Care Quality Commission

Regal Care Trading Ltd

Blenheim Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Blenheim Care Home is registered to provide accommodation with personal care for up to 57 older people, including care and support for people living with dementia. There were 33 people living in the service when we inspected on 18 July 2017, plus an additional five staying for short-term re-ablement following a time in hospital. This was an unannounced inspection.

At the last inspection, the service was rated good and at this inspection we found that although some improvements were needed the service remained good overall.

There was a registered manager in post. 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.

There was a positive, open and inclusive culture in the service and the atmosphere was warm and welcoming .

There were sufficient numbers of well trained staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were confident that any concerns would be listened and responded to.

People were complimentary about the way staff interacted with them. Independence, privacy and dignity was promoted and respected. Staff understood the importance of gaining people's consent and were compassionate, attentive and caring in their interactions with people. They understood people's preferred routines, likes and dislikes and what mattered to them.

Care plans were written in a person centred manner and reflected the care and support each person required and preferred to meet their assessed physical needs. More information was needed to guide staff how to support people's social needs.

For some people there was a lack of opportunity to engage in meaningful activity throughout the day. The management team were already aware of the shortfalls with regard to activity provision and a lifestyle co-ordinator had recently been employed. Plans were in place to improve this aspect of the service.

The mealtime experience was not a positive one for many. Staff were not deployed appropriately to ensure that people had the assistance they required with their meals and choices were limited. We discussed our concerns with the management team who took immediate action to make changes to improve this aspect

of the service provision.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. They were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Our observations told us that staff sought people's consent and acted in accordance with their wishes. However, additional work was needed to ensure people were always supported to make their own decisions wherever possible.

People were provided with their medicines in a safe manner. They were prompted, encouraged and reassured as they took their medicines and given the time they needed.

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement. However, these were not always effective as they had not identified some of the shortfalls we found during our inspection. A new auditing tool was in the process of being implemented to enable the management team to make improvements to quality monitoring. The management team were open and transparent throughout the inspection and sought feedback to further improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Procedures were in place to safeguard people from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were not deployed appropriately to ensure that people had the assistance they required with their meals and choices were limited.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS). Additional work was needed to ensure people were supported to make their own decisions wherever possible.

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

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their

interactions with people.

People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

Improvements were in the process of being made to the activity provision.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The service provided a positive, open culture.

People, relatives, visitors and staff gave positive feedback about the current management and leadership of the service.

A new auditing tool was in the process of being implemented to enable the management team to make improvements to quality monitoring. This would help to ensure the quality of the service was continually improving.

CareQuality Commission

Blenheim 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 on 18 and 25 July 2017 and was carried out by an inspector, a specialist advisor who had knowledge and experience in dementia care, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the service such as notifications. Notifications are the events happening in the service that the provider is required to tell us about. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, deputy manager, area manager and a director representing the provider. We also spoke with eight other members of staff.

We spoke with 15 people who used the service and five relatives. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed nine people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People presented as relaxed and at ease in their surroundings and with the staff. People told us they felt safe living in the service. One person said, "If I needed help I would just call. I do feel safe here". A relative told us, "I think [person] is safe."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures. They were aware of their responsibilities to ensure that people were protected from abuse. One member of staff told us, "I am confident to report bad practice, I would go to the manager if [they] did nothing I would go to head office." Staff knew how to recognise and report any concerns to the appropriate professionals who were responsible for investigating concerns of abuse.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated and specific to people's individual support needs. For example, the risk assessments for one person included risks associated with them being blind such as being nervous when using equipment which could cause them distress. There was also consideration given to people being at risk of confusion when first moving in to the service and control measures in place to help staff to minimise the risks to people's well-being. When people's needs had changed and risks had increased the risk assessments were also updated to ensure staff knew how to provide their care and keep them safe.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. We saw that people's care plans included Personal Emergency Evacuation Plans and there was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary.

