

Elizabeth Court Rest Home Limited

Elizabeth Court Rest Home

Inspection report

4 Hastings Road
Bexhill On Sea
East Sussex
TN40 2HH

Tel: 01424219105
Website: www.ecrh.co.uk

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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

We carried out an unannounced comprehensive inspection at Elizabeth Court Rest Home in June 2016 where we found four breaches of Regulation. As a result we undertook a further unannounced inspection on 21 and 24 July 2017 to follow up on whether the required actions had been taken. We found all areas of concern had been addressed and the provider was no longer in breach of Regulation.

Elizabeth Court Rest Home service provides accommodation, care and support for up to 24 people. People were at risks of falls and living with long term healthcare needs such as diabetes and dementia type illnesses. On the day of our inspection there were 24 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 and associated Regulations about how the service is run.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's support needs.

It was evident staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was carefully monitored and senior staff regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA). Where appropriate 'best interests' meetings had been instigated and outcomes recorded.

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke positively about their work and the management. The provider had established systems to registered manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, given out and disposed of in line with current regulations.

Is the service effective?

Good ●

The service was effective.

Mental capacity assessments were undertaken appropriately and people's freedoms were not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy.

People were supported to access and to receive appropriate health care interventions.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

Is the service caring?

Good ●

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew people's care and support needs well and took an interest in people and their families to enable individual

personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities in the home and access the community. Activities were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good ●

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by the homes leadership and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a good standard of service delivery.

Elizabeth Court Rest 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.

The inspection took place on 21 and 24 July 2017. It was undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with 11 people, two people's visitors to seek their views and experiences of the services provided at Elizabeth Court Rest Home. We also spoke with the provider, the registered manager, six care staff and three ancillary staff.

We observed the care which was delivered in communal areas to get a view of the care and support provided across all areas. This included the lunchtime meal service. As some people used non-verbal

communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection in June 2016 the provider was in breach of Regulation 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Areas identified as requiring improvement included insufficient numbers of staff available to support people and the management of medicines. In addition, specialist equipment was incorrectly set and we found examples where safe food hygiene principles had not been consistently followed. We also found examples where the provider had failed to report safeguarding concerns to the appropriate external bodies.

The provider submitted an action plan detailing how they would meet their legal requirements. At this inspection we found the provider had taken action to improve all areas previously identified and was now meeting the requirements of the Regulations and people living at the service were supported to remain safe and protected from avoidable harm. One person said, "I definitely feel safe here, no problems at all."

At our inspection in June 2016 we found there were periods of the day, such as mealtimes, and areas of the home where there were insufficient numbers of staff available to ensure people's safety. At this inspection we found the provider had addressed these concerns. This had in part been achieved by adjusting the deployment of staff more effectively and employing an additional member of staff kitchen to support with serving meals. A staff member said, "Meal times all flow much better, it's a slicker routine." Another staff member said, "Lunchtime is much calmer we all know what we are doing and not so much running about."

At our inspection in June 2016 we found medicines were not always managed safely. Shortfalls were identified with the administration and management of people's prescribed creams, homely remedies and PRN (as required) medicines. At this inspection we found improvements in all aspects of the management of medicines. People spoke positively about the support they received with their medicines. One person said, "Oh yes, I couldn't do it without them, they keep me on track." Each person had their own medicine profile. The profiles provided clear information on the medicines which had been prescribed along with an up-to-date photograph of the person. Medicines in current use were securely stored. We observed medicines being given out. The care staff gave the medicines and checked and double checked at each step of the administration process. Staff checked with each person that they wanted to receive the medicines. We looked at a sample of medication administration records (MAR) and found them completed competently. Medicines were ordered correctly and in a timely manner that ensured they were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member told us, "I feel confident in supporting residents with their medication, the training and support has been good." There were robust systems in place to manage medicines which were PRN 'as required'. People's profiles identified clear lines of accountability as to what could be administered and associated timeframes. The medicine storage area was organised and fridge temperatures were routinely checked and recorded to ensure medicines were stored in line with the manufacturer's guidelines. Quality assurance systems had been established to ensure senior staff checked stock levels and signatures as part of routine audits.

