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Grafton House Residential 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 and 24 October 2018 and was unannounced on the first day. We received some concerns of a safeguarding nature and returned to the service to complete the inspection on 13 November 2018.

At the last inspection in October 2017, the service was rated Requires Improvement and the provider was in breach of two regulations. These related to standards of hygiene in the key question safe and governance in the well-led key question. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve these key questions to at least good. We checked to see that the action plan had been completed and found progress had been made in most areas. However, there were shortfalls in some recording and reporting systems and not all statutory notifications of events in the service had been submitted to the Care Quality Commission (CQC). We are dealing with this matter outside the inspection process. We have rated the service Requires Improvement again.

Grafton House Residential Home accommodates up to 26 older people, many of whom are living with dementia. Bedrooms are provided on both the ground and first floors with access via a passenger lift. There are a range of communal rooms. The service is centrally located with easy access to local facilities. At the time of this inspection 21 people were using the service.

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

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager had made improvements with many aspects of the quality monitoring programme. They closely monitored any accidents such as falls to identify any actions that could be taken to prevent a reoccurrence and keep people safe, however not all incidents had been recorded and reported appropriately. Following the inspection, the provider confirmed changes had been made to the management of incidents in the service.

Audit tools had been revised and strengthened. The systems to assess, monitor and improve the quality of the service provided had been effective in driving the necessary improvements in relation to standards of hygiene and risk management. The service was clean, tidy and generally odour free. New flooring in communal areas had made a significant improvement. Better systems were in place to make sure areas of the service were regularly cleaned and standards of hygiene were monitored closely. Overall, risk management had improved with new risk assessments in place for the environment. The management of

people's risks relating to their individual needs required more consistency and further action was taken following the inspection.

Overall, people's care plans contained appropriate information and detail to direct staff to provide person-centred care. These were reviewed and updated as people's needs changed. One person needed a care plan to support their anxious and agitated behaviours and this was completed following the inspection. Staff showed a good understanding of people's needs and the support they required.

Staff were safely recruited. We received mixed feedback about staffing levels. Some people told us staff were busy at times and not always available to provide support. The registered manager confirmed they would complete a staffing review to ensure sufficient staff were deployed on each shift.

People told us they felt safe living at the service. Staff were trained to recognise and respond to safeguarding concerns. The management team had worked with the local safeguarding team to investigate and address any concerns.

Medicines continued to be safely managed by the service. People received their medicines as prescribed and these were reviewed regularly by their GP.

Maintenance checks helped make sure the home environment and equipment were safe. Redecoration and refurbishment had continued to provide a safer and more homely environment. The provider now had a formal renewal programme in place.

People told us they enjoyed the meals and there was a good choice. Staff supported people to eat and drink enough and worked effectively with healthcare professionals to make sure people's needs were met.

People had choice and control over their daily routines. Staff supported people to make decisions, they respected people's choices and supported them in the least restrictive way possible. Mental capacity assessments and best interest decisions had been documented when necessary. The registered manager appropriately applied to deprive people of their liberty when necessary.

We saw staff treated people with kindness, respect and compassion. People's privacy and dignity was respected and their independence was promoted. People were supported to maintain contacts and relationships outside of the service. The activity programme had not been fully maintained in recent months; a new activity coordinator had been recruited and improvements with the provision of more regular and varied activities was planned.

People told us they felt able to raise any issues or concerns. The provider had a formal system in place to manage and respond to any complaints.

Staff, people who used the service and their relatives told us the registered manager was accessible and approachable. There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home.

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 had been made to the management of risk in relation to the environment, but aspects of individual risk management needed to be more consistent. People received their medicines as prescribed. Staff knew how to safeguard people from the risk of harm and abuse.

Good improvements had been made with the standards of hygiene and cleaning.

Staff were recruited safely. Occupancy levels had increased. We received some mixed comments about staffing levels and the registered manager confirmed they would complete a staffing review to ensure sufficient numbers of staff were provided on each shift.

Is the service effective?

Good 

The service was effective.

