

Redcot Care Limited

Redcot Lodge Residential Care Home

Inspection report

1 Lower Northdown Avenue
Cliftonville
Margate
Kent
CT9 2NJ

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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 inspection took place on 25 October 2016 and was unannounced.

Redcot Lodge Residential Care Home is in Cliftonville and has close public transport links. The service offers short and long term residential care for up to 18 people over 65 years old some of whom were living with dementia. There is a well-maintained, secure garden at the rear of the premises. On the day of the inspection there were 16 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The day to day running of the service was managed and overseen by the registered manager with the support of a manager and a human resources manager. They were all present during the inspection. The registered manager was the registered provider.

At the last inspection in September 2015, the service was rated 'Requires Improvement', there were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not provide sufficient guidance for staff to follow to show how risks to people were reduced. There was no system to analyse accidents and incidents. The provider did not always deploy sufficient numbers of competent, skilled and experienced staff to keep people safe and to meet their needs. Care plans were not updated and reviewed regularly. Quality assurance checks had not been consistently completed. We asked the provider to make improvements. The provider sent CQC a plan of actions to address the shortfalls. At this inspection the actions had been completed and the breaches had been met.

People felt safe living at the service. Staff knew how to respond to abuse and how to keep people safe. People were involved in making decisions about taking risks and staff explained risks to them in a way they could understand. Risks to people were assessed, monitored and reviewed.

Staff knew about abuse and knew what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service.

There were enough staff to meet people's needs. The registered manager followed the provider's recruitment process to make sure staff employed were of good character and safe to work with people. Staff completed regular training to keep them up to date with best practice. One to one meetings and annual appraisals were held to discuss their personal development.

People received their medicines safely and on time from staff trained to administer medicines. Medicines were stored, managed and disposed of safely.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the

requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager and staff understood their responsibilities in relation to DoLS and had completed applications in line with guidance. At the time of the inspection there was no-one living at the service with an authorised DoLS.

People enjoyed a choice of healthy food and drinks. Snacks were available for people to help themselves to whenever they wanted. People's health was assessed, monitored and reviewed. Staff worked with health professionals, such as, community nurses and the local hospice to make sure people's health care needs were met.

People and relatives told us the staff were kind and caring. Staff promoted people's dignity and treated them and their friends and families with respect. People were encouraged and supported to maintain their independence. People were involved in the planning of their care and support and told us care was provided in the way they chose. Each person had a descriptive care plan which had been written with them and their relatives. Staff knew people's life histories, likes and dislikes and any preferred routines. People's choices and preferences for their end of life care were recorded and kept under review. People's confidentiality was respected and their records were stored securely.

There were no restrictions on visiting times. People were encouraged to keep occupied and activities were provided each day on a group and one to one basis. People told us they enjoyed the activities and enjoyed having barbecues in the garden in the nice weather. A monthly newsletter was given to people and their visitors – this included actions from the last residents meeting, an overview of the previous month and what was happening the next month.

The registered manager encouraged people to feedback on the quality of the service and to share their experiences. People knew how to complain and said they had no complaints or concerns. Regular audits were recorded and included what action was needed, who would take the action and by when.

People, relatives and staff felt the service was well-led. Staff told us they were able to give honest views and felt valued by each other, the registered manager and the organisation. There was a clear and open communication between people, staff and the management team.

There was effective and regular auditing and monitoring. People, relatives and staff were asked their views on the quality of the service provided. The registered manager regularly met with people, their families and staff to encourage them to input into the day to day running and development of the service.

Notifications had been submitted to CQC in line with guidance. The provider had displayed the last report in the entrance area. At the time of the inspection the provider's website was under construction. The registered manager told us the rating of the report would be displayed, as required by law, when it was live.

We last inspected Redcot Lodge Residential Care Home in September 2015 when breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection these breaches had been met and no further breaches were identified.

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 felt safe living at the service. Staff knew how to respond to abuse and how to keep people safe. Risks to people were assessed, monitored and reviewed.