At our last inspection we found a person who had been assessed at risk of skin breakdown used specialist airflow mattress, which was set incorrectly. At this inspection we found robust systems had been established

to ensure routine checks were completed on this equipment to ensure it was functioning and set correctly for people. Where other risks had been assessed and identified people's care plans clearly outlined how these were to be managed by staff. Care plans held detailed risk assessments for a wide range of daily living needs such as falls and nutrition. Risk assessments included clear measures to protect people, such as identifying the number of staff required to support people to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks. A staff member said, "Knowing our residents well allows us to adapt tasks so as they can be safe but involved in as much as they choose." Information had been reviewed and updated to reflect people's changing needs.

At our last inspection we found examples within the home's kitchen where safe food hygiene principles had not been consistently followed. At this inspection the kitchen staff followed clear protocols for storing perishable items in line with best practice. The kitchen was seen to be clean, tidy and well organised with clear recording of temperatures and cleaning routines.

At our last inspection we found examples where identified safeguarding concerns had not been reported to the appropriate external agency. At this inspection it was evident any concerns had been raised and notified appropriately in a timely manner and in line with the provider's policy. Staff were able to describe different types of abuse and the actions they would take if they suspected abuse had taken place. Records confirmed care staff had completed safeguarding training. A staff member told us, "I wouldn't hesitate flagging something up that didn't feel or look right, telephone numbers are on our notice board."

Risks associated with the safety of the environment and equipment were identified and managed safely. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boilers were seen to be routinely undertaken. Staff were clear on how to raise issues regarding maintenance. The provider had a proactive approach to maintenance. One member of staff told us, "Maintenance problems are sorted quickly." On the day of our inspection we identified a fire door which was not closing flush, the maintenance person was aware and identified it was on their list of faults to attend to.

The provider had established contingency plans in the event of an emergency evacuation and operated an 'out of hours' on call systems so senior staff could be contacted for guidance advice or support. People had individual personal emergency evacuation plans (PEEP) which staff were familiar with. The registered manager was in the process of updating these to provide more prescriptive guidance for staff in relation to day or night procedures.

Records evidenced staff were recruited in line with safe practice. Employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. A new member of staff told us, "They (senior staff) made sure I had my DBS and references through before I begun."

Is the service effective?

Our findings

At our last inspection in June 2016 we found the meal time experience was not always consistent for people and required improvement. These shortfalls were in part due to staffing levels and their deployment. At this inspection people told us and we observed meal time routines had significantly improved. One person said, "Its lovely in the dining room, nice and relaxed, food is good too."

Staff told us there had been several adjustments to meal time routines which had changed and been positive since our last inspection. There had been some physical adjustments to the dining room such as the installing of a 'canteen' serving station. This meant that people who chose to eat in the dining room were able to come up to the counter and select what they wanted. An additional member of staff now worked behind this counter and supported care staff with serving people in the dining room. Staff also commented that people who required support in their rooms to eat were supported prior to the main meal service in the dining room. A staff member said about this arrangement, "This has really helped and makes sense as we can spend more time with residents now, it's not as rushed."

People were complimentary about the food and meal times at the service. People told us they had enough to eat and drink. Positive feedback included, "I'm happy, very always good.". Menus and food choices were visible in communal areas and staff spent time on a one to one basis to establish preferences. Dining tables were set up neatly with table cloths and condiments. People chose to eat in various locations in the service, their rooms, a lounge or dining rom. People had time to enjoy their food, with staff checking they were happy with their meal and choice. Food was served in an efficient manner. When people were not eating their main meal choice, an alternative was offered. People were encouraged to drink plenty of fluids. This was in addition to servings of tea and coffee throughout the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. A staff member said, "We do our best to keep the drinks flowing and they can reach them." People who required their body weight to be monitored had been weighed regularly and staff were aware that any changes in people's weight required prompt action.

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires assessment of capacity must be decision specific and must record how the decision was reached. At our last inspection we found there was limited evidence as to how people's capacity had being assessed using the MCA principles. At this inspection senior staff had improved assessment of capacity and how best interest decisions were captured and recorded. We also found where a person had an appointed Legal advocate the registered manager had assured themselves by confirming the legal status prior to deferring decisions to advocates.

