Jeian Care Home Limited

Jeian Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Jeian Care Home provides accommodation and personal care for up to 17 people, some living with dementia.

There were 16 people living in the service when we inspected on 8 February 2017. This was an unannounced inspection.

There was no registered manager in place. 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. A new manager was employed in the service since August 2016, their registered manager application was being processed.

At our comprehensive inspection of 17 March 2016, we found there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we found that improvements were needed in the environment, protocols for when people were prescribed with medicines to be administered as required, how people gave their consent to the care they were provided with and how people's care was assessed and planned for. The previous registered manager had made improvements in how the service monitored and checked the service provided and this needed to be embedded in practice. During this inspection we found that the new manager had continued with these improvements, however, these were not yet fully implemented and sustained.

You can read the report from our last comprehensive and focused inspection, by selecting the 'all reports' link for Jeian Care Home on our website at www.cqc.org.uk.

Improvements had been made in people's care records. Further consideration of how to provide increased guidance to staff would ensure that people were provided with good care at all times. Improvements were needed in how staff recorded in people's daily records to include their wellbeing and mood.

Improvements had been made in the service's quality assurance processes which were used to identify shortfalls and address them. In the short time that the manager had been working in the service they had made improvements, some were ongoing and they were aware of further improvements needed and these were in progress. There was a system in place to manage complaints and these were used to improve the service.

People's nutritional needs were assessed and met. However, improvements were needed in how staff recorded the amounts that each person had to drink and eat each day, where required.

There were systems in place to administer medicines safely and to maintain records relating to medicines management. Staff were now provided with guidance on when medicines that were prescribed when

required should be administered. Further improvements were needed to ensure that the storage of people's creams in their bedrooms was safe.

There had been recent changes in the staffing in the service and active recruitment was taking place. However, during the time new staff were waiting to start some existing staff were working long hours. The manager was aware of this and assured us that this was in the short term.

Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

People were provided with the opportunity to participate in activities. People were treated with respect and compassion by the staff working in the service.

There were systems in place to keep people safe, this included appropriate actions of reporting abuse. Staff were trained in safeguarding and understood their responsibilities in keeping people safe from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained and supported to meet people's needs effectively.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements in staffing levels and deployment were ongoing to meet people's needs safely. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them. Improvements were needed to ensure creams are stored safely.

There were systems in place to minimise risks to people and to keep them safe. Improvements were needed to ensure records support the safe care for people at all times.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. Improvements were needed in recording how much people had to eat and drink.

Staff were trained and supported to meet the needs of the people who used the service.

The service was working within the principles of the Mental Capacity Act.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were ongoing in how people's wellbeing and needs were assessed and planned for to ensure their individual needs were being met.

People were provided with the opportunity to participate in activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were being made in the quality assurance system which identified shortfalls. The manager was aware of further improvements needed and these were in progress. Therefore the service continued to improve.

The service provided an open culture. People were now asked for their views about the service.

Jeian 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 unannounced inspection took place 8 February 2017 and undertaken by two inspectors.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public. Prior to our inspection we had received a complaint about the service provided, we looked at the concerns received during this inspection.

We spoke with six people who used the service and two relatives. We observed the interaction between people who used the service and the staff.

We looked at records in relation to four people's care. We spoke with the manager and five members of staff including care, domestic and catering staff. We also spoke with two visiting professionals. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. The risk assessments were reviewed and updated. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals. However, we spoke with a health professional who told us that they had to prompt the manager and staff to ensure that pressure relieving equipment was being used safely and effectively. This had now been addressed and the health professional said that the manager was receptive to their input.

Where one person needed assistance to reposition to reduce the risks of pressure ulcers deteriorating the repositioning charts or care records did not reflect the frequency of turns required during a 24 hour period and how many staff were needed. This was a potential risk to people needing support to turn and reduce risks of pressure ulcers deteriorating or developing because there was no clear guidance in place for staff. The manager told us this would be addressed immediately.

Improvements were needed in how staff recorded on body maps, for example where people had an injury. These records did not record wounds on individual sheets there were several entries over different times are on the same form. These did not also reflect the actions taken to mitigate further risk. It was not clear about actions taken by the staff to ensure that risks to people were appropriately identified and addressed to ensure that people were provided with safe care at all times. We discussed this with the manager who said this would be addressed.