There were enough staff to meet people's needs. The registered manager followed the provider's recruitment process to make sure staff employed were of good character and safe to work with people.

People received their medicines safely and on time from staff trained to administer medicines. Medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff completed training to keep them up to date with current best practice. Staff had one to one meetings and an appraisal to discuss their personal development.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People enjoyed a choice of healthy food and drinks. Snacks were available for people to help themselves to whenever they wanted.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

Is the service caring?

Good ●

The service was caring.

People and relatives told us the staff were kind and caring. Staff promoted people's dignity and treated them and their friends

and families with respect.

Staff knew people's life histories, likes and dislikes and any preferred routines. People were encouraged and supported to maintain their independence.

People's choices and preferences for their end of life care were recorded and kept under review.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

Good ●

The service was responsive

People were involved in planning and reviewing their care and support. Each person had a care plan which centred on them and their wishes. Care plans were regularly reviewed.

People were encouraged to keep occupied and activities were provided each day on a group and one to one basis.

The registered manager encouraged people to feedback on the quality of the service and to share their experiences. People knew how to complain and said they had no complaints or concerns.

Is the service well-led?

Good ●

The service was well-led

There was a clear and open communication between people, staff and the management team. Staff told us they were able to give honest views and felt valued by each other, the registered manager and the organisation.

People, their relatives and staff felt the service was well-led. Regular meetings with people and their relatives were used as an opportunity to improve the service.

Regular audits were recorded and included what action was needed, who would take the action and by when. Notifications had been submitted to CQC in line with guidance.

Redcot Lodge Residential 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 25 October 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service and talked to ten people who lived there and two relatives. Conversations took place with people in their own rooms and in communal areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with staff, the manager, human resources manager and the registered manager.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected Redcot Lodge Residential Care Home in September 2015 when breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection the breaches had been met and no further breaches were identified.

Is the service safe?

Our findings

People told us they felt safe living at Redcot Lodge Residential Care Home. People said, "I am happy living here but most of all I know I am safe and have no money worries", "I feel happy living here and they look after me. As long as I am fed and watered I will be alright and very safe" and "I am very safe living here and I have poor hearing but they hear me alright so that makes me feel secure and not worry".

At the last inspection in September 2015 the provider did not provide sufficient guidance for staff to follow to show how risks to people were reduced. At this inspection potential risks to people were identified and assessed consistently. Staff had guidelines to follow on how to keep people safe and reduce risks. When people had difficulty moving around the service there was guidance for staff on what the person could do independently. For example, what support people needed and any specialist equipment, such as hoists or walking frames, they needed to keep them as independent as possible.

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but had as much freedom as possible regardless of disability or other needs. Staff made sure people were involved in decisions about taking risks and supported them in making their choices. Staff made sure people had information about risks and allowed them to keep as much control and autonomy as possible. For example, when a person preferred to use the stairs and not the lift. The risks were discussed with the person and their family. The registered manager told us they made sure the person understood the risks and a risk assessment was in place. Another person told us, "I don't use the stairs because I wouldn't feel safe. I know how to use the lift and feel grand and safe as houses".

When people were at risk of developing pressure areas staff made sure people had special equipment, such as, air mattresses and air cushions. Staff checked the equipment was working properly each day. Staff had received training on keeping people's skin healthy by a local clinical nurse specialist. Risk assessments were updated when changes occurred in people's needs. For example, one person had moved in the previous evening and there was initial guidance for staff which noted, 'X may become very nervous standing. Transferred with two carers with their 'walker'. Carers need to encourage'. The manager was in the process of completing a more detailed guide. Risk assessments were regularly reviewed to make sure staff had up to date information.

At the last inspection in September 2015 the provider did not have a system to analyse accidents. At this inspection the registered manager had monitored and reviewed accidents and incidents and checked to see if there were any patterns. When a theme had been identified action had been taken to involve other health professionals and minimise the risks of further incidents and keep people safe. Staff followed advice and guidance from health professionals. For example, when a person had a number of falls in a short space of time they were referred to the 'falls team' for assessment. The breach in regulation found at the last inspection had been met.