Improvements had been made to the environment; there had been more redecoration and refurbishment.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005. Staff received training, supervision and support which provided them with the skills and abilities to carry out their roles effectively.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People who used the service spoke positively of the caring approach from staff. Staff were familiar with people's preferences

and needs.

People's privacy and dignity was respected.

Staff were committed to promoting people's independence and supporting them to make choices.

Is the service responsive?

Good ●

The service was responsive.

People felt confident raising concerns or complaints and these were listened to and acted upon.

People's support plans contained sufficient and relevant information to provide consistent, person centred care and support. There was a sensitive approach to the consideration of people's end of life care.

People enjoyed the activities they participated in although there had been shortfalls in the programme in recent months. A new activity coordinator had been recruited and improvements were planned.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Not all notifications had been submitted to the Care Quality Commission as required.

Improvements had been made to the quality monitoring programme, however incident management systems were not consistent.

People who used the service and staff told us the registered manager was approachable and responsive to feedback. The atmosphere in the service was more open and inclusive.

Grafton House Residential 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 registered 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.

We undertook this comprehensive inspection on 23, 24 October and 13 November 2018. The inspector was accompanied by an expert-by-experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

We spoke with six people who used the service, four of their relatives and two visiting health care professionals. We also spoke with the provider, the registered manager, the deputy manager and a selection of staff; these included the administrator, three senior care workers, two care workers, the cook, the

maintenance person and housekeeping staff.

We looked at five people's care files and reviewed ten medication administration records. We checked a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, incident records, complaints management and maintenance of equipment records. We completed a tour of the building and checked the environment.

Is the service safe?

Our findings

At the last inspection in October 2017, we identified concerns in this key question including a breach in regulation relating to standards of hygiene and shortfalls with risk management systems. At this inspection we found improvements had been made and the provider was no longer in breach, but more consistency was needed with aspects of people's individual risk management.

Individual risks to people had been assessed and areas included, weight loss, skin damage, choking, the safe moving and handling of people, falls and the use of bed rails. One person was identified as high risk of absconding from the service. Following incidents, the registered manager had taken action to reduce this risk, such as changing the lock on the front door, concealing the fire exit opening mechanism, moving the garden furniture and referring the person for assessment with the community mental health team. Although staff were completing 30-minute monitoring checks, this was the only control we found on the person's risk assessment and safety care plan. The registered manager had recently completed a detailed risk management plan as directed by the local safeguarding team, which included more actions to protect the person's safety. There was no behaviour management plan in place to direct staff on the preferred strategy to take when the person became anxious and agitated. They confirmed they would review and update the person's care plans in relation to their safety and behaviour management as a priority.

The registered manager closely monitored any accidents such as falls to identify any actions that could be taken to prevent a reoccurrence and keep people safe, for example we saw people had been referred to occupational therapists for assessment. However, not all incidents had been recorded and reported appropriately. Following the inspection, the provider confirmed changes had been made to the management of incidents in the service.

We found improvements had been made to the standards of cleaning and hygiene throughout the service. To support more effective hygiene practices, new furniture, furnishings, bedding and flooring had been provided. Staff had completed refresher training on infection prevention and control. More comprehensive cleaning schedules and systems of daily checks had been put in place which helped the registered manager to monitor the standards of hygiene in the service and identify any shortfalls. We observed good hand hygiene practices and a new sink had been provided in the laundry room. There was a mal odour in one person's room, all other areas of the service were odour free.

Risks in relation to the environment had improved with ongoing refurbishment of the service, including replacement flooring in all communal areas, the sluice and some bedrooms. New equipment and furniture had been provided. Areas of risk in the service such as high steps, a ramp, uneven garden areas and a fireplace had now been assessed to better ensure people's safety. These changes promoted a safer and homely environment for people who used the service.

The service now employed a maintenance person who worked on a full-time basis. We saw documentation that identified checks were carried out within the service on a daily and monthly basis and prioritised actions as required. Equipment used was maintained and serviced in line with manufacturer's instructions.

