

Maria Mallaband 13 Limited Chaucer House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Summary of findings

Overall summary

About the service

Chaucer House is a residential care home providing personal and nursing care to up to 60 people. There were 36 people at the time of the inspection,

The care home accommodates people across two separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

People's experience of using this service and what we found

People told us since the last inspection, their experience at the service had improved. Risks to people had been assessed and mitigated, and there had been improvements to medicine management, but further improvement and embedding of this practice was needed.

Audits and quality reviews of the service were being completed regularly by the manager and provider, and action was taken when areas for improvements were identified, however these systems had only been in place for a short period of time, and therefore we could not assess the effectiveness of them.

Staffing levels had increased, and there were more permanent staff who knew people better. People and their relatives told us they felt safe living at Chaucer House as a result of the staffing levels.

Staff were now receiving more regular training and supervision to enable them to support people effectively. Assessments had been carried out when people's needs changed to ensure the person received the relevant support needed.

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

People told us they were supported by a kind caring staff team who knew them well and understood their needs. People had been supported to review and be involved in the updating of their care plans.

People were supported by a consistent staff team who knew them well and supported them to maintain their interests.

The number of complaints received by Chaucer House had decreased since our last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 1 March 2019) and there were multiple breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 1 March 2019. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good 

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below

Requires Improvement 

Chaucer House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

Chaucer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a manager who had submitted an application to be registered with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not ask the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people, and five relatives about their experience of the care provided. We observed staff

interactions with people and observed care and support in communal areas. We spoke with eight members of staff including the manager, deputy manager, nurses and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a healthcare professional who had visited the service.

We took this into account when we inspected the service and made the judgements in this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks to keep people safe.
- Some people displayed behaviours that were challenging to other people. The risk assessments included the triggers and the way the behaviour was displayed. There were now strategies in place to intervene when the person displayed the behaviours, and what action to take if the behaviour escalated. Records showed the strategies had been effective in reducing the number of incidents of behaviour. We observed staff support people effectively when they became anxious.
- Some people were living with diabetes. Risk assessments included people's normal range of blood sugar levels and what to do if people's blood sugars went low. There was information about the signs and symptoms of low and high blood sugar and the action to take.
- When people were living with epilepsy, there was guidance for staff about the type of seizure people experienced and how to support people during and after a seizure.
- Some people had a catheter to drain urine from the bladder. Staff had clear guidance about how to maintain the patency of the catheter and reduce the risk of infection.
- When people received their nutrition through a tube in their stomachs. Staff had detailed instructions on how to deliver the nutrition, maintain the tube and reduce the risk of infection.
- When people required equipment to move around the service, there was guidance for staff to support people safely.
- Staff we spoke with showed a good understanding of people's needs and any healthcare related risks. For example, staff understood how to support people living with diabetes and catheters and told us they would always go to a nurse with any concerns. Staff told us, "I would report to the nurse if I was worried about someone and document it. Normally if there's anything I'm unsure of I will ask another carer or a nurse. Its always best to be safe."
- Accidents and incidents had been recorded, and action has been taken to reduce the likelihood of the incident re-occurring. This was evidenced within the decrease in incidents reported between people.

- Staff were informed of people's changing needs, and any new accidents or incidents within handover meetings. Staff told us the rota had changed, which allowed for consistency between shifts, and an improved handover.
- Checks have been carried out on the fire alarms and other fire equipment to make sure they were working. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency.

Using medicines safely

At the last inspection the provider had failed to manage medicines safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- When people were prescribed blood thinning medicines, staff had guidance about what signs and symptoms to look for when people were unwell.
- Staff used an electronic system for recording the administration of medicines. The system highlighted when medicines had not been given and highlighted when medicines had not been given to people.
- The system logged when medicines were received and kept a record of how many tablets there should be available. We reviewed a sample of tablets and found the number available to be correct.
- Medicines that are given in liquid form, are only effective for a limited amount of time once opened. Staff had dated the bottles when opened so that they knew when the medicines would no longer be effective.
- Some people were prescribed medicine on a 'when required' basis such as pain control and medicine for anxiety. There was guidance for staff about when to give the medicine and how much for some people and not for others. The deputy manager told us that if the instructions were not confirmed each month, the system would remove them. There was no effective system in place to make sure the instructions were confirmed each month, this is an area for improvement.
- Following the inspection, the deputy manager confirmed that all 'when required' instructions had been put onto the system.
- Medicines that had specific requirements relating to their storage and administration were being stored safely in line with good practice.
- We observed staff administer medicines and saw they did this in line with best practice. Staff knew people well including how they preferred to take their medicines.

