a month to go over it." Another relative commented, "Yes, staff call me if there's any change of needs to my loved ones."

Staff respected people's choices and preferences. One person told us, "I go to bed when I want. I press my buzzer when I wake up, so that staff could know I woke up." Another person said, "They [staff] let me go out into the grounds on my own." Staff valued where people preferred to spend time in their own rooms, lounge, garden, and walk about in the home. We saw that staff regularly checked on people's wellbeing and comfort. All bedrooms we saw were personalised with pictures, ornaments and people's own furniture. Staff could tell us where people had preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Staff respected people's privacy and dignity. One person told us, "They [staff] are very respectful, they respect my dignity always." Another person said, "They [staff] shut and lock the door when I'm washing and dressing. They always knock on my door." A relative said, "Care is very good, staff are definitely respectful of my loved ones dignity." We saw staff knocked and waited for a response before entering people's rooms, people's bedroom doors were closed when staff delivered personal care and staff kept people's information confidential. People were well presented and we saw how staff supported people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Senior staff told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

Staff we spoke with confirmed that people were supported with their spiritual needs where requested. For example, a member of staff told us, that a catholic priest visited the home weekly to give a Holy Communion for people in their bedrooms, and a monthly Church service was arranged in a communal area for people.

Good

Is the service responsive?

Our findings

Staff supported people to follow their interests and take part in activities. One person told us, "I still do my knitting and my puzzle books. I like to watch 'Songs of Praise' and things like Remembrance Sunday and they [staff] put that on for me." Another person said, "They [staff] arrange dancing and music. I love going in to the garden which is beautiful."

The activities coordinator took opportunities to do things with people to encourage their independence, including those who were confined to their rooms due to their frailty. We saw that planned activities were displayed around the home so people were kept informed of social events and activities they could choose to engage in. Activities on offer included seated exercise, quiz and board games, musicality, puzzles, arts and crafts, external entertainers, and gardening. We saw that these activities were having positive effect on people's wellbeing. For example, we observed people enjoying naming of spring and summer flowers and board games in one unit, and in the another unit music and dance. They responded positively to the activities, with some people dancing and others clapping along to the music.

Staff carried out a pre-admission assessment of each person to see if the home was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment and they used this information as a basis for developing personalised care plans to meet each person's individual needs.

Care plans contained information about people's personal life, social history, their likes and dislikes, their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Senior staff updated people's care plans when their needs changed. We noted that plans included clear guidance for staff on the level of support each person required. Information about changes to people's needs was also recorded in a staff communication book which guided them to the relevant care plan amendment. All of the care plans we reviewed were up to date and reflective of people's current needs.

Staff completed daily care records to show what support and care they provided to each person. They also maintained a record which listed the specific support people required for the day such as a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed any changes to people's needs during the daily shift handover meeting to ensure continuity of care. The service used a communication log to record key events such as changes to health and healthcare appointments for people, to ensure their needs were met in a timely manner.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I've never had to make a complaint, but I had a talk about a carer's behaviour. I was asked to see the senior person on the floor, who is a nurse, and leave her to deal with it. The senior carer sorted it out and they came back to me and it hasn't happened again." A relative said, "I cannot grumble about anything." The service had a policy and procedure for managing complaints including what action the service would take to address any concerns received. We saw information was displayed in the communal areas about

how to make a complaint. The registered manager had maintained a complaints log, which showed that senior staff had investigated complaints or concerns when they had been raised, and responded to them in a timely manner. These complaints were about general care issues or maintenance issues. The registered manager told us they had not received any complaints after the above concerns were responded and the records we saw confirmed this.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the registered manager. The atmosphere in the home was calm and friendly, and we saw meaningful interactions between staff and people using the service and their relatives. One person told us, "I think this service is well run." One relative said, "The manager and staff are really good and helpful."

The home had a registered manager in post. We saw the registered manager interacted with staff in a supportive manner. Staff described the leadership of the service positively. One member of staff told us, "I'm proud to work here as I see how things have improved since I started four years ago. I've been supported well and I was recently helped with managing my first complaint. The registered manager has been so supportive." Another member of staff said, "The registered manager and the deputy manager frequently work alongside staff on the floor. It is a good thing to work alongside staff; we learn a lot and gain a better understanding of our work." A third member of staff said, "The registered manager asks us rather than tells us; unit managers and line managers learn good practices from the registered manager and they give us lots of encouragement on the floor."

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed that people and staff were comfortable approaching the registered manager and their conversations were friendly and open. The registered manager held quarterly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received positive feedback from them. An external healthcare professional told us the registered manager and her team did a good job with the care they provided to people and that they were happy with the service.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, care plans, food and nutrition, infection control, and monthly home audits by the regional director. We noted that improvements had been made in response to the audits findings. For example, care plans were reviewed and updated to reflect people's current needs, improved cleanliness and maintenance of the premises, staff recruitment work was in progress and staff refresher training was given as and when required.

The registered manager encouraged and empowered people and their relatives to be involved in service improvements through residents and relatives' forum meetings. One relative told us, "As soon as you mention something it's done." A person commented who wanted "Fish and chips out of paper from the chip shop". Staff told us that the registered manager had organised this and it had been a resounding success.

They said that for some people, the meal triggered lots of memories and there was lots of reminiscing during the meal.

People and staff completed satisfaction surveys about service improvements in November and December 2016. The areas covered in the surveys included leadership, quality of the care provision and delivery, dietary needs and food, content and quality of activities, and the quality of staff interactions with people and their relatives. As a result of the survey feedback, the registered manager had developed an action plan and made improvements to the service. For example, bedrooms refurbishments work was in progress, discussions with people were on going about how to further enhance their happiness and contentment. The provider had also implemented improvements in response to feedback from staff which included improved communication systems and process among staff to share their experiences for mutual support and learning.