Environmental risk assessments were generic and didn't identify all of the hazards specific to the service or show how these placed people at risk. For example, there were a lot of sloping floors and ramps in the building. These had not been identified in the risk assessments which meant there was a risk they may not be monitored and appropriate control measures put in place. However, despite the lack of formal assessment these had been marked with hazard tape and caution signs. This meant that the risk to people was minimised.

People told us that there were usually sufficient numbers of staff to provide care and support. One person commented, "There are quite a lot of staff here." Another person said, "I think there are enough [staff]. There are night staff, any problem and you can press the button by your bed." However, one person did comment that they felt that more staff were needed because additional people had recently moved into the service. They said, "There are not enough staff now as they have taken on five more people. We have to wait for everything. I have to sit and wait an hour in the morning to be fed my breakfast, lunchtime is not so bad. My medication is on time." We discussed this with a member of staff who felt that arrangements for additional

staff had been made as quickly as possible. The registered manager told us that four people had moved in three days previous to our inspection as they were being discharged from hospital and a place was needed for them to stay. They told us that they had arranged for an additional member of care staff to be available to assist with the additional amount of support needed. Rotas we looked at confirmed this.

Staff and visitors told us they felt staffing levels were sufficient to meet people's needs. One member of staff told us, "There are enough staff." A visiting health care professional told us, 'I have never seen any issues with staffing. In other homes I struggle to find anyone, but here there is always someone.' Another health care professional said, 'I do see plenty of staff around' and a third commented, 'There is always someone [staff] around, the staff always accompany us."

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

Suitable arrangements were in place for the management of medicines. We saw that people received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. One person told us, "I have pills; I take about 20 a day. [Staff] are on the ball for them; they bring them when we are having breakfast, at tea and at night, just after eight. " Medicines administration records were appropriately completed and identified staff had signed to show that people had been given their medicines at the right time. People's medicines were stored safely but available to people when they were needed. Staff had been trained to administer medicines and they were observed to ensure that they were competent in this role. Regular audits on medicines were carried out which helped to ensure any potential discrepancies were identified quickly and could be acted on.

Some parts of the service were in the process of being renovated. Signage which was appropriate for people living with dementia had been put in communal areas and names and pictures which people had chosen were on bedroom doors. However, we observed that some areas of the service had been neglected whilst development work was being carried out and were in need of further cleaning. We discussed this with the registered manager and the director who told us that there was an on-going development plan to make improvements to the service. However they acknowledged that the service should continue to be safe and clean whilst this work was being carried out. Between the two days of our inspection, the registered manager completed an 'environmental walk-around' to establish where immediate action was needed to ensure the service was safe and clean. Areas needing additional cleaning were to be discussed with the housekeeping team.

Requires Improvement

Is the service effective?

Our findings

The mealtime experience was not a positive one for many. At the start of the lunch service on both days of our inspection staff were busy serving meals and were not deployed appropriately to ensure that people had the assistance they required at the right time. One person commented on meal times and told us, "They are very slow with the food." Some people were served their lunch a long while before others on their table who had to wait, and people started to become restless. One person got up and stood very closely over another person who was visibly distressed by this. Staff were not available to intervene. Another person called out repeatedly. "Please help me." People and staff told us that this was a phrase often used by this person but we noted that they became calmer once a member of staff was able to sit with them. We observed that another person was served their lunch which was left in front of them to go cold as they required the assistance of staff who were not available. This was replaced with a hot meal when we pointed this out to staff and assistance was given.

Once staff sat down next to people to assist them they did this in a respectful and caring manner. One member of staff was assisting a person with their meal and gave them time to finish each mouthful before checking with them whether they would like some more, "How's that? Good?" and "Do you want some more?"

People were shown two different plates of food when they were asked what they would like to eat at lunchtime. Although the choice of two different meals was given there was no option of what vegetables they would like or how big a portion. One person described the food as, "Lovely" but added, "I've always had what they give me." Another person said, "The food is lovely, we don't choose what we want, we eat what we are given." There were no condiments available on tables for people to help themselves to. A person asked, "Is there sweet?" and was told, "We are having apple crumble today." When the crumble arrived there was ice-cream available as a second option but people were unable to say how much custard they would like on their crumble or whether they'd like sauce on their ice-cream as this had already been added.