Staffing and recruitment

At the last inspection the provider failed to ensure there were sufficient numbers of competent skilled and experienced staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Since our last inspection there had been a number of successful recruitment days to increase the number of permanent staff employed. On the day of our inspection, there was one agency staff member, who had been well inducted and had worked at the service previously.

- People told us the number of permanent staff had increased, and rota were now planned four weeks in advance to ensure staff knew when they were working, and people knew who was supporting them. The deputy manager told us "For the levels of need and providing support there are enough staff."
- We reviewed three staff files and found that the necessary recruitment checks had been completed. This included checking previous employment history and completing Disclosure and Barring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Chaucer house, one person told us, "Oh yeah I feel safe, there's always people around."
- Staff had received training in safeguarding and could tell us what they would do if they had concerns about people and where they could escalate the concerns.
- The manager was aware of their responsibilities around safeguarding and had worked with the local authority safeguarding team when safeguarding concerns had been reported.

Preventing and controlling infection

- People told us, and we observed the service to be clean and well maintained. People praised the work of the domestic staff.
- Staff received training in infection control, and we observed them to use protective equipment including gloves and aprons appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure there were sufficient numbers of competent skilled and experienced staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Agency workers now received a full induction and where possible agency staff were booked in advance to provide consistent care to people. The agency staff member we spoke with had access to the online care plans and showed a good understanding of the people they were supporting.
- Staff were able to tell us of the training they had received, and how they used the knowledge to support people's care. For example, staff had attended a respiratory training course, which improved their understanding of people's conditions. Staff told us, "I didn't ever understand it, but (the training) helps me as I understand it now. I am able to explain the science behind it, and now (the person) has had to use their inhaler a lot less."
- Formal supervision had improved since our last inspection. Supervision in care settings is a process whereby through regular, structured meetings with a supervisor, care staff can develop their understanding and improve their practice. Staff told us they received regular support and supervision from the manager.
- We observed staff supporting people in line with best practice and guidance. One person told us, "I would rate the staff excellent."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed by the management team before they moved in to the service to make sure that staff would be able to meet their needs.
- The assessment covered all areas of people's lives including their physical and social needs. The assessment included people's protected characteristics under the Equalities Act 2010 including sexuality.
- People's needs were assessed using recognised tools such as Waterlow score to assess skin integrity and nutritional assessment. People's care was planned with them to follow the assessment guidance.
- People's wounds were managed by the nurses at the service. Records showed that the wounds had been assessed following national guidelines. There was information about the condition and size of the wounds including photos. There were wound care plans in place and these had been followed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a diet appropriate to their health needs, people living with diabetes were supported to eat a low sugar diet.
- People were given a choice of meals, people told us that if they did not want the choices offered they could ask for something else.
- When people had been assessed as requiring a different texture of food such as soft or puree, this was provided. People were supported by staff to eat their meals when required. They were not rushed and were given as much time as they needed to eat their meal.
- People were offered snacks and drinks throughout the day, that they enjoyed. One person told us, "I can be fussy with food, but they (staff) say alright, and get me a baked potato which I love."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health, including monitoring people's weight. When people's needs changed they were referred to appropriate health professionals including dieticians and speech and language therapists.
- Staff followed the advice given. We observed people being given nutritional supplements and thickened fluids as prescribed by healthcare professionals.
- People were referred to the GP when needed.
- People were encouraged to be as active as possible. People could take part in chair exercises to remain as supple as possible.
- One person told us they were in the process of 'getting fit'. The person would walk around the service, increasing their walking time daily in a bid to increase their fitness.
- Another person told us they had been at the service for a period of rehabilitation and was ready to move back to their home.
- We observed staff providing support to people to mobilise around the service. In some cases, staff stayed close enough to support the person should they need it, but not infringe on their independence. In other cases, staff offered increased support to people, to mobilise.