Staff had received training and understood the principles of the MCA and provided examples of how they followed these whilst supporting people with daily care routines. Care staff were aware any decisions made on behalf of people who lacked capacity had to be in their best interests. A staff member said, "The bottom line is can someone consent to care, if they can't, then for day to day care we have to support them in their best interest." The registered manager had made appropriate applications to the authorising body where a

person's freedoms had the potential to be restricted by living in at the service.

People and their relatives spoke positively about the effective care received from appropriately trained staff. One person's relative said, "I've been impressed with the staffs' knowledge and how they handle tricky situations." When a new member of staff started at the service they were supported into their roles via an induction. This consisted of training and shadowing more experienced staff. A senior member of staff said, "When someone new starts here it is important they get to know the residents gradually." On the second day of our inspection a new member of staff were seen shadowing and getting to know people's personalities and routines. Mandatory training covered areas such as infection control, moving and handling and dementia. Throughout our inspection we saw staff applied their training whilst delivering care and providing support. One staff member said, "The training is good, we have a few different types like classroom, face to face and on-line." We saw staff assisted and addressed people in a respectful manner and were aware of people's potential anxiety and triggers. People who required additional time to respond to questions were afforded this by staff. One staff member told us, "When you can see the relevance of the training that helps me take it in."

A system had been established to ensure staff had access to regular supervision. One staff member told us, "It is a good chance to talk about residents and any changes." Another staff member said, "We spoke about medication and how things can always be improved." The registered manager told us about their plans to more formal 'direct observation' of staff whilst they undertake their duties which would feed into the supervision process.

All staff commented on the effective communication at the service. Handovers between staff shifts were detailed and well attended. Staff told us these meetings provided them with a clear summary of the routines of the home that day. Staff allocation of duties was discussed along with individual updates on people. Staff had the time and opportunity to ask each other questions and clarify their understanding on issues. Staff spoke about the usefulness of a 'closed group' on an electronic social media site which allowed for key messages to be communicated.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals such as chiroprapist. We identified multiple examples of appropriate referrals being made to health care professionals such as the rehabilitation and falls prevention. Relatives felt staff were effective in responding to people's changing needs. One visiting relative said, "The staff have been very good, they are quick to pick up if there is a change or a problem." One staff member told us, "We look for warning signs such as mobility and eating habits changing." After the inspection we spoke to a health care professional who had regular contact with the service and they were very positive about the service and staff. They said, "You really get a sense the staff on the side of the residents and will fight their corner for them."

Is the service caring?

Our findings

At our last inspection we identified the service was not always caring; we found examples where people's confidentiality and dignity were not always protected. At this inspection these concerns had been addressed and people and their relatives spoke positively about all aspects of the service and the caring approach of staff.

One person told us, "The carers here are spot on; have always been kind." People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room most of the time, if I fancy a change I will spend time down stairs." Another person said, "There are plenty of choices to make here but they (the staff) always listen to me."

It was evident that strong bonds existed between people and staff. Staff had established a good understanding of people's individual needs. Staff told us this was established by spending time with people. A staff member, "Some of our residents can take time to adjust and are not good with change so by putting in the time you get rewards." Staff strove to provide care in a happy and friendly environment. One person's relative said, "It's like a breath of fresh air compared to where they were living." A person said, "I felt at home from the moment I arrived, it's the animals that make it special." The home had a range of pets living in the home and garden. We saw multiple positive interactions between people and the pets. People's care plans contained personal information, which recorded details about them and their life. Staff told us they knew people well and had a good understanding of their preferences and personal histories. This information had been drawn together by the person, their family and staff. Staff used a life history template which prompted them to talk with people regarding a wide range of past experiences such as their family, careers and interests. A staff member said, "It's been a really useful tool to chat with people. Particularly those that chose to stay in their rooms." A senior staff member told us, "We encourage staff to spend time just sitting and chatting and it can be surprised how memories can come back when they are triggered."

