

Pine Lodge Care Limited

# Pine Lodge Care

## Inspection report

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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

The inspection took place on 21 July 2017 and was unannounced.

Pine Lodge Care is a large detached building with support split between two units which are linked by a corridor. It provides care and support for up to 59 older people some of whom are living with dementia. There were 50 people living at the service when we visited. The service had some double rooms and some of these were shared by couples. People could choose if they preferred a shared room or a single one.

The service was run by a registered manager who was supported by an assistant manager, a head of care and a team leader in each unit. 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.

At the previous inspection in May 2016 we found breaches of regulations. At this inspection improvements had been made and was compliant with regulations.

At the last inspection there had been a breach in regulation related to people's nutritional needs not being met, advice from health care professionals not being recorded in people's care plans and people's weight not being recorded on a regular basis. At this inspection we found that all care plans included advice given by health professionals about how to support people to maintain a healthy weight. People's weights were taken on a regular basis and any weight loss was reviewed. If required referrals were made to health professionals. A monthly review of people's weights and any actions taken was completed by the registered manager.

At the previous inspection there had been a breach in regulation related to effective systems to monitor and improve the service and records not being completed fully or updated when required. At this inspection improvements had been made. Regular audits of the service, including care planning had been completed by the registered manager, assistant manager and an external assessor. Where shortfalls were identified these had been addressed and actions were recorded when completed.

At the last inspection we made recommendations about medicines and about pre-employment checks for staff. At this inspection we found action had been taken. Audits of medicines now included the review of PRN protocols and these were up to date and gave the information needed for staff to administer PRN medicines safely. The registered manager had carried out the necessary checks prior to staff starting work.

People and their relatives told us staff kept them safe. Staff understood different types of abuse they may encounter and were able to tell us what they would do if they were concerned. There were enough staff to keep people safe and staffing was adjusted by the registered manager based on the needs of people. Staff told us they had the support and training they required to meet the needs of the people they supported. People and their relatives told us, and we observed that the staff were competent and confident in their

roles. Risks to people and the environment were assessed and plans were put in place to minimise the risks in a way which least restricted people. People's medicines were managed safely and in the way they preferred.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations in line with the legislation. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way. People's care plans gave staff information about the best way to offer each person a choice, for example, 'Only offer me a choice between two items as more may overwhelm me.' Staff took time to give people choices and respected their decisions.

People told us they enjoyed the food, they were offered regular drinks and snacks throughout the day. People had a say in the menu via surveys and residents meetings. Requests had included a cooked breakfast and more green vegetables which had both been added to the menu. People's food and fluid records were comprehensive and completed regularly. When people needed support with their health referrals were made to health professionals quickly. The service worked closely with community health teams such as the community matrons to improve people's health and also to take part in trials of new systems aimed at meeting people's health needs more quickly and efficiently.

People and staff had built positive and caring relationships. Throughout the day there was genuine affection between people and staff, with hugs and lots of laughter. Staff encouraged people to do as much for themselves as possible and offered reassurance if people were upset or anxious. People and their loved ones were involved in planning their care and regular updates. Staff treated people with dignity and respect at all times. Visitors were welcomed at the service and regular church services were held for people to attend if they wished.

The service used an online care planning system. People's care plans were detailed and contained details of people's lives before coming to the service along with what was important to them. Including details such as, 'I like to have three pillows,' and 'I can only sleep if my room is completely dark.' People who were living with dementia had a section in their care plan which detailed how staff should support them to live well with dementia. There was also clear guidance for staff around communication for each person. People had access to regular activities both in and out of the service. The registered manager was working with the activity co-ordinator to find new activities including new technology for people. People had access to sensory based activities such as 'twiddle blankets' which they found calming.

People and their relatives told us they knew how to make a complaint. Complaints were logged and all had been resolved to the complainant's satisfaction. People and staff told us the management team were approachable and supportive. The management team including the registered manager often worked alongside staff providing role modelling and support. Everyone we spoke to knew that the visions and the values of the service were that the people they support are the priority. The registered manager sought out opportunities to work with other professionals to increase her knowledge and understanding of good practice. This information was used along with the results of any audits to improve the service and provide people with high quality care.