Adapting service, design, decoration to meet people's needs

- People had unrestricted access to the garden, and we observed people spending time outside enjoying the weather.
- The service was purpose built and had numerous areas for people to spend time in one another's company or equally to enjoy some quiet space.
- People's bedrooms were personalised with their belongings and to meet their preferences. People proudly showed us photographs and personal items within their rooms. For example, one person was a keen photographer, and had their work displayed within their room, and around the service. Other people had furniture they had bought from their previous home to make them feel more settled.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed when required. When all attempts to support the person to make the decision failed for specific decisions this was recorded within their care plans and assessments completed.
- When people were unable to make decisions, best interest meetings were held with healthcare professionals and the person's loved one or advocate on their behalf.
- The manager had a register to ensure that DoLS were applied for when required, and that all restrictions listed on any DoLS authorisations were being adhered to.
- People were supported to make decisions throughout the day, such as where they wanted to spend their time and what they wanted to eat.
- Staff we spoke with understood the principles of the MCA. Staff were able to demonstrate how they supported people's decision making, for example with people who had fluctuating capacity, they would ask every day what the person wanted for breakfast, and on the days the person could not make the decision, they supported them with their known favourite breakfast.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection, we observed people having meaningful positive interactions with staff. For example, when one person became anxious, staff went to speak with them to see why they were distressed. Staff bent down to them and spoke with them at eye level whilst re-assuring them by stroking their hand.
- All the people we spoke with were happy living at Chaucer House. One person told us, "They spoil me, they give me everything I want."
- People were comfortable and relaxed in the presence of staff. We observed staff sharing jokes and light-hearted humour with people, which they clearly enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- Since our last inspection, people had been supported to review and make amendments to their care plan. Staff worked with people and their relatives when people wanted their loved one's input to review, update and make care plans more person centred. One person told us, "There's a very good nurse who revised my care plan."
- People had been given the opportunity to give feedback about their care and support during resident and relative meetings. For example, people suggested there should be a quieter dining area, so the manager was in the process of changing a room to accommodate the request.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted and supported. One person told us, "I've only to mention it. I fancied a bath so I had a bath last night. The staff are very patient here."
- During the inspection we observed people being supported to maintain or increase their mobility. Staff put a supportive hand on a person's back and gave them encouragement when mobilising with their walking aid. When the person became tired, staff supported them to take a break and sit down, making light hearted conversation.
- Staff understood the importance of keeping care records securely. Any documentation on computers, such as care records were password protected, and all staff had access to review them.
- Some people were independent and spent a lot of time in the community. For example, one person liked to go for walks daily, and would advise staff when they were going out so that staff were aware of their whereabouts.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to provide person-centred care, designed to meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- Each person had a care plan that had been reviewed or completed since the last inspection. The care plans contained details of people's choices and preferences; however, the care plans needed to be developed further.
- The care plans contained information about people's preferences but needed more detail about people's routines. For example, what time people liked to get up, what support they needed, and how they preferred to spend their day. Information relating to people's histories and backgrounds were in the process of being updated to include more information.
- Care plans included information about people's moods and the triggers that effected people, such as not seeing their pets. However, there was limited information about how to support the person if their pets did not come into the service.
- There was information about when people liked to go to bed or get up, how to support people to make choices about their clothing. However, more detail was needed about people's choices and preferences when they were getting washed and dressed.
- Care plans now contained information about how people communicated if they were unable to do this verbally. There was guidance about people's non-verbal communication and what gestures meant.
- Staff were able to demonstrate how they delivered person centred care. Staff were knowledgeable about the people they supported, and we observed them changing their approach from person to person, for example offering more help to someone and standing back and allowing space for people more able.
- People told us staff supported them as individuals and knew them well. For example, people had specific interests that staff knew and supported them with. Staff knew people's preferences, such as how they liked their drinks, and what their favourite snacks were to have alongside those drinks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people and visitors, for example the complaints policy was visible within the reception of the service and was available in a variety of formats.
- If people needed larger print copies of their care plans, they were able to request these from the management.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- At our last inspection, people were at risk of being socially isolated. People and their relatives told us staff had little time to interact with them. At this inspection this had improved.
- People were supported to take part in a range of activities, including games, talking sessions, and group discussions. On the day of our inspection a 'pets as therapy' (PAT) dog was visiting the service, which made people smile. .
- Since our last inspection the provider had purchased a robotic dog. We observed people living with dementia engaging with the robotic dog, smiling and talking to the dog.
- One person told us their favourite activity was doing the crosswords with a volunteer in a group. They told us the volunteer would read the questions, and people would work together to find the answers, which was a sociable event.
- People were supported to follow their religious and spiritual beliefs. Services were held regularly at Chaucer House for people from all denominations to partake in.
- People had been supported to maintain their interests. For example, a relative told us that one staff member would read a professional magazine the person was subscribed to, which was important to them.