Staff we spoke with commented on if there were enough staff to meet people's needs. One staff member said that they felt that there were enough staff and, "Can do more hours if want but you can say no. No added pressure." Another staff member said, "Staffing levels can be difficult in the mornings so [manager] sometimes will help out and will do medicines. Extra person comes in at 5pm to help with the meal and to assist people with personal care or to go to bed if they wish." We saw the minutes from a staff meeting in August 2016 where staff had stated that they could not cope with the staffing levels in the evening, as a result of their comments the rota had been changed to provide an extra staff member from 5pm to the end of the evening shift. The manager told us that this was working well and they were looking at ways of making this into a full afternoon/evening shift.

The manager told us how the service was staffed each day. This was confirmed in records and discussions with staff. There was no tool in place to assess the numbers of staff required against the needs of the people using the service. The manager told us that they would look into this. The manager told us how staffing levels were amended along with the numbers of people using the service and if needs increased. However, adjustments had not been made to the rota to ensure that the needs of a person who required further care and support. This included at night time where there was one staff member awake and another sleeping in. The person required two staff to assist them to reposition to reduce the risks of pressure ulcers. The manager told us that the sleep in staff woke to assist with the person if needed; this was also the case if there was an emergency. The rota showed that there were times when the sleep in staff had worked a full

day before and after the sleep in shift. This would mean if they were woken during the night they may not have had enough sleep to continue their shift. There was no risk assessment in place to reduce the risks of staff working long hours. We spoke with the manager about this; they told us that the longer shifts were a short term arrangement due to the recent turnover of staff. To address this, a new staff member was due to start their induction the week of our inspection, they were awaiting the recruitment checks of another new staff member and they were actively recruiting to the other full time care staff vacancy. Therefore whilst we had identified potential risks, the service was already taking action to address this.

One relative told us that, "Staff are around if you need them." Another relative said, "I think there is enough staff to meet people's needs." We saw that staff were attentive to people's needs and provided assistance promptly when required.

Although in general medicines were managed safely and were provided to people in a polite and safe manner by staff. We found that improvements were needed to the management of people's prescribed creams in their bedrooms. There were no risk assessments in place to show that this was safe and the risks to people, for example, using their creams other than prescribed, had been assessed and reduced. The manager told us that these would be completed straight away. Other medicines were kept safely but available to people when they were needed.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "I take a lot of medicines to keep me well. Staff bring them over at certain times during the day for me to take them with a glass of water and also before bedtime." One staff member told us that they had recently undertook medicines training and had competency assessments to ensure that they managed medicines in a safe manner. Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

Where people were prescribed medicines to be taken as required (PRN), protocols were now in place to guide staff at what point these medicines should be considered for administration. This reduced the risk of inappropriate administration of PRN medicines.

Regular medicines audits were completed which showed that shortfalls were addressed and promptly addressed. We saw the records of advice visits completed by the supplying pharmacy in September and December 2016. Following the September visit an action plan had been completed and improvements made. In the December visit we saw that the recommendations made had been addressed to ensure that the systems in place for the management of medicines were safe.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were safe living in the service. One person said, "Been here [X] years and definitely feel safe. Am comfortable and settled." Another person commented, "I feel safe, protected and secure. They [staff] are particular with the front door they shut it properly when people leave." Another said, "I am terrified of falling over but haven't since been here and that's another reason why I feel safe here." Where people were at risk of falls actions were taken to reduce future risks, for example by making referrals to health professionals.

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or

incident had happened, the service had taken action to report this to the appropriate organisations who had responsibility for investigating any safeguarding issues. The service had taken action to reduce the risks of future incidents, which included meeting with members of the safeguarding team, the staff team receiving guidance and ongoing improvements of care records.

Risks to people injuring themselves or others were limited because equipment, including hoists and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Regular fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people need should the service need evacuating. In addition there were records which showed that fire drills and fire safety instruction were provided to staff. The manager told us that the last fire safety inspection had been in 2014 and there was a planned inspection the day after our visit. The manager fed back the outcomes of the visit to us and told us that there were no requirements made. There was a business continuity plan in place which identified actions that staff should take to ensure people were safe in case of an emergency.