## 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 told us they felt safe and staff understood how to keep people safe from harm.

Risks to people were assessed and managed.

Staff were recruited safely and there were enough staff to meet people's needs.

Medicines were managed safely and in the way people preferred.

### Is the service effective?

Good ●

The service was effective.

Staff understood that people should make their own choices and knew what to do if people were unable to do so.

Staff were competent and had good knowledge and skills. They had regular support from the management team and training relevant to their roles.

People were provided with food and drink that they liked. People were given the food they needed to stay healthy.

People were supported to manage their health needs and professionals were contacted if required.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and they treated them with dignity and respect. There was affection between people and staff.

Staff gave people time and supported people to be as independent as they could be.

People and relatives told us that staff were caring and kind.

Visitors said they always felt welcome.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans were detailed and gave staff step by step guidance about how to support people in the way they preferred.

People had access to regular activities which they told us they enjoyed. The service was continually seeking new ways to engage people in activities.

People told us they knew who to complain to and complaints were dealt with and resolved quickly.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The staff and management team had a shared vision for the service, to prioritise the people they supported and all worked towards this. Staff told us they felt valued.

The registered manager sought opportunities to improve her knowledge and skills.

The management team completed regular audits of the service to identify any issues.

Feedback from people, families and staff had been shared in team meetings and on notice boards in the service and had been acted on.

# Pine Lodge Care

## 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 21 July 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered manager had completed a Provider Information Return (PIR) in May 2017. 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we met and spoke with 12 people, we spoke with the registered manager, manager, head of care, six relatives and five members of staff.

We looked at documents including seven care plans, medicines records, staff rotas, five staff files, audits, feedback questionnaires and minutes of meetings.

We observed people being supported by staff and we observed staff interacting with people. Some people were not able to explain their experiences of living at the service to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was last inspected in May 2016, at that time there were breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at the service. People told us, "Only the staff can let people in and out so feel pretty secure don't have to remember to lock the doors," and "I used to be a nurse so know that we are definitely receiving our medication correctly."

At the last inspection we made a recommendation about the management of medicines which people had 'as and when' required (PRN.) Protocols to guide staff about when to offer the PRN medicine and how often it could be taken had not been updated when people's prescription had changed. At this inspection improvements had been made, people's PRN protocols had been regularly reviewed and had been updated as needed. People's medicines were managed safely and in the way they preferred. A relative told us, "Mum worries about taking her tablets. When they give her medication they now show her the boxes they come from to reassure her that they are okay to take." People's care plans had a record of their medicines, what they were prescribed for and additional information such as how the medicine worked, possible side effects or foods to avoid whilst taking that medicine.

Medicines were stored in a dedicated room which was organised and clean. Records relating to the management of medicines were completed fully and accurately. Staff completed training about administering medicines and had their competency assessed by a member of the management team before starting to give medicines to people. If there was an issue with staff's competency this was reviewed and support was offered.

At the previous inspection we made a recommendation about staff recruitment, staff had been working unsupervised at the service before all of the checks needed to ensure they were safe to work with people were completed. This had now been rectified and staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff to keep people safe and meet their needs. The registered manager reviewed the staffing levels using a dependency tool regularly and if people's needs changed. They also took into account the views of people and staff. For example, a 06:00 to 10:00 shift had been introduced to ensure there were enough staff to help people get up in the mornings and have breakfast. The management team worked alongside staff to support people and cover in the case of staff sickness.

The provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people. Staff recognised different types of abuse and knew who to report any concerns to. Staff told us, "I would report it to the team leader, then the [registered] manager. I would record my concerns and if needed complete a body map to show any bruises. Outside the service I could go to social services." The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to

reduce the risks of incidents happening again. When people became upset by the behaviour of other people, staff intervened quickly and gently to calm situations and reassure people. One person told us, "Sometimes people are annoying but they cannot help it, staff deal with issues very quickly." One person was singing the same song over and over; other people were becoming annoyed and were starting to shout at the person to be quiet. One staff member worked with the person singing to engage them in a sensory activity whilst another staff member started a conversation with the other people about what they were planning to do that day.