Improving care quality in response to complaints or concerns

- At our last inspection, there had been high numbers of complaints made to the provider. At this inspection, the number of issues raised had reduced, and many had been resolved before they were escalated to complaints.
- People and their relatives told us that they knew how to raise concerns and could approach the manager at any time. One relative told us they had previous concerns about Chaucer House, but since the manager had taken over they no longer had concerns.

End of life care and support

- People had been asked about their end of life wishes and these had been recorded.
- Staff worked with GP's and other health professionals to support people to plan their end of life needs and ensure their choices and preferences were met.
- Staff made sure that medicines were available to make sure people were kept comfortable and pain free. Nurses had received training to use specialist equipment to make sure people received medicines when they needed them. Staff had access to the equipment needed to support people at the end stages of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to fully assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- At the time of our inspection, there was no registered manager in post. The registered manager had left the service in February 2019. A manager within the provider organisation had accepted the role as manager and had submitted an application to be registered with the CQC.
- During the inspection, we discussed with the manager the period of change the service was going through. At the time of the inspection the service was only half full, the provider had not admitted any further people since the last inspection to give them time to make the improvements needed. The manager told us, "It's a culture change. It's not just quick fixes, it's making them and sustaining it."
- People and their relatives told us of their concerns of the frequent changes in management. One relative told us, "(Manager) has really shaken this place up. It was destabilising to have so many managers."
- The manager and provider completed quality checks and audits on the service, which were now mostly leading to action and improvement. For example, care plans had now been updated and were in the process of being made more person centred, however this work had not yet been fully completed. Medicines management had improved since our last inspection; however, we did identify issues with the system to record PRN medicines. Records we reviewed were mostly up to date and accurate. Improvements in quality assurance processes were still needed, and during our next inspection we will check systems have been embedded and sustained.
- Services are required to inform the Care Quality Commission of important events that happen within the service. The manager had submitted notifications in an appropriate and timely manner in line with guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us staff supported them in a person-centred approach, and that they had positive relationships with staff. One person told us, "The staff are lovely people, you get well looked after. I have never been as well looked after in my life."
- Relatives told us that staff understood their loved ones needs and made sure they were met. One relative told us, "Over the past three months it has been working very well. They have raised their game. I used to have to remind them of things, but not anymore."
- Another relative told us, "The care process was deteriorating to be very mechanical. You were losing that sense of care. It has certainly improved now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities in line with the duty of candour. When incidents happened, the manager liaised with people and their relatives to keep them up to date with investigations.
- People and their relatives told us that the manager and the deputy manager were visible and approachable.
- 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 judgements. We found the manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.

Continuous learning and improving care; Working in partnership with others

- Staff told us that they could see the improvements that had been made since the last inspection. One staff said, "(Manager) has supported them to pull together as a team, to work hard and make the improvements. (The manager and deputy manager) are supportive and have an open-door policy.
- Since our last inspection the provider had implemented an overview document that reviewed the service including accidents and incidents and medicines errors with a view to reduce them. The tool had only been in use for three months therefore it was too early to assess its long term effectiveness.
- Since our last inspection, the manager and provider had engaged with external organisations. Some staff for example had attended training organised by the local clinical commissioning team.
- The manager had attended an external study day, which led to a review of personal emergency evacuation plans to include risks associated with people who are prescribed creams which are flammable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since our last inspection there had been regular resident and relatives' meetings, which were well attended to enable people to share any concerns or feedback about the service. In the most recent meeting, people had been asked if they had noticed any improvements, one person noted there were increased numbers of staffing, whilst another person noted an improvement in atmosphere and staff morale.
- The manager welcomed feedback from people and their relatives. Feedback reviewed included: 'Just to say how fantastic you have all been, it was lovely to come in yesterday to see the dedication given by the staff. It looked fantastically clean and well organised. And if I may a special thank you to (staff name), who is beyond doubt, an amazing carer, he works so hard with that wicked sense of humour and the ability to make it look so easy, the residents obviously adore him. Well done to you all.' Another comment read, 'I have noticed that the 'floor' smells much better, fresh and floral. Calls have been answered quickly and efficiently. The atmosphere is lighter and more friendly. The carers work as a team. (Staff name) in particular is an absolute credit to the caring team, but actually the majority of staff are kind, approachable and easy to be around.'
- Staff were attending regular team meetings and told us that the morale had improved. During staff

meetings good practice was discussed, alongside any changes to people and the care they needed.