We noted the call bell system was dated and limited in function. The provider confirmed they would look into improving the functionality of the system. There was a concern identified during the inspection that a person who used the service was switching off the alarm light on the call bell display box. The registered manager confirmed they had ordered a protective cover, which would address this issue.

Staff had received training in how to recognise signs of abuse. Staff were aware of their responsibilities to report any concerns they may have and the actions they would need to follow if abuse was suspected. The management team had worked with the local safeguarding team to investigate and address any concerns raised.

Staff confirmed they did not use any physical interventions when delivering care and support. They described how one person who used the service could be resistive to personal care support and how they used distraction techniques successfully to deliver safe care. They explained how they would leave the person and return later if they were too anxious and this worked well. We saw this strategy was recorded in the person's behaviour management plan.

The occupancy levels had steadily increased since the last inspection. The service had four contracted beds with local commissioners, to take people requiring discharge from hospital, requiring rehabilitation prior to returning home. The registered manager completed a staffing dependency tool and this was reviewed regularly. They explained that although the service had experienced some staff turnover, they had recruited more care staff, a maintenance person, an activity coordinator and increased the housekeeper's hours. During the inspection, we observed staff routines were busy at times and people's needs were being met.

We received mixed feedback from people who used the service and their relatives about staffing arrangements. Comments included, "There is always someone about for you, the staff even pop in at night", "There are waits during the night and staff are very sorry and say there are only two on" and "It takes them [staff] 45 minutes to come at times during the day, but it is a bit better at night" and "Staff are brilliant. The minute I pull the call bell they come." We discussed the comments about staffing with the provider and registered manager, who confirmed they would complete a staffing review to ensure sufficient staff were on duty to meet people's needs in a timely way. In discussions, staff considered the routines were busy at times, but they always managed to support people's needs.

People received their medicines as prescribed. Only trained staff, whose competency had been assessed, administered people's medicines. Due to recent shortages of senior care staff (who were competent to administer medicines) on night duty, contingency arrangements were in place. This ensured where people required any medicines during the night, these would be administered by the 'on call' member of staff. Records showed the 'on call' person had been called in to administer medicines in recent weeks. The registered manager confirmed new senior staff had been recruited and were completing medicines training.

Records relating to the receipt, administration and disposal of medicines were accurate. We observed staff were patient and caring when administering medicines; they sat with people, gave them explanations and assisted them to take their medicines. One person was receiving covert medication (disguised in food or drink without their knowledge or consent). Policies and procedures were followed to make sure that their mental capacity had been assessed. A 'best interest' decision was recorded with the involvement of healthcare professionals and family members. Pharmacy advice had also been obtained from the GP on the best way to administer these medicines safely.

When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. Controlled drugs were

stored securely and checked regularly. The temperature of the medicine storage room regularly exceeded the maximum temperature recommended by the manufacturer which the registered manager confirmed they would address.

Recruitment was managed safely. Staff told us and records seen confirmed, that prior to commencing in post, the appropriate checks had been carried out, including references and DBS (Disclosure and Barring Service) checks. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This allowed the provider to make safer recruitment decisions.

Is the service effective?

Our findings

At the last inspection in October 2017, we found areas of the service required maintenance, redecoration and refurbishment. At this inspection we found the service was better maintained and there had been ongoing decorative improvements to the environment.

Improvements had been made with new flooring, new furnishings and re-decoration of bedrooms and toilets. Externally the gardens had been tidied and trees cut back in the front. The woodwork on the rear of the property had been re-painted. The environment was brighter and homelier. The registered manager confirmed there was still a lot of work to complete and the renewal programme showed further improvements to the exterior of the property was planned next year.

There was some pictorial signage and visual cues to support positive orientation for people living with dementia. The registered manager confirmed this was an area for development. They planned to provide a large calendar in the sitting room and would look at other initiatives and adaptations.

People's nutritional well-being was assessed on admission and then each month. Their weight was recorded on a weekly or monthly basis depending on their nutritional risk. We saw dieticians and a specialist gastrostomy nurse were involved with some people whose nutritional intake was compromised or if they received nutrition through a tube directly into their stomach. These health professionals provided treatment plans and advice for staff and people who used the service.