Requires Improvement

Is the service effective?

Our findings

The way the service monitored how much people eat and drink each day required improvement. For example, food monitoring records did not explain what a small, medium or large portion was or accurately document what the person had to eat during the day and if this was sufficient for the person. When stated that the person refused there were no further entries to show what actions were taken by staff, such as if they encouraged the person later, provided snacks or report on. Fluid charts did not have a daily target or total to show what fluids the person had consumed during the day. One person's fluid chart also included repositioning information. This could be confusing for staff when trying to ascertain how the person's needs had been met. We spoke with a staff member about how they ensured that people received sufficient amounts of drinks to reduce the risks of dehydration. They told us that they, "Push drinks," to people but were unable to tell us the amounts that people needed. Although there was no current negative impact on people, this area needed to be improved to minimise the risks to people of dehydration and not receiving enough nutrition. People were regularly weighed and any issues which had been identified by staff, such as weight loss, guidance and support was sought from health professionals, including a dietician and the speech and language team, and their advice was acted upon to ensure that people were protected from risks associated with malnutrition.

Since our last inspection of 17 March 2016 a new cook had been employed. We saw that they engaged with people chatting and asking for feedback about the meal and how they were when they came out either serving or checking everyone had got their food. The cook was knowledgeable about people's dietary requirements and explained who was diabetic, who had a soft diet, supplements and cream for those who needed to boost their calorie intake and told us of people's likes and dislikes. One person told us how they had received support with their dietary needs, "Gained weight since being here which I needed to. Was in a bad way before." The cook explained how they ensured that people requiring specific dietary needs got what they needed. They said they were keen to, "Do right by them [people], make sure they eat well and are healthy."

The cook was working on further improvements to ensure that people were provided with their choices of food which met their assessed needs, such as introducing photographs of the food choices to assist people to make a choice. The cook told us that they were invited to residents meetings and always asked about the menu but people fed back they did not want any changes. This was confirmed by the manager. One person said, "Food is good, [Cook] is new and very nice; gives us lots of choice. We can have whatever we want."

People told us that they were provided with choices of good quality food. One person said that they liked the food and, "Asked for porridge which [cook] got me today; was very nice. Quite fancied porridge for a while now so thought as it is so cold today that's what I will have." Their relative commented, "[Cook] is a real asset in the kitchen. Pleased to hear [relative] has had porridge today as that's a real favourite." Another person said, "I like the food here very enjoyable. I like to sit at the table and talk to my friends."

We saw that people's choices were respected in what they wanted to eat. We overheard the cook tell a staff member that they had made a sandwich for a person who attended regular appointments because this was

what they had asked for. One person said, "Cook goes round each day and asks what we would like to eat. If you don't want what's on the menu you can have an alternative. Sometimes I have an egg sandwich or omelette." Another commented, "Food is nice, tell [cook] what I like and don't like, what I can have and can't eat and [they] sort me out. If you want anything particular to eat not a problem."

A positive dining experience was created in the dining room during lunch, dinner and breakfast. Staff encouraged people to eat and provided people with choices of drinks which were topped up when needed. People's comments about their meal included, "Tasty," "Nice," "Filling," and, "Pleasant." when asked.

People told us that the staff had the skills to meet their needs. One person said, "[Member of staff] is a real good carer, done more to get me on track and well. [They] are my rock." Another person commented, "I used to get upset when I first came here; hard at first to get used to people who have dementia. Not seen that before. I have a better understanding now, staff helped me. I take it all in my stride. I watched how they [staff] talked to people and did the same."

There were systems in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role. Staff told us that they were provided with the training that they needed to do their job and meet people's needs. In the manager's office there was a list of training provided by external agencies, the manager told us that they planned for these to be accessed by the staff. This included workshops in diabetes. The service's training records showing what staff had completed also included information when they were to be updated. The manager told us that they were in the process of changing their training provider to ensure that staff were provided with increased face to face training. They also advised that they were looking at ways that they could assess staff's knowledge on an ongoing basis, for example rolling out the current medicines competencies to other areas of care and questionnaires. We saw that this was in the process of being provided; in one supervision record we saw that a staff member was asked to share their understanding of safeguarding and their responsibilities.