Risks to people had been identified and staff supported people to reduce any potential risks. There were step by step instructions in place for staff to follow about how to move people safely using a hoist. We observed staff supporting people to move following the guidance and reassuring people throughout. Some people were at risk of falling, losing weight or developing pressure sores. These risks had been identified and assessed and there were guidelines in place for staff to follow to ensure risks were kept to a minimum. For example, some people were at risk of their skin becoming sore. They were provided with a special pressure relieving cushions and mattresses to help keep their skin healthy. Risk assessments were reviewed regularly to capture information about any new or increased risks.

The management team carried out regular checks of the environment to identify risks. Regular checks of the fire system were carried out along with fire drills. Recent action had been advised following a fire inspection, this was completed quickly. People had a personal emergency evacuation plan (PEEP), which showed what support they would need physically and emotionally to leave the building in case of a fire. Water temperatures were being monitored regularly and legionella testing had been carried out as required. The registered manager and assistant manager did a regular walk around the service to identify any areas of concern or maintenance issues. These were recorded and an action plan was put in place to address them with planned completion dates and records of when tasks had been completed.



## Is the service effective?

### Our findings

People and their relatives told us the service was effective in meeting their needs. People said, "[The staff] seem very well trained. I am very well looked after," and "Meals excellent, menu varied. Always asked in the morning what I want if I don't like one of the options I can ask for an alternative." Relatives said, "Mum now goes into the dining room for her meals. They give her a smaller portion on a smaller plate to encourage her to eat" and "Mum complained of pain in her arm and leg. Got a phone call straight away to say that they had called an ambulance."

At the last inspection there had been a breach of regulation relating to people's weight's not being monitored and guidance from health professionals not being added to people's care plans. At this inspection improvements had been made and the service was now compliant. People who were at risk of losing weight had been referred to a dietitian. When advice had been given such as the introduction of additional snacks or foods being fortified, this was detailed in the person's care plan and the information was shared with the chef. People's records showed they had been weighed regularly and the registered manager reviewed everyone's weight loss or gain on a monthly basis. The computerised care planning system rated weight gain or loss in terms of the level of risk to the person and actions such as referrals or increased diets were recorded.

People and their relatives told us the food was tasty and there was a varied selection of things to eat. Throughout the inspection we observed people being offered and encouraged to have drinks and snacks. The menu was reviewed regularly and people were encouraged to make suggestions through surveys and residents meetings. When people had lost their appetite staff found ways to encourage them to eat, one relative said, "Food all looks nice and is very good. Mum sometimes refuses to eat so the staff go and make her a snack box of crisps, cheese, corned beef and grapes, which she can keep to hand."

Staff told us they were well supported and were confident in their roles. Staff completed an induction when starting to work at the service which included shadowing experienced staff and time to get to know people. Members of the management team provided the majority of the core training for staff such as safeguarding, infection control and moving people. All courses were accredited and included knowledge tests which were externally verified before staff were signed off as having completed the training. The registered manager linked with other professionals such as the local hospice and community matrons to develop training related to people's specific needs such as diabetes and skin integrity. Staff told us, "We have a lot of training here; it is useful. You are always adding to your learning."

The registered manager had introduced 'learning circles' to the team meetings. These involved staff discussing topics and then relating them to practice. For example, the staff discussed how they acted when they visited an elderly relative's home. These discussions led to staff developing a code of conduct to follow when working at the service. Staff had regular supervisions and appraisals where they could discuss their performance, personal development and any training needs with their line manager.

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. 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 for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. Staff had received MCA and DoLS training and had a good understanding of how it impacted on their role. Best interest meetings had been held with people's loved ones if people needed help to make a decision. Any decisions made on behalf of people had been made in people's best interests. The registered manager had assessed people's capacity when needed and had applied for DoLS authorisations to make sure that any imposed restrictions were authorised and lawful.