At the last inspection in September 2015 the provider did not always deploy sufficient numbers of competent, skilled and experienced staff to keep people safe and to meet their needs. At this inspection

people told us there were enough staff. People said, "Staff come very quickly. This button [call bell] is a godsend" and "You always know staff are not far away. Listen". [The person called for assistance] and a member of staff came to check what support the person would like. During the inspection staff spent time talking with people and checked they had everything they needed.

A dependency tool was used to calculate the number of care hours needed to meet people's needs. Dependency levels were regularly assessed when people's needs changed or when people moved in or out of the service. The human resources manager monitored and analysed data from the call bell system to identify busier times of the day and this information was used as part of the process to determine the number of staff needed. In addition two students from a local college were used to provide additional one to one time with people.

Staffing levels were monitored by the management team to make sure there were enough staff, with the right skills, on each shift to meet people's needs and keep them safe. There were contingency plans for emergencies, such as staff sickness. The duty rotas showed there were consistent numbers of staff throughout the day and night. The registered manager and human resources manager were available outside office hours to make staff had a management contact in the case of an emergency. The breach in regulation found at the last inspection had been met.

The provider had a whistle-blowing policy. Staff told us they would take concerns to agencies outside of the service if they felt they were not being dealt with correctly. Staff were confident the management team would take the right action.

Staff knew the correct procedures to follow if they suspected abuse. They had completed training on keeping people safe. The provider had a policy on safeguarding people which gave staff information about preventing abuse, recognising the signs of abuse and how to report it. The registered manager knew what should be reported to the Kent local authority and / or to the Care Quality Commission.

The provider had recruitment and disciplinary policies and procedures which were followed by the registered manager. Checks were completed to make sure staff were trustworthy to work with people. Staff completed an application form and were requested to provide a full employment history. The registered manager conducted a formal interview. A record of the interview was kept and included any discussion about gaps in employment history. Written references were obtained, including the most recent employer. Disclosure and Barring Service (DBS) criminal record checks were done before staff began to work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People told us that staff supported them to have their medicines on time. People's medicines were managed by trained staff. Medicines were administered from a medicines trolley which was clean, tidy and not over stocked. People's medicines were reviewed by their GP to make sure they were still suitable. Medicines were stored and disposed of in line with guidance.

Some medicines were prescribed on an 'as and when' basis, such as pain relief. Staff asked people if they needed pain relief and their response was recorded so their pain level could be monitored. Staff recorded if the pain relief was offered and not needed in line with best practice.

Is the service effective?

Our findings

People told us that staff supported them when they needed them. People and their relatives had confidence in the staff. A relative commented, "The staff are well trained and more than able to meet [my loved one's] needs". People told us they enjoyed the meals and that they were supported to stay as healthy as possible.

At the last inspection in September 2015 staff had not received appropriate training to enable them to carry out their roles effectively. At this inspection people received effective care from staff who were trained in their roles. Staff completed training to keep them up to date with current best practice. Some training was completed online and other training, such as using special moving and handling equipment was face to face. The registered manager liaised with another local service provider and shared training facilities. Training courses were relevant to people's needs and included, understanding dementia and diabetes awareness. A record of the training undertaken was kept up to date by the human resources manager and refresher training was booked as needed. The registered manager worked with staff each day to monitor staff competency. The breach in regulation found at the last inspection had been met.

When staff began working at the service they completed an induction. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. The registered manager told us they were also going to use this set of standards to refresh the knowledge of the rest of the staff team. New staff got to know people's routines and preferences by shadowing experienced colleagues.

Staff said they felt supported by the management team and that they worked closely. Staff had regular one to one supervision meetings and an annual appraisal to discuss their performance, training and development needs and any support they required. During the inspection the staff and management team communicated effectively with people and each other.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans included mental capacity assessments which noted examples of how people had control over things like their daily care decisions, continence management and use of their call bell. People were offered choices and made decisions which were respected and supported by the staff.