Despite people being unable to make certain decisions about their meal, they were complimentary about the food on offer. One person said, "I'm quite content." Another person told us, "The food is really good, I think there is enough variety." A third person commented, "This is a lovely meal, they haven't burnt the pastry or overcooked the quiche."

During the morning on the first day of our inspection we noted that people were not offered a hot drink until soon before lunchtime. One person told us, "I need another drink, I could do with a cup of tea, I haven't had one since this morning" People told us that they normally would have been offered a drink earlier. One person said, "We normally get a cup of tea by now". We discussed this with the registered manager who told us that the tea trolley usually went round mid-morning and people could also have a drink whenever they would like one.

We discussed our concerns about the mealtime with the registered manager, area manager and director. They discussed together how they could make improvements in this area and made a decision to purchase

a hot trolley with the aim of allowing staff to stay in the dining area whilst meals were being served. This trolley was ordered whilst we were still present at the service. They agreed that they would look at how staff were deployed during lunch time and make changes such as serving one whole table at a time. They also showed us a tool they intended to use to check all aspects of people's mealtime experience, including how choices were offered.

People's nutritional needs were assessed; they were provided with enough to eat and drink and supported to maintain a balanced diet. One person told us, "I'm getting enough to eat and drink". People had protocols in their care records to assess the risk of malnutrition and dehydration. This included the use of a 'Malnutrition Universal Screening Tool' (MUST) that was completed and updated on a monthly basis. Staff demonstrated a knowledge of people's specific dietary needs and people confirmed that they received food which met these needs. One person told us, "They do feed me and they feed me slowly." A relative commented, "[Person] is on a soft food diet and they do feed [person]."

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. We saw, that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions.

Where people did not have the mental capacity to make certain decisions for themselves, clear guidance was given to staff regarding decisions which had been made in the person's best interest in line with the MCA. Assessments were specific to certain decisions such as use of continence pads, administration of medicines and personal care. Where people were still able to make some decisions for themselves this was also made clear to ensure staff still encouraged them to do so.

Our observations told us that staff sought people's consent and acted in accordance with their wishes. For example we saw a member of staff check with a person before administering their medicines and gain their agreement for them to be given as prescribed. One person told us, "They don't restrict my freedom at all." However some people also told us that there were times when they were not given the opportunity to make decisions for themselves. One person said, "They usually wake me about seven, it's a reasonable time. I sometimes choose what I wear but they usually just take out the clothes and put them on". Another person commented, "Someone decided this was a good thing for me to put on. I wouldn't wear this for the life of me but I'm too timid to say anything, it's just not me." This demonstrated that not all staff understood the importance of supporting and empowering people to make their own decisions wherever possible.

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. People told us that they were confident the staff were well trained. One person said, "Staff are brilliant, very skilled and trained." Another person commented, "Staff know what they are doing, there are plenty of them."

Staff had received training in key areas such as moving and handling, first aid, infection control, health and

safety, MCA and safeguarding. Staff were also trained and supported to be able to meet the specific needs of people living with dementia. The registered manager explained how all staff were required to take part in challenging behaviour and medication training regardless of their role. This was so that all staff were aware what action to take if a person became distressed or of they found a tablet which had been dropped, for example.

Staff were able to tell us what they had learnt during training and how this helped them to provide a better quality of care. One member of staff told us about the recent Gert Suit training they had taken part in. The Gert Suit experience involves the use of an age simulation suit and is used to give staff a better understanding of what it is like to be in an ageing body. The member of staff explained, "You actually feel how [people] feel. It makes you realise it's a struggle for them and makes it easier to know how to help them."