We heard staff patiently offering and explaining options to people and taking time to answer questions. We heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "You can't beat a bit of banter and a joke." The staff approach was thoughtful and caring. A staff member discreetly informed a person their clothes had been ruffled whilst sitting and asked if they would like support rearranging these in private. Staff had a clear understanding of dignity and how to protect this. A member of staff said, "It's seems a small thing but it's their home and I'll always knock on doors and wait before going in." We overheard members of domestic staff freely chatting with a person as they tidied and cleaned their room; it was clear the person was familiar with the staff member and enjoyed this interaction.

People told us that staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. One person told us, "Oh yes, I feel involved in my care." We saw people's preferences were respected. People were seen getting up for breakfast at different times. One person said, "I choose when I get up, when I go out and when I go to bed." One staff member said, "Everyone is different and that can change day to day. We respect their choices." Staff encouraged people to be as independent as possible with their daily living routines. A person's relative said, "When they (their

relative) came in here we thought their quality of life was gone but they have picked up so much, we're very happy."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to remind staff about the importance of this. Relatives and visitors were welcomed during the inspection. A relative told us they could visit at any time and were always made to feel welcome.

Is the service responsive?

Our findings

At our last inspection we found the service was not always responsive. We found people's care documentation had not been designed in a way that consistently guided staff to support people with a person centred approach.

At this inspection we found there had been improvements. Care was responsive and care planning had positively influenced how staff supported people as care records provided sufficient detail to guide staff.

People told us they felt involved in their care and staff routinely liaised with them and family regarding possible changes in their support needs. A relative said, "I recall being included and thinking this is good that they are speaking to me and getting my input." People's care plans clearly identified support needs and reflected individual preferences for all aspects of daily living. Care documentation contained a personal profile and life history sections. A staff member told us, "The care plans helpful especially when a new resident joins us; you get an understanding of their background." Care plans contained a detailed assessment of people's individual needs and clearly identified how these should be met. There was guidance for staff on what would be a person's usual preferences in respect to people's preferred normal routines covering areas such as bathing and night time. Other sections in care plans included information on people's support needs in regard to areas such as mobility, nutrition, continence and communication. One person had moved into the service several days prior to our inspection and their care plan contain a good level of detail which staff were seen referencing to familiarise themselves with their needs. One section stated that 'using humour is a helpful way to engage with them.' People's likes and dislikes identified where people were able to makes choices and retain control in aspects of their daily routines such as clothing and meals. Care plans were routinely reviewed by senior staff to ensure they were current and updated.

Staff had a good understanding of people's individual needs and said they had sufficient time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of caring." Daily care records provided clear informative descriptors of people's mood, behaviours and how they had spent their time. Staff said these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated, they 'had a poor night's sleep, chose to stay in bed longer than usual.'

People were provided with opportunities to take part in various 'in-house' activities and to access the local and wider community. On the first day of our inspection an arts and craft session led by an external facilitator was popular and well attended. On the second day a musical entertainer led a session in the home's lounge. People told us they liked to choose what they attended and felt no pressure to go along. One person said, "The staff remind me what's going on but I know what I like and will pick and choose." Another person said they enjoy a regular 'quiz time session'. Consideration was given to people's music and television preferences. People were asked what they wanted to watch or listen to and came to a decision based on the most popular choice. We saw people relaxing in the lounge and dining room undertaking various past times such as reading a newspaper and completing a puzzle. People commented positively on the home's garden and how accessible it was. One person said, "Lovely garden, very well looked after, the

chickens make me smile." People were seen to return to their room at a time that was decided by them. One person said, "I feel jaded in the afternoon and like to have a nap." One person was seen wiping down the tables after lunch, staff said they enjoyed 'helping out' and the person was chatting as they worked. Three people we spoke with enjoyed staying in their room, either reading or watching their television. Another person was supported by staff to set up their mobility vehicle so they could 'pop into town'. A wood style cabin in the garden had been converted into a 'coffee house' where people could sit and chat and watch television, staff told us this had been less frequently used but they had been encouraging a person to take more of a lead role in using the space more regularly.