New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them. In addition new staff undertook training and shadow shifts where they shadowed more experienced staff in the first two weeks of their induction.

Staff told us that they were supported in their role and were positive about the changes and improvements the new manager had made. Records showed that staff were provided with regular one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. One staff member said that in their supervisions they, "Talked about what to do in an emergency. [Senior] is a very good teacher explains things well. Would talk to [senior], [provider] or manager if worried but feel supported and happy working here."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager understood when applications should be made and the requirements relating to MCA and DoLS. They understood when applications should be made to ensure that any restrictions on people were lawful. The manager told us that they were concerned about one person's capacity and they had made an appointment with the person's GP for a capacity assessment. This person attended their appointment with a staff member during our inspection visit.

People told us that the staff asked for their consent before providing any care. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

Care records included documents which had been signed by people to consent to their care identified in their care plan, to be photographed and to be supported with their medicines by staff.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person's relative said, "I am kept informed of any changes. Been invited to attend GP reviews so I know what is going on. Staff are proactive about any concerns they have or changes to [relatives] health and let me know straight away. Good communication."

People's health needs were met and where they required the support of healthcare professionals, this was provided. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. A health professional told us that they had reminded staff to position people correctly and safely at meal times to reduce risk of choking. This had now improved and they said that they, "Have witnessed the manager cascading information to the team following advice given." We observed the manager feeding back information to the staff following a recent visit from a health professional, which confirmed what we had been told.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "Feel ok here; everybody is good and kind, respectful to me." Another person commented, "[Member of staff] is very nice, good to me, mothers me, makes a fuss and makes sure I am ok." Another told us, "[Member of staff] is very nice and sweet to everyone. Always smiling, so happy, you can't help but smile back." Another person commented how staff had been, "Very caring and understanding," when they had bereavement. One person's relative told us, "Staff are eminently approachable, anything that crops up I will speak to them," and, "Staff are very helpful and friendly."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about people in a caring and respectful way.

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as the times of getting up in the morning and going to bed at night. People chose where they wanted to be in the service and what they wanted to do. One person who was in their bedroom said, "Not going out [to lounge] maybe later. Like to stay in my room and listen to the radio, read my paper and have my breakfast alone."

People told us how their independence was promoted and respected. One person said, "I can do most things myself and intend to keep it that way." Another person commented, "I get help getting dressed. I can still do most things myself and intend on keeping it that way. Oddly I can get everything off easy enough but need help getting things on." People's records identified the areas of their care that they could attend to independently and how this should be respected.

Where concerns had been raised regarding people's actions or words which may not be respectful to other people or staff. The manager told us and records confirmed that people had been spoken with to reduce the risks of discrimination in the service and to ensure that people felt safe.

Requires Improvement

Is the service responsive?

Our findings

The manager told us how they were making improvements in people's care planning. They had improved on the assessments of people and these then were fed in to care plans. Not all of the records had been reviewed and updated. Most care plans we reviewed reflected people's current needs and level of support required. However, one person's needs had changed and even though their risk assessment had been updated, the care plan had not. Therefore conflicting guidance was in place for care staff. There were evaluation sheets in place identifying the person's increased care needs but these had not been included in an updated care plan. We spoke with the manager who agreed to ensure the care plan was updated immediately.

Further improvements would benefit people in receiving good quality care. For example, one person's records stated that they may refuse to take their medicines and for staff to observed them taking them. There was no further information to guide staff on actions they should take if the person refused to take their medicines for a certain amount of time. We checked this person's medicines administration records to ensure that they were safety receiving them. We saw that the medicines had been administered as prescribed therefore there was no impact on the person due to this omission in care records. The additional information would reduce the potential risks to the person not receiving their medicines when required.

People's daily records identified the care and support provided to people. Improvements could be made to include any activities, interactions and quality of these interactions. There was limited detailed information about the quality of the person's day and their mood and wellbeing.