A member of staff who had recently started working at the service told us about their induction and the shadow shifts they were working alongside another member of staff. They commented. "They've told me I need to go through the care plans." This meant that the staff member would have the knowledge they required to support people effectively.

People had access to health care services and received on-going support where required. A relative said, "If you talk to [staff] they seem to know about [person's] illness. [Person] has been a bit quiet, [staff] are getting the doctor in. Another relative told us, "[Person] was a bit chesty. [Staff] got the doctor out. They didn't hang around." Records also showed that staff had been quick to respond to changes in people's needs. For example, the communication book gave details of how requests had been made for people to see healthcare professionals when staff recognised changes in people's well-being which could be attributed to a healthcare need.

Good

Is the service caring?

Our findings

The atmosphere within the service was relaxed and welcoming. One person staying at the service on a short term basis told us, "It's been a lovely peaceful stay here and the staff can't do enough to make you welcome". They added, "I don't want to go home, I like it here, they are so kind. Staff are very good." A relative commented, "[Staff] are very good, busy but they find time for you, they are very pleasant."

People were positive and complimentary about the care they received. One person told us, "I think the care is excellent. I'm well looked after and cared for." Another person said, "I know they are busy, they do try hard, they are lovely hard workers." A relative commented, "I'm really pleased. You can't fault them. They are lovely. I'm very impressed at the care and attention you get from staff." People told us that staff knew them well and listened to what they had to say. One person said, "Nice [staff] aren't they, they all know me and they always make a little bit of time to talk to you."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. For example, we heard a member of staff ask a person, "Are you chilly? Would you like a cardigan? " A healthcare professional told us about the empathy shown by staff, "A few people don't like giving blood so they'll get one [staff] each side to reassure them." One person commented, "[Staff] are lovely, really lovely." Another person said, "They are patient and gentle with me". We observed two members of staff assisting one person with a hoist. They chatted to them and explained what they were doing to offer reassurance and encouragement. The person joked with the staff as one of them said. "Going up, menswear." The person was at ease with the staff and the manoeuvre they were performing. This demonstrated that the ethos of care was person-centred and valued each person as an individual.

Staff had a good knowledge and understanding of people's preferred routines, likes and dislikes and what mattered to them. We observed a member of staff ask a person, "Are you happy here or would you like to sit in your room where there are less people?" Staff told us and the person's care plan indicated that this person could be unsettled by being in large groups of people and often preferred to be in their bedroom." This demonstrated that staff had a good understanding of this person's needs and preferences.

People were encouraged to make their own decisions relating to their daily routines, where they would like to be and what they would like to do. There were different areas of the service where people could spend time depending on how they liked to spend their day. One person was sitting in the area known as the quiet lounge and told us, It's nice in here. I read and it's quieter."

Where people found it difficult to express their care needs verbally, care plans gave guidance to staff to help them understand people's needs. For example, 'Look at my face and body to ensure I'm not in discomfort' and, 'I can express I have had enough to eat or don't like the food by not opening my mouth.' One member of staff told us that the best thing about working at the service was, "Getting to know [people]. They've all got different characters."

Relatives told us that when appropriate they were involved in discussing peoples care and were kept

informed. One relative said, "They are very good at informing me, [person] will knock [themselves], it will come up and they will tell me how it happened." There was additional work to do to make sure people were fully involved in their own care planning. One person commented, "I expect I have a care plan but I haven't got a copy". Another person said, "Care plan? No, no one has spoken to me." We saw that people had been involved with care plans when they first moved into the service but were not always involved in updating of information. This meant that opportunities may have been missed to record what was important to people and how they would like their care to be provided.

People's privacy and dignity was promoted and respected. One person told us, "Everybody is very friendly and helpful, they don't barge in". Another person said, "On the odd occasion when I've had an accident they have been very good, professional. They look after me very well, they are compassionate." A healthcare professional told us, "If we can't move a [person] they'll put a screen around them for dignity." This showed that staff recognised the importance of privacy and dignity as core values in the service and worked together with people to promote them.

Good

Is the service responsive?