The registered manager told us they would always encourage people to be involved with the families and friends who were important to them. They said, "These strong links can be really important and can lift people's spirits." A relative told us, "I visit all the time, and that is so important." One person said, "I look forward to friends coming to see me. It always brightens me up." One person went out for a walk and lunch with their family member and returned with a broad smile on their face.

The registered manager had systems in place to capture feedback from people and their relatives and other stakeholder such as health care professionals. Records demonstrated that regular 'resident meetings' were held. Although not well attended the registered manager said, "We will keep them going as our residents change and it can be a helpful way to receive feedback." The comments collected via a recent survey sent to people's relatives were positive and relatives we met were all satisfied with the level of communication they received from the provider.

The PIR referenced how the positive use of the complaints procedure had led to changes with the menu planning. A complaints policy was available to people within the home, this was displayed in a communal area. People's care plans identified how and when staff had covered the key information contained within the policy to ensure they were aware of it. A record of incoming complaints had been kept which evidence the provider had responded appropriately and in line with their policy. One person said, "I know there is a formal way of doing stuff but I've never needed that, the staff listen to me and things get sorted out."

Is the service well-led?

Our findings

At the last inspection in June 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified shortfalls in the quality assurance systems which had not afforded the provider clear oversight of the service. The provider submitted an action plan detailing how they would meet their legal requirements. At this inspection we found the provider had taken action to improve and was now meeting the requirements of the Regulation.

Both the provider and registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. A relative said, "The manager is proactive and knowledgeable, the home runs well." The registered manager had notified us of all significant events which had occurred in line with their legal obligations. A staff member commented, "The manager and owner are very supportive, they will work alongside us if needed which is good."

All staff spoke highly of the leadership within the service. One staff member said, "I can approach them about anything and they would make time for me." Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, "I would normally speak to a senior if I had a concern but I know I could always go to the manager." The registered manager was at the service five days a week. All staff were aware of the 'on call' system in place when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to a member of senior staff if you need one, they live close by too."

Staff were clear on the vision and philosophy that underpinned the service. One staff member told us they saw their role as, "Supporting people to be comfortable and happy in a homely environment." People commented throughout the inspection that there was a 'homely feel' to the service. One person's relative said, "The building is a bit higgledy-piggledy but it is homely and well run."

A meetings schedule had been established which the registered manager explained ensured they had oversight of all aspects of the service. Recent meeting minutes from a 'senior meeting' identified a range of areas were discussed from house-keeping, catering and care, each having a staff representative attend, clear action points were minuted. All staff meetings were held to enable key points to be circulated. One staff member said, "Everyone can have their say and get involved." Meeting minutes demonstrated these provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational messages. For example, the importance of the signing of people's MAR. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people.

Since our last inspection the registered manager and provider had changed the methods they used to ensure oversight of the service. Each month a new folder was started which collated key operational and strategic information related to the running of the service. This included information such as external quotations, staff meeting minutes and a range of monthly audits. Each month the provider and registered manager held a meeting which reviewed this information and fed into an action plan. The registered

manager said, "It was a bit of light bulb moment for us, we now have key information at hand and roll over actions from month to month." The 'current month' quality assurance folder identified the actions taken as a result of an increase in staff medicine errors. The registered manager said, "Our audit picked up a blip in minor errors so we were able to respond to this straight away and address this by supervision and training." A recent catering audit by the provider identified they had observed a meal service and picked up on areas for improvement and actions associated with these were included within the quality assurance folder.

The registered manager told us they felt well supported by the provider. The registered manager demonstrated enthusiasm for their role and engaged positively with the inspection process. As part of our feedback we discussed the possible installation of an additional call bell in a communal area. The provider and registered manager acknowledged this was an issue they have previously identified as a possibility and they were committed to review their practical options and take action. We identified examples where the leadership were proactive. The registered manager said, "If anyone is offering help or advice I am interested." A recent example of this was their engagement with a regional pharmacy initiative designed to complete a detailed review of a selection of people's medicines. It was evident the registered manager had used this as a meaningful learning experience to improve people's care. The feedback from the Local Authority quality monitoring department also demonstrated the provider was willing to work collaboratively to ensure positive outcomes for people.