People were asked for their consent before any care or treatment was given. When able, people or their representative signed a consent form. People told us staff always asked for their consent before carrying out any care tasks including personal care. One person said, "I decide everything for myself. I decide when I am ready to get up. I buzz and two staff come and hoist me out of bed. They always ask if I want a stool for my legs." Another person told us about their care and the way they wanted to be supported. They said "They don't make you do anything you don't want to. They always offer help sometimes I say no and later on when I have thought about it I realise I need their help and ask for help."

People told us that they had the support they needed to keep well. Staff responded to any changes in people's health needs and sought advice when needed. Staff worked closely with health professionals such as GPs and district nurses who visited people. Staff involved the person's family when necessary. One relative told us, "At the beginning mum was so unwell, I was involved in the decisions about calling the doctor and mental health teams." People's health needs were recorded in their care plan, with guidance for staff about how to support people to manage these needs. Some people had catheters; this is a drainage tube that is passed into the bladder when people cannot urinate properly. Staff had guidance about how to manage people's catheters, the signs to be aware of which may indicate an issue and what to do if they were concerned.

The management team worked with local health teams to trial new approaches to supporting people to stay healthy. These included a trial about managing skin integrity with district nurses and working with the community matrons on a system which helped people access antibiotics more quickly in the case of an infection.

## Is the service caring?

### Our findings

People told us that all the staff at the service were very caring and kind. One person said, "Staff just care about people, you can tell by the way they talk nicely to us and how they help people. You can tell they mean it." Another person said, "It's a very good home. Lovely atmosphere between residents and staff. Staff always happy and very chatty. [person] really likes the new carer he is always smiling and extremely helpful." A relative said, "Staff are more like a family, mum feels it is like home, all her personal possessions are here and she has her favourite rose in the garden."

Staff knew people well; they smiled and chatted to people in passing. One person in the lounge greeted a passing staff member with "I love you." The staff member immediately stopped and said, "I love you too." and gave her a quick hug. There was lots of affection between people and staff. Staff quickly noticed if people were becoming anxious or worried. For example, during lunch one person becoming fretful and tearful. A staff member sat down beside them; while the staff member listened to the person's concerns they stroked her back and gave her a quick reassuring cuddle. The staff member stayed and chatted to the person until they had finished their meal. Relatives told us the staff were very caring to both them and their loved ones. One relative said, "Mum was sent to hospital by ambulance after she complained about pains to her arm and chest. I came back with her at 3.30 am, three staff met us at the door with a wheelchair and a cup of tea. They then took time to settle her into bed."

People's rooms were decorated to their personal taste and they could bring their own furniture if they liked. People had recently been asked to help choose how the lounge area would be decorated. They had chosen the paint colour, the curtains and also the chandelier type light fittings, which they pointed out to us. People had also chosen themes for the communal bathrooms which included a beach theme for one. The walls of the service were decorated with photos of people involved in activities and paintings etc. People had also spoken to staff about what interested them in residents' meetings, the main interests were the royal family and fashion. Throughout the service there were pictures and information on the walls about members of the royal family and fashion through the ages. The activity co-ordinator had written to people's favourite television stars many of whom had sent signed photographs which were displayed on the lounge walls. People liked to send the queen a birthday card each year, when they received a response people chose to display them in their rooms or in the hallway of the service.

At the last inspection we made a recommendation about ensuring people's care plans reflect people's needs and preferences. We found improvements had been made. People told us they were involved in planning their care and that staff supported them in the way they preferred. People told us, "I make the decisions on what care I am having" and "It's decided by me, I get all the help I need." People's care plans gave staff guidance about the best way to communicate with them and how to offer choices. On person's plan said, 'Please talk to me in simple sentences and limited choices. I can have difficulty finding words so please be patient and reflect back to me what I have said so I know you understood me.' People had access to picture cards and memory albums which they could use to help them communicate.

People were encouraged to maintain skills they had and develop any skills they had lost due to ill health.