People had enough to eat and drink and maintained a well-balanced diet. Menus showed a variety of food was on offer and people's cultural dietary needs and preferences were catered for. People's comments on the food included; "On the whole it is pretty good, we always have a choice. I like the lamb dinners on a Sunday", "You get a choice of two meals and something else if you want, I like the dinners best" and "The meals are okay, yesterday we had a lovely curry." We saw mealtimes were a positive experience for people; those who needed assistance to eat and drink received this, staff were patient in their approach and encouraged people who were reluctant to eat. We noted plate covers were not used when staff took the meals to people's rooms, which the registered manager confirmed they would address.

People were supported by staff and external health care professionals to maintain their health and wellbeing. Staff made timely referrals to other health professionals for advice, care and treatment for people when required. The home continued to work closely with the care home action team (CHAT). They regularly accessed support from the range of health and social care professionals in the team, which included a GP, social worker, occupational therapist, a dietician and community matron. During the inspection we spoke with visiting professionals who told us they were satisfied with the standards of care their patients received. They confirmed staff reported any concerns promptly, staff followed their advice and supported their visits well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity

Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Dols had been applied for appropriately and the service was working within the principles of the MCA.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to be as independent as possible. People told us their consent was sought and they were involved in decision making. Where best interest's decisions were required these were always the least restrictive option and were made in consultation with relevant parties.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. The 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.

Staff had completed a range of essential training to ensure they had the skills and abilities to meet people's needs effectively. Staff told us they were well supported and had received a good induction when they began their job, to ensure they were confident in their role. The induction programme included shadowing experienced staff and completion of the care certificate. This training had been rolled out to all staff and 20 had now completed the care certificate. The care certificate sets out common standards for social care staff. Specific training to meet people's individual needs had also been completed by relevant staff; courses included, management of behaviour that challenged, gastrostomy feeding, dementia and diabetes.

Staff supervision records showed most staff received regular supervision and an annual appraisal with their line manager. The programme showed there had been some gaps with supervision meetings for some staff in recent months, which had now been planned. Staff were supported further through team meetings and ongoing competency assessments to ensure their skills were maintained.

Is the service caring?

Our findings

People and relatives told us and we saw staff were caring and attentive. Comments from people and relatives about staff included, "All the staff are good like that, never had any trouble with them", "Wonderful staff, I can't say different", "All staff are my friends", "Some are better than others, but all are kind" and "Carers are excellent, I call them 'Caring Angels'."

Our observations showed staff understood people and supported them with dignity and compassion. Staff consistently spoke to people with kindness and always addressed them by their name. There was a calm and relaxed atmosphere and people had good relationships with staff. Comfortable interactions were observed with people and we noted care workers chatted about their interests or families. It was clear they knew about people's backgrounds, personalities, likes and dislikes. People had documents titled, 'My life story' in their care records which provided information about their background such as their family, work experiences and special memories. This helped staff to understand people's life history and what was important to them, even if they were no longer able to communicate this.

People were relaxed in the presence of care workers and other staff at the home. Staff were skilled and caring in the way they supported people who were confused or upset. We observed staff patiently speaking with people, reassuring them or providing distractions when necessary to promote people's wellbeing. They explained what they were doing and why, to help people understand and to reduce any anxiety about the support being provided.

People were encouraged to maintain their independence. A member of staff told us, "We always give people time and don't rush them. It's important they keep their independence where possible and we don't take over."

People who used the service were encouraged and supported to develop and maintain relationships with people that mattered to them. Friends and relatives were able to visit at any time. Relatives said they felt welcome and had a good relationship with care workers and management. They told us they felt involved in decisions about the health and welfare of their family members. One relative said, "I can't fault it here. They [family member] are always really happy when we visit."