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 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. The registered manager and staff understood their responsibilities in relation to DoLS and had completed applications in line with guidance. At the time of the inspection there was no-one living at the service with an authorised DoLS.

People living at the service made decisions about their care and support which were respected by staff. People chose to get up and go to bed when they wanted to and decided what they wanted to do each day. The registered manager told us, "We assess people's mental capacity when a complex decision needs to be made. This may require added input from a GP, other health professional and family". When people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR); this was recorded in people's care plans so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

People enjoyed a choice of healthy food and drinks. The dining room was bright and inviting. Tables were set with tablecloths, tablemats, condiments and fresh flowers. Meals were social occasions and people ate together in the dining room. One person told us, "I like going to the dining room, We choose our own food and it is very good". Blackboards on each table showed the three choices for lunch. Staff told us they used a 'rolling five week menu'. The registered manager told us people were asked about their views on the menu and if they would like anything added to the menu. Minutes from a recent residents meeting noted, 'Would like to see more pease pudding'. The registered manager had arranged for this to be added to the menu.

A snack box was available when people wanted it. People told staff when they wanted new things added. For example, people had recently requested chocolate eclairs and pear drops. These had been added to the snack box. People told us they liked this. There were bowls of fresh fruit for people to help themselves to when they wanted to.

People told us they asked staff if they wanted something to eat outside mealtimes and that their needs were catered for. For example, during the morning one person was served tea and toast 'soldiers' and told us that it was "Just how I like it". Hot and cold drinks were offered to people and their visitors throughout the day. There was also a 'hydration station' of jugs of drinks for people to help themselves to whenever they wanted. Staff monitored people's weight closely to make sure their weight remained as stable as possible. Staff followed guidance given by specialist health professionals, such as dieticians. For example, some people had their meals fortified with full fat milk, cream, cheese and other high fat products to help them stay at a healthy weight.

People told us they had access to health care professionals when they needed them. People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place and reviewed regularly to reflect any changes in people's needs. Staff told us they worked closely with health professionals, such as, the community nursing team, dieticians and doctors. Staff monitored people's health and took prompt action if they noticed any changes. Staff spoke with people and their families to make sure they had the information they needed about their care and treatment.

Is the service caring?

Our findings

People said they were happy living at Redcot Lodge Residential Care Home and that the staff were caring. People said, "The staff all do their best and I think they do very well" and "I don't think I could ask for more with the staff here". A recent thank you card from a relative noted, 'I want to say a massive thank you for all the love and care you gave [our loved one]. They were happy with you all, which was a great comfort and relief to all their family. It isn't the easiest of jobs that you do but thank goodness there are people like you who show the patience and kindness to look after others'.

Staff spoke with people in a professional, respectful and sensitive way and were patient, waiting for people to respond in their own time. Staff treated people with kindness and compassion. The management team and staff knew people and their relatives well. They knew people's life histories and individual needs and preferences. People told us their needs were being met, that staff knew them well and that they knew what they needed.

People and their relatives were involved in planning and reviewing their care. A relative told us, "The staff are very good at reviewing [our loved one's] care and at keeping us informed". The registered manager said, "People are encouraged to contribute to the decision making for their care plan. We ensure we communicate in a way that is fully understood by individuals". Care was centred on each person, their needs and preferences. Occasionally people became anxious, emotional or upset. Staff knew people well and took their time, speaking with them quietly and supporting them in a caring manner to reassure them.

Staff communicated effectively with people and each other. A verbal and a written handover were completed at the beginning of each shift to update staff with any changes in people's needs. Staff used a 'communications book' throughout the shift to make a note of important issues to be handed over to the next shift.

People maintained friendships and relationships. The registered manager told us visitors were welcome at any time and there were no restrictions. They said, "We encourage visitors at all times, especially when people are at the end of their life. Meals can be provided for people's loved ones". Visitors signed in and out of the service and one person told us, "Everyone coming in has to sign a book you know, even [my loved one], so no-one else could get in. That does make you feel safe you know". A recent comment from a relative noted, 'It is always very lovely to be welcomed and offered a cuppa and a biscuit. The staff are so friendly and we really appreciate all they are doing to help [our loved one] settle in. We are pleased they have settled in so quickly and are being so well cared for. They seem so happy and content'.