Regular care reviews were in place. The manager shared examples with us about improvements they were making, including the culture of the service, and how they had responded to people's individual needs. To improve how people's care was planned for and reviewed the manager and the senior staff were inviting people's families and other professionals to review meetings to ensure that people were receiving the care they needed and to increase their understanding of the service provided.

People told us that they felt that they were cared for and their needs were met. One person said, "Very comfortable, settled and happy living here; anything I want to know I see [provider] or one of the carers. Always someone about if you need to talk or worried about something." Another person told us, "Very happy and content here, I don't want for anything." One person's relative commented, "Very happy with the care. [Relative] been here [time at the service] settled in well; no issues." Another relative told us, "[Relative] seems very happy and content since coming here. I pop in every other day to see [them]. Seems to eat well. General health and well-being has improved since being here; alive and with it."

People told us that there were social events that they could participate in. One person said, "We have activities every day from 10am to lunchtime. We have bingo, quizzes, skittles and do drawing." Another person commented, "I can be on my own if I want. I like to do word searches and puzzles." They showed us their mobile telephone and said, "I am trying to figure out my new mobile phone. I like to keep up to date with what's going on I can read the news on this." Another commented, "[Activities staff] is good, does bingo

and quizzes regularly and gets us all drawing and some of us knitting. Those of us knitting are making squares for a big blanket."

We saw people participating in activities throughout the day. The activities staff encouraged people in the lounge to participate in the group game of bingo or with their knitting and reading. They gently woke one person up to ask them to reposition into a more comfortable position. We observed lots of laughing and positive interactions with the activities lead and people in the lounge. During the afternoon staff moved around and spent time talking with people on a one to one basis.
The activities staff member worked five days a week, Monday to Friday, during the morning. One staff member told us, "Staff do activities at the weekend and one to one with people in the afternoon." They added that one person sometimes went shopping with the provider and people went out in the warmer weather. They also told us, "The priest /church come once a month."

The manager told us that they encouraged staff to spend one to one time with people to ensure that they were given time, as well as the planned activities. We saw this happening during the afternoon of our inspection. Staff sat with people and talked about their day and anything that the person wanted to chat about. As staff found more out about people this was to be added to care plans, for example, if a person shared an interest that they had.

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors. One person said, "I am happy here, my [relative] comes to see me and we have a nice chat. All is well."

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person said, "Carers are all very nice, a couple I am not as keen on but you can't help having your favourites. Some are a bit short and abrupt but you get that with so many different people and personalities. I told [senior] and they had a word and things got better."

One person's relative said, "I pop in most days and not seen anything to give me cause to worry. If I did I would speak to manager or [provider]." Another relative said if they had concerns, "[Provider] in charge can speak to them or [manager]."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. People's comments were used to improve the service and ensue that people were happy with the outcomes. For example one person told the manager that they were disturbed during the night when they were checked. The manager had suggested the night staff use a torch which the person was happy about. Another concern had brought about a change in a person's care plan and the family were invited to check this to make sure they were happy with it. Following another concern staff were provided with name badges to allow people to easily identify them.

Requires Improvement

Is the service well-led?

Our findings

Improvements had been made in the environment which provided a more pleasant place for people to live in and increased their choice of the use of the communal areas. The communal lounge/dining room had been redecorated which made the room brighter. The seating had been rearranged so there was an area where people could sit together and participate in activities/watch television, there was a quite area at one end of the room where people could choose to sit, for example with their relatives and there was a large dining table where most people chose to eat their meals. These improvements were ongoing and not yet fully implemented on the first floor. One person said, "Manager has made good changes, seating done differently which helps people to do different things. You can watch the television in one area and join in the group activities or sit at the other end of the lounge if you want some peace."

There were plans in place to redecorate the first floor and do work on the garden to make if more accessible and attractive for people to use in the warmer weather. The need for improvements in the garden had been identified in a recent local authority report; this showed that the service took action when recommendations to improve the service had been made. We identified that there was a crack in the toilet cistern and the seal on the sink in the first floor bathroom needed replacing to prevent the risks of bacteria developing. We pointed this out to the manager, who said this would be done. They wrote to us following the inspection visit and told us that this was being repaired the following week.