Staff were respectful and quick to respond to maintain people's privacy and dignity. Their conversations were discreet and staff supported people to their bedroom or bathrooms where assistance was needed with personal care. Staff knocked on bathroom and bedroom doors and waited for a response before entering. One person's relative told us, "Staff definitely respect [Name of family member's] privacy. They will ask us to leave the room if they need to provide personal care."

People who used the service looked well-presented and cared for. We observed staff supported people when necessary to make sure they were clean and appropriately dressed according to their wishes and preferences. One person's relative told us, "Staff are mindful about their [family member's] appearance and they always make sure they look smart and their hair is brushed." A visitor raised a concern about requesting

support with their friend's personal care before they took them on outings and we passed this to the registered manager to look into.

A range of information was provided which included the previous Care Quality Commission inspection report, how to make a complaint and the results from surveys completed by people and their relatives. The registered manager confirmed people received support from advocates. An advocate is an independent person who supports people to make and communicate their decisions.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us they were treated equally. We saw no evidence to suggest that anyone who used the service was discriminated against and no-one told us anything to contradict this.

We saw staff maintained confidentiality. They completed phone calls and discussions about people's health care needs in private in office areas. Care files were held securely in the staff office and staff personnel files were held in the administration office. Computers were password protected.

Is the service responsive?

Our findings

People had their care and support needs assessed prior to using the service. Assessments were completed with the people who used the service, their family and if appropriate, health professionals and the local authority. Detailed support plans were drawn up from this information.

People received personalised care and support based on their preferences and needs. The care records clearly outlined the care and support the person needed, along with information about how staff could minimise any identified risks. There was also information in the care records about each person's abilities, so staff knew the level of support needed and enable the person to maintain their independence. Support plans were person centred, focusing upon the person as an individual and detailed their preferences, likes and dislikes. Two female residents told us the service had recently employed some new male care staff. They described how at first, they hadn't wanted to receive personal care support from them, which was respected, but now they had got to know them, they really liked them and were very happy to receive their support.

Staff had a good knowledge of people they cared for and were able to tell us how they responded to people and supported them in different situations. They said the support planning process was effective and assisted them to understand how to provide appropriate care to people. One member of staff told us, "You get to know people over time. We ask their families for information." Our observations of staff practice showed they offered people choices based on their knowledge of their needs and tailored their approach and how they spoke with people to meet their communication needs.

Daily notes outlined how each person had spent their day, what care had been provided and any changes in their condition. Supplementary records were maintained of people's food and fluid intake, oral hygiene and repositioning. We again spoke with the registered manager on the benefits of identifying individual target amounts for people's fluid intake which is recommended by the National Institute for Health and Care Excellence (NICE) guidelines. They confirmed they would be introducing this. Reviews were held with people who used the service, family members and other social and health care professionals, to ensure people's needs were met and they were satisfied with the service.

The registered manager discussed the sensitive issues concerning end of life care with people and their families. We saw some people had completed support plans to show what their wishes were for end of life care.

People's social needs were detailed in an activity file, the information listed people's likes, dislikes, hobbies and interests. The activity programme had not been fully maintained since the activity coordinator had left in July 2018. Staff told us they provided support with activities when they had time; they played games, gave manicures and had taken some people out for trips to the local shop or public house. Entertainers regularly visited the service. A new co-ordinator had been recruited and started during the inspection. We observed they spent time introducing themselves to people and playing games.

There were links with local churches and one person regularly received visits from their minister and friends at a local church they attended. Monthly services were held at the home, for those people who wished to attend. The registered manager explained the service was looking to develop links with local schools and a local music society. They had held a cheese and wine event for people and their families recently.

Feedback about activities was mixed, one person told us, "I can choose if I want to join in. This weekend I will go to the Halloween Party. I like the lady singer that comes regularly and the Zumba too." A relative told us, "The only issue is there is nothing to do." The provider confirmed they had met with the new activity coordinator and the activity programme would be reviewed and fully implemented.

The registered manager was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. They told us they would provide adapted information if this was needed.