One person told us, "Staff have given me lots of encouragement to walk again using my frame." Another person said, "I can get out of bed myself and ask staff to support me to stand up by holding on to my frame." Relatives told us their loved ones had made great progress since being at the service. They said, "When my loved one came here he was completely bedridden. Seven months later he is able to get up himself and is walking with the aid of a frame" and "Mum came here direct from hospital. She found it difficult to settle, refused to eat and take her medicines. The staff have been good at reassuring her and she is now eating and taking her medicines with no problems." One person told us, "My care plan has changed since I came here. No longer need a hoist to get me out of bed. I am in training holding onto the side of the bed. I can now sit up independently. Staff help me wash if I ask them."

People could have visitors whenever they pleased. Throughout the inspection people's friends and relatives came and went. All visitors were offered refreshments and were comfortable chatting to staff. People told us they often went out with their relatives and that their visitors were always welcome to join in any activities going on at the service. People could have a key to their room if they liked and told us staff treated them with dignity and respect. People said, "They let me do what I want. They knock on my bedroom door and I let them in. I like staying up in the evening and sit with the staff chatting about things in general. I like to sit out in the garden and read, one of the staff brought out a hat to protect me" and "Always knock on the door before they come in. When staff wash my wife they make sure she is covered and doesn't get cold. They always make a fuss of her." One person became upset about their clothes and began to undress in the lounge area. Staff quickly intervened and gently encouraged the person to go to the bathroom where they could help them sort out their clothes. The person smiled at staff and said "Oh, you do look after me."

People's confidentiality was maintained, staff understood the need for this and records were stored securely.

## Is the service responsive?

### Our findings

People told us that staff responded to their needs and were on hand to give them support when they needed it. One person said, "The lady from the church comes and does the quiz for us. There is always lots of afternoon activities with external entertainers, keeps you in touch with the outside world" and "Everything they do for me and my wife is just right. They do a good job."

The registered manager or assistant manager met with people who were thinking about coming to live at the service. They gave people information about what the service had to offer and talked about people's needs and wishes. The registered manager completed an assessment of people's needs so they could consider if their staff team could meet the person's needs. One person told us, "The manager did my assessment of needs before I came here."

The information from people's assessments formed the basis of their care plan which was then reviewed and developed over time. People told us they were involved in writing their care plan with staff, "I am able to choose what help I needed and by who it is given." People's care plans were comprehensive and contained lots of small details about people's preferences. For example, one person's plan stated 'I like to have my bedroom window open at night and the bathroom light on with the door left open a crack.' Staff followed the guidance in people's plans. One said, 'I like to be clean shaven and look smart.' We saw the person had had a shave and was wearing smart clothing.

Some of the people at the service were living with dementia. Their care plans had a section which showed what type of dementia they had, how it affected them and what staff could do to support them to live well with their dementia. For example, one person could become distressed by mirrors as they did not recognise themselves. Staff were advised to cover mirrors if they were causing distress and were given a list of activities which may distract the person. They also had information about why activities were important and how they helped people. For example, one plan stated 'the physical sensation of doing an activity is important to [person] it helps them to maintain a stronger sense of self awareness.' When people could become anxious or agitated their care plans gave details of what may trigger them to become upset and ways to support them to calm. People's life histories were included and staff used these to engage people in conversation or distract them. One person on the first floor had been very disturbed and distressed at night. Staff spoke to them about their life and found they had always lived in a bungalow, the person was offered a room on the ground floor. Once they moved rooms they slept well and were much happier.

People had access to a wide variety of activities. There was an activity co-ordinator who worked in the afternoons. One person told us, "The activities person is excellent. I always participate in keep fit and social things, so many things to do and so good." The registered manager and activity co-ordinator looked for new ways to engage people and keep them active. The day before the inspection they had received a demonstration of a 'magic table', which is a projector which displays interactive images on to a surface and has been developed for people living with dementia. The demonstration had been a big success with staff and people telling us about it during the inspection. One person said, "Yesterday we had a demonstration of Magic Table, it was good to see some people who do not do much becoming stimulated, they came alive."