People were encouraged and supported to maintain their independence. The registered manager told us they had purchased new individual tea pots and milk jugs to encourage people to be as independent as they wanted to be. People's privacy and dignity was respected. Staff told us how they promoted people's dignity, such as, making sure people were covered up during personal care and knocking on people's doors. When people chose to spend time in their own room staff respected their request for privacy. Staff checked on people to make sure they had everything they needed. People's confidentiality was respected,

conversations about people's care were held privately and care records were stored securely.

The registered manager had noted on the Provider Information Return, 'People's wishes for end of life are documented in their care plan to ensure dignity and sensitivity to cultural wishes'. They told us, "Staff are trained in palliative care (care for people who are terminally ill) to make sure they have the right skills to support people and their families at this difficult time". Staff worked closely with community and hospice nurses to make sure the right equipment, support and pain management plans were in place. This enabled people to stay in the surroundings if their choice.

There were a number of 'thank you' cards in the service which had been received from people after their loved ones had passed away. Comments included, "I am sure [my loved one] would like me to say how much they appreciated all the staff did for them. [The manager] was absolutely wonderful, from [our loved one's] first day with you until they passed away. [The manager] could not have been more caring. They are a treasure'; 'I would like to take a moment to thank you for all that you did for [my loved one]. In particular [staff names] – they were always lovely whenever they dealt with [my loved one] and are a credit to your staff' and 'We would like to thank you all for the kindness and care you gave to [our loved one]. I know they tried to keep you on your toes and you all took it in good heart. You know she was very happy'.

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People knew how to raise a concern or a complaint and told us they felt comfortable to do so.

At the last inspection in September 2015 the provider did not ensure that care plans reflected people's individual needs and preferences. Care plans were not updated and reviewed regularly. At this inspection people's care plans were centred on each person and reflected their choices and preferences. There was guidance for staff on what people were able to do for themselves and what support was needed. Each person had a completed personal life history to enable staff to talk with them about people and things that were familiar to them. The registered manager had noted on the Provider Information Return, 'The new care plans have been completely rewritten to ensure they are centred on the individual. One of the new sections gives a detailed account of people's likes and dislikes, how they are on a good day and how they are on a bad day'. Care plans were regularly reviewed and had been updated when people's needs had changed to make sure staff had up to date information. The breach in regulation found at the last inspection had been met.

When people were thinking of moving to Redcot Lodge Residential Care Home a pre-assessment was completed so the registered manager could check they could meet people's needs. From this information a care plan was developed to give staff the guidance they needed to look after the person in their preferred way. Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Each person had a small poster in their room with a photograph and name of their keyworker.

Care plans included information about people's health needs and risk assessments were in place and applicable for each person. A nutrition section in the care plans noted people's food preferences and dislikes, whether or not they needed any support with their meals or if they needed a special diet. For example, thickened drinks, soft diet or diabetic foods. The registered manager told us, "This helps the kitchen staff to provide a very person centred level of nutrition". When people's health care needs changed this was recorded in the care plan to make sure staff had up to date guidance on how to provide the right care and support.

People were encouraged to keep occupied. Activities were provided each day and were noted on the activities board in the lounge. Group activities, such as, exercises and bingo were offered. Some people chose to have one to one sessions, for example, staff manicuring their nails. One person proudly showed us her hands and said, "Look at my nails, aren't they pretty. [Staff name] did them for me yesterday. I like them". The garden at the rear of the service was secure and well maintained. People told us they enjoyed sitting in the garden and having barbecues in the warmer weather.

A monthly newsletter was given to people and their visitors – this included actions from the last residents meeting, an overview of the previous month and what was happening the next month. It was printed in large print to make it easy for everyone to read. During the inspection people were reading the latest

newsletter and discussing it between themselves and with staff.