There was a complaints procedure and a system in place to log any complaints received. The service had received one complaint since the last inspection. We saw this had been dealt with appropriately. People who used the service said they would feel comfortable speaking with staff or the registered manager if they had any issues or concerns. A person told us, "I've never needed to complain. I've had a couple of niggles, but nothing worth reporting." Visitors told us, "I've only had one concern and this was looked into" and "I speak with [Name of registered manager] she always listens and takes action."

Is the service well-led?

Our findings

At the last three inspections in 2015, 2016 and 2017 we identified shortfalls in the governance systems at the service. At the inspection in October 2017, we also found concerns around the management of risk to people's safety and welfare. At this inspection, we found the provider had made improvements with the quality monitoring programme and was now meeting this regulation, although the management of one person's risk and aspects of incident reporting and recording needed to be more consistent.

Since the last inspection we recognised that the provider had failed to notify us of all safeguarding incidents where the police had been notified. This was a breach of regulation. The provider accepted a fixed penalty and paid this in full.

The home's audit system had been reviewed and simplified. A monthly programme of audits was in place and the registered manager completed the majority of these. New audit tools had been introduced for the environment and infection prevention and control, with good effect. A detailed renewal programme was now in place which detailed planned works to the interior and exterior of the service. Audits of care plan records had been completed, and this included supplementary monitoring records. Action plans had been put in place where audits identified shortfalls; we noted where some actions had not been completed, the registered manager had recorded 'on-going' and we advised the use of dates, so effective timescales were in place and monitored.

Incidents and accidents were monitored at service level and through the provider's clinical governance checks. Whilst it was clear the focus had been to record and review accidents and incidents such as falls, the provider took action following the inspection to ensure other incidents were appropriately recorded, reported and reviewed. The provider had taken the decision to put CCTV in place in the communal areas of the service to support more effective monitoring and promote people's safety.

The registered manager had been appointed shortly before our last inspection and had been registered with CQC since October 2017. The registered manager was supported by a deputy manager, an administrator and senior care workers. The management team had a good awareness of the needs of people who used the service.

Staff told us the registered manager was proactive, approachable and acted on any issues or concerns they had. Feedback included, "[Registered manager's name] is good and will sort any issues out. If you have got a problem or need support you can go and speak to them and you don't feel intimidated. I have no worries about approaching them" and "The manager spends time on the floor and is willing to help out when necessary. I like the manager, they have made a lot of improvements here."

Staff told us the communication systems in the home were effective and they felt well informed. There were regular shift handovers and staff meetings were held to ensure staff had up to date information about issues affecting the service and people who lived there.

People and relatives felt confident in the way the service was managed. They told us, "It's spotlessly clean, the food is great and I have no issues", "I do not think that I would get better care anywhere else, it's pretty good to me" and "The home is well-managed and staff take care to get the little things right. The new maintenance person has made lots of improvements with the environment."

The registered manager told us they continued to be well-supported by the provider, who was present for the second day of the inspection. The provider completed monthly visits and weekly 'skype' calls to further audit and monitor the quality and safety of the service. Any issues or concerns were documented and incorporated into an action plan, to be 'signed off' as recommendations and improvements were implemented. This showed a systematic approach to ongoing improvements.

The service worked with other agencies and services to make sure people received their care in a joined-up way. This included working with GP's, community nurses, social workers and specialist nurses.

There were a range of processes in place which enabled the registered provider to receive feedback on the quality of care provided at the service, this included meetings and satisfaction surveys for people who lived within the service and their relatives. Surveys for 2018 had been issued and some returned. Feedback was generally positive, comments had been made about the standard of cleaning and too many sandwiches, which the registered manager confirmed they would follow up. In discussions with us people and their families spoke positively about the calibre of newly recruited staff and were pleased with the continued improvements to the environment.

The provider had introduced a new staff recognition scheme earlier in the year, 'Staff Member of the Month.' The management team used feedback from people who used the service, relatives and visitors to help choose the winner and the prize was a personalised gift.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager had not notified us of safeguarding incidents which involved the police.

The enforcement action we took:

We issued a Fixed Penalty Notice.