Our findings

People and their families told us they received personalised care which was responsive to their needs and their views were listened to and acted on. One person expressed how they were happy with the support they received and commented, "Staff are OK, as best they can be, quite efficient, this morning I had a shower". A visiting healthcare professional told us, 'I personally think they are well cared for on the whole, you never see anyone dirty or wet.' A relative said, "Staff are very good, they are very good with [person] at night. [Person] shouts out, they go in and reassure, try and help as much as possible. They have at times taken [person] downstairs and let [them] sleep in a recliner".

People told us that staff responded in good time to their calls of assistance. One person said, "I've got a buzzer to press. I don't often press it but when I have they came quickly". Another person told us, "In our bedroom there is a thing you can press. I had something to ask and I pressed it. They came in three or four minutes."

Staff were knowledgeable about people and communicated with each other to pass on any changes in people's individual needs. One member of staff told us, "I wasn't on for a few days so I flicked through the communication book and had handover." This meant that staff were aware of people's current care needs and were able to identify any changes which may indicate action was needed to keep people well.

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Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed physical needs. All aspects of people's physical, emotional and social needs were considered. Details were included relating to people's specific health conditions. For example, diabetes. One person told us that staff knew how to support them with their diabetes, "They test my blood before breakfast and before tea. My levels are up and down. They bring it into me but I dial it up and inject. If it's high staff tell me to drink lots of water, if its low ill have something to eat or [energy drink]. The care plan of a person who had recently moved into the service included information to guide staff how they could best support them. For example, 'Can use call bell but needs to be in position as registered blind." There was also information about the person's preferences such as, 'Loves a good cup of tea." This demonstrated that staff had the information they needed to support people with all aspects of their well-being and in line with their preferences.

The care plans of people living with dementia explained the ways in which the dementia affected them to help staff understand what may cause them to become anxious or distressed. For example, one person's care plan explained that they became frustrated at not being able to get their words out properly so staff knew that they needed time to express what they wanted to say and should not be rushed.

The majority of the records in people's care plans were frequently reviewed and up to date. However, the parts of the care plan relating to people's social needs had not been updated. Care plans gave details of how people liked to spend their time but there was limited recording of what activities they had undertaken. It was therefore unclear what people had been doing with their time and what had worked well for them to enable staff to tailor meaningful activities to their individual needs.

We observed some people occupying their time during the day by doing the things they enjoyed. One person was drawing a lot of the day and they expressed to us how much they enjoyed this and were pleased to have some of their work on display. Another person told us how they were given the opportunity to maintain their musical interests, "I'm a musician and every day I get to play the piano." We observed the person playing the piano during the day and other people enjoying this.

However, for people who needed more assistance we observed there was a lack of opportunity to engage in meaningful activity throughout the day. On the first day of our inspection, there was limited social interaction for people other than a game of bingo taking place in the afternoon. One person told us, "I'm fed up in here, it's a long day with nothing to do". Another person said, "They used to have singers up here every so often but they haven't been for ages. They have music on sometimes like the radio." A third person commented, "I've been chatting mostly, I haven't done anything else." People who preferred to spend time in their bedrooms told us they were not always provided with an opportunity to take part in activities. One person told us, "I do get bored, I watch the TV, read books, I don't want to go out of the room, I'm not a mixer. Staff do come and chat to me sometimes."

We discussed our concerns regarding the lack of activity provision with the registered manager. They were already aware of the shortfalls with regard to this and told us that a member of staff had started work as a lifestyle co-ordinator within the last two weeks. Plans were being made to improve on this part of the service provided including making staff aware that spending time supporting people with meaningful activities was part of their role. Staff had also been asked to record this so that they could share information about what people particularly enjoyed.