On the day of the inspection people were celebrating a person's 'special' birthday. Staff had decorated the dining room and a singer and a buffet lunch had been arranged. People spent the afternoon singing and dancing and appeared to be really enjoying themselves. People said, "We like a nice party here. Look at all this food – we will go off bang!" and "I like a good sing song".

The registered manager encouraged people, relatives, health professionals and staff to provide feedback and share their experiences. A suggestions box, and feedback cards, was in the entrance area and was checked regularly so that actions could be taken, if needed, to improve the service. Regular residents meetings and quality questionnaires also provided feedback on the quality of the service.

People told us they knew how to complain if they needed to and felt confident that they would be listened to and that action would be taken. No-one we spoke with had any complaints. Recent questionnaires were positive and confirmed that people had no complaints about the service. One person told us they had previously had a reason to complain and said, "I went to the office and it was dealt with quickly". Each person had a copy of the complaints process in their room and a copy was displayed in the entrance area.

Is the service well-led?

Our findings

People, their relatives and staff felt the service was well-led. There was a clear and open communication between people, staff and the management team.

At the last inspection in September 2015 the provider failed to identify shortfalls at the service through effective auditing. Reviews of care plans and quality audits had not been consistently and regularly completed. At this inspection the registered manager told us, "Monthly audits are now taking place. Dates are recorded in the desk diary to ensure each audit is carried out on time". Care plan reviews and quality assurance audits were being completed regularly. Checks were carried out on key things, such as, the environment, medicines and health and safety. Audits were recorded and included what action was needed, who would take the action and by when. A business improvement plan was used to record and monitor checks on people's rooms and communal areas. This was updated as actions were completed.

The registered manager completed checks on staff on day, night and weekend shifts. They were at the service at least five days a week and carried out additional ad hoc checks. For example, the registered manager told us that during one of their 'walk arounds' they saw that people's incontinence pads were often stored on top of their wardrobes. They felt these looked untidy and undignified and they bought large plastic boxes for people. Staff told us they always used the boxes to store the pads and they thought this was a good idea. The breach in regulation found at the last inspection had been met.

People knew the staff team and management by name and said they could rely on staff to support them. There was an open culture. A relative told us they felt they could approach the registered manager if they needed to. Photos of the management team and staff were displayed in the service with their name. The registered manager told us they had talked, as a staff team, about putting these up, "To help people remember who is who, especially for those with memory problems or dementia". The management team were introducing 'dementia friendly' signage around the service to support people and people had their photo on their room door.

Regular residents' meetings were held to give people the opportunity to make any suggestions. People's families were invited to meetings so the registered manager was able to receive additional feedback on the quality of care provided by them and their staff team.

The registered manager encouraged staff to be involved in developing the service. Staff told us they were able to give honest views and the staff were invited to discuss any issues or concerns that they had and that the management team listened and responded. Staff told us they felt valued by each other, the registered manager and the organisation. Regular staff meetings were held and records of the meetings included any actions that were needed. All feedback and complaints were shared with staff and used as a learning opportunity to make improvements to the quality of the service and also to recognise good practice.

The registered manager supported staff and made sure their rights and well-being were protected. For example, the registered manager told us they were part of the 'Positive About Disabled People' scheme.

They had noted on the Provider Information Report, 'This shows our diversity surrounding employment and how we make reasonable adjustments to help disabled people into work. This shows we are a very caring environment for both residents and staff'. Staff were motivated and received regular formal and informal feedback from the management team.

Staff had access to a range of policies and procedures which gave staff guidance on how to carry out their role safely. Staff knew where to access information when they needed it. Records were stored securely and were available when we asked to see them.

The registered manager and staff worked closely with key organisations and health professionals to support care provisions and to promote joined up care. These included local GPs, community nurses and the local hospice.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was in the entrance area. At the time of the inspection the provider's website was under construction. The registered manager told us the rating of the report would be displayed, as required by law, when it was live.