Staff told us, "It was amazing how involved people were, especially people who don't normally enjoy group activities." Some relatives had been so impressed by the activity they had already volunteered to take part in fundraising events to raise the money needed to purchase the equipment. There were regular church services held and the registered manager told us, "We have had to move the church services from the small lounge to the big one as it is so popular and so many people enjoy attending."

People could choose to take part in the activities or not. One person told us "I am knitting caps for premature babies, they are really pleased with ones I have sent to them." Relatives told us staff knew what their loved ones liked, "I'm surprised to see mum is now taking part in activities. She loves tennis and the staff set up the television for her during Wimbledon, so she could watch the match when the rest of the people were singing." Several times a year staff put on shows or pantomimes for people, which they rehearsed in their own time. In the most recent performance they were joined by a relative and people at the service dressed up and joined in. People had access to a variety of sensory based activities. People who are living with dementia will often seek out sensory input which can help them to feel calm. People had twiddle blankets, which are a knitted blanket with items attached so that a person living with dementia can twiddle with their hands. They also had balls which were soft and contained lights, for people to hold or throw and baby dolls. People were offered these items if they were anxious or upset and they appeared to relax.

When complaints or concerns were raised they were recorded and responded to appropriately. The registered manager also recorded if the person who made the complaint was happy with the outcome. People told us they knew who to complain to and felt they would be listened to if they had a concern. Relatives told us any concerns were addressed, "I spoke to the [registered] manager about an issue when my loved one first moved in. They sorted out straight away." One person would like to raise concerns on a regular basis and had asked for a 'report book', a book was stored in the reception area. When they had a concern, staff would fetch the book and write down whatever the person was worried or angry about, the person would then read and sign it. The person liked to inform the registered manager they had put something in the book, the registered manager would read the concern and chat to the person about it. The registered manager told us, "It is the way [person] used to deal with issues at their job, they seem so much happier and calmer once things are written down."

## Is the service well-led?

### Our findings

There was a registered manager in post. People, staff and visitors told us that the management team were approachable and had an 'open door' policy. Relatives told us, "The manager is very approachable and answers any query without hesitation" and "Nothing is too much trouble for the manager. She always knows what mum has been doing when I call or visit."

At the last inspection there was a breach of regulation related to incomplete or inaccurate records and a failure to audit people's care plans. At this inspection improvements had been made and records relating to people's care and support had been completed fully and accurately. The service had a regular audit schedule which included people's care plans. Staff were responsible for reviewing and updating people's care plans on a monthly basis. This included a report about the person's month and what they had done such as any ill health or any activities they had especially enjoyed. The management team then checked to ensure all care plans had been reviewed and any changes made as required.

Staff told us they felt valued and supported by the management team. One staff member said, "They lead by example, we know that the people we support are always the priority. We work as a team to give people the best lives we can and to make them feel at home." The registered manager, assistant manager and head of care had a clear vision about the quality of service they required staff to provide, which staff understood. The registered manager led by example and supported staff to provide the level of service they expected. Staff understood what was expected of them and their roles and responsibilities. Staff felt the management team were approachable and that their suggestions were listened to. For example, staff had suggested that the people who ate their evening meal in their rooms had it at a slightly earlier time to those who came to the dining room to give staff the chance to spend time with each group as they ate. This was suggested to people who agreed this was a good idea and it was implemented.

The management team attended local forums which offered training and information about good practice. They then used this information to make improvements in the service and shared it with the staff team in meetings. The registered manager was happy to seek advice from other professionals if required. The provider and registered manager worked closely together to improve the service for people.

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. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

People, relatives, visitors and staff were asked to give feedback on a regular basis. The results were analysed for any learning, the outcome was printed and placed on the notice board on the hallway for people and visitors to see. The registered manager also discussed the outcome at resident's and staff meetings. Regular

resident and relative meetings were held, people's suggestions had been responded to. For example, people had asked for a space to remember people who had passed away at the service. A shelf was purchased and a battery powered candle, when someone died a photograph or the person or the order of service from their funeral was placed on the shelf for people to pay their respects. People also gave suggestions about additions to the menu or activities they would like to try which were taken on board.