On the second day of our inspection, we observed that activity provision was much improved. There was a happy atmosphere in the dining area and lounge as people enjoyed singing and dancing together. As well as the lifestyle co-ordinator, other members of staff got involved and encouraged people to join in. The registered manager told us about the progress they had made in the last week with regard to activity provision. A meeting had been held with people to gather their thoughts on a new activities programme which had been produced and changes had been made to the programme to reflect people's views. A form had been produced to record people's individual thoughts about how they wished to be support with their social needs and several of these had already been completed.

There was a complaints procedure in place which explained how people could raise a complaint. People felt comfortable speaking with the staff and the management team if they had any concerns. One person told us, "If I was worried about something I'd ask one of the carers to have a talk." Another person said, "I'd go to the office if I wanted to make a complaint." Records of complaints showed that they had been responded to appropriately and in a timely manner. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Good

Is the service well-led?

Our findings

There was a person centred, open and inclusive culture in the service. A relative told us, "They make me feel very welcome, all the staff are very pleasant." Another relative said, "My first impression is it seems good, very welcoming." A member of staff commented, "The organisation is open and fair."

People, relatives, visitors and staff gave positive feedback about the current management and leadership of the service. A health care professional told us, I think [staff and management team] are good and up to speed with the patient's diagnosis, [Registered manager] is always helpful." Staff told us that the registered manager was a visible presence within the service and one person commented, "The manager is very nice."

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities. A member of staff told us, "[Registered manager] is really easy to go to. [They] are calm and will do what they can for you." Staff had regular supervisions which enabled the management team to set clear expectations about standards and gave staff the opportunity to discuss issues openly and develop in their role.

Staff told us that they were comfortable approaching the management team and were encouraged to question practice and implement new and improved ways of doing things. One member of staff told us, ", There is always something you can do to improve. At staff meetings we will always bring them up. Since I've been here things have always changed to make things better." This meant that staff felt valued and were motivated to drive continual improvement within the team.

Staff were confident that they could raise any issues of concern and that these would be dealt with appropriately. One member of staff told us if they felt a concern needed to be addressed, "I would definitely whistle blow." Another staff member said, "I'd just go to my manager or raise it at a meeting. I have gone to [registered manager] and it's been changed. There is never a major problem."

The provider had quality assurance systems which included checks and audits carried out by the registered manager, area manager and director. However, these were not always effective as they had not identified some of the shortfalls we found during our inspection such as the poor mealtime experience and additional areas of the service that required cleaning. Where shortfalls had been noted it was unclear what action had been taken to make improvements. The registered manager showed us a new auditing tool they were in the process of implementing to enable them to improve the quality monitoring process. The environmental audit completed between the two days of our inspection demonstrated that this approach was more effective at identifying shortfalls and recording what action was to be taken, by whom and in what timeframe.

Accidents and incidents were investigated and action taken to mitigate further risk. A falls register analysis noted numbers of falls and when they had taken place but there were no recorded actions to show that the analysis had been effective in preventing further falls. Records of incidents could be strengthened with the addition of information which makes it clear what action has been taken so that this could be effectively

monitored and reviewed. However, we noted that care plans, records of staff meetings and communication books showed how management and staff had responded to accidents and incidents which had occurred.

The registered manager was taking part in the 'My Home Life' leadership programme. This gave them the opportunity to meet regularly with other managers to share best practice, knowledge and skills. The service was also involved in the Prosper project, a collaboration with Essex County Council which aims to improve safety and reduce harm for vulnerable people living in care homes. This ensured management and staff were kept up to date with current best practice guidelines and could use this shared knowledge to improve the service provision.

People, their relatives and staff were asked for feedback through surveys, formal and informal meetings. One person told us, "They have resident's meeting where you can talk about any problems." This showed that people were empowered to voice their opinions, however it wasn't always clear what action was taken as a result of the feedback received. Additional recording and monitoring of actions taken would ensure people could be confident that they would be listened to and appropriate actions would be taken to improve the service.

Where we found shortfalls, such as in relation to the mealtime experience, the management team were open and transparent and sought feedback to improve the service provided. They took prompt action to remedy these issues and demonstrated how they intended to use our feedback to make further improvements within the service.