The manager's office was now off the lounge area. This ensured that the manager was more visible in the service rather than the previous office which was in a ground floor room. In addition they could hear and see what was happening in the communal areas more easily.

One person's relative described the environment as, "Nice and clean." There were cleaning schedules in place which were completed by the domestic staff member to show where areas had been cleaned. However, this staff member worked 16 hours each week and the schedules had not been completed by other staff to show when they had cleaned. The service's housekeeper policy stated that communal bathrooms and toilets must be cleaned daily and bins emptied as well as other daily tasks but the systems in place did not reflect this being done other than by the domestic when they were on shift. We pointed this out to the manager who told us that the night staff had some cleaning duties; they said this would be addressed. Whilst the service was mostly clean we found that the passenger lift was not and this was not included on the cleaning schedule. The manager told us that this would be addressed. We also noted that the domestic staff member may benefit from some equipment to allow them to transport their cleaning equipment freely around the service; this was because they had to transfer items in manageable loads. This could be a risk to people if they accessed cleaning materials. The manager said that they would look into the provision of a trolley to reduce risks. When cleaning items were not being used they were securely stored to ensure their safe storage.

People told us that they felt that the service was well-led. One person said, "[Provider] is very personable and always pottering about here. Am more than pleased with everything since I came here." A health professional told us that the way that care was provided they had, "No major issues the manager is slowly

making changes which is positive."

There was a new manager in post since August 2016. In the short time they had been working in the service they had made improvements, which were ongoing and needed to be sustained and embedded into practice. The manager was aware of further improvements required, which were in progress of being made. They spoke about people in a compassionate way and told us about how they had worked to improve staff morale. We saw that staff's comments were valued and acted upon. For example, staff commented about the staffing levels in the evening in a staff meeting in August 2016. This had been addressed by increasing the staff levels; this is further discussed in the Safe section of this report. Monthly staff meetings were held and the minutes showed that staff were kept updated with their responsibilities, improvements in the service to provide good quality care for people.

The manager told us how they had started professionally networking and joined groups to reduce the isolation of managing a service which was the only service owned by the provider. They had signed up to electronic systems to advise of any changes in the care sector and the local authority dignity forum and a group for managers of private/independent homes. They also had plans in place to attend a training course to enable them to deliver safeguarding training to staff and were working on a qualification relevant to their role.

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included in quality assurance questionnaires. There were questionnaires available for visitors to help themselves to and completed in the entrance hall to the service. Eight had recently been completed and were on the majority positive, however, there were some comments regarding food and staffing. The manager told us that they were planning to have a relative meeting the end of the month to discuss the outcomes to the questionnaires and to update them on improvements being made. In addition they were planning to speak with people's families about how they were going to improve the review systems for people's care.

People told us how they attended meetings where they could share their views about the service. One person said, "Resident meetings occasionally, we tell them [management] what food we like, can tell them anything." We saw the resident's meeting minutes from September and December 2016. These showed that people were asked for their views of the service, such as with the menu.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the manager and team leaders if they needed any advice or support. One staff member said that they, "Love the job, makes me happy, good team. Manager is nice, so are the seniors you can talk to them," and, "I don't have any problems feel free to speak up, say what we want if we need help we ask." Another staff member commented, "Am positive about [manager] has brought in some good changes. [Manager] is very strict but fair. We do more checks now but that's to keep people safe. Staff morale is good and communication is better." They said that the manager was, "Approachable, easy to talk to and will help out if needed. [Manager] has not rushed in making changes have got to know the residents and staff and are now making improvements." Another staff member told us, "Very happy here, good team spirit. Liking my job again. Manager is easy to talk to. Big improvements, better communication and explains things."

Improvements had been made in the way that the service was monitored and assessed to minimise risks and provide a good quality service to people. The manager's monthly audits demonstrated that checks were made in the service to ensure that people were provided with good quality care and actions were taken when shortfalls were identified. These included audits in health and safety, the kitchen, staff personnel

records and care records. Where shortfalls were identified action plans were in place to show how these were being addressed. The manager told us that their action plan was a rolling document which was added to as they identified further improvements. This showed that the service continued to improve. The manager told us that they were considering ways of further improving their monitoring systems, for example, by seeking an external professional to complete an audit.