

# M. J. M. (Furnishings) Limited

# Highfield Manor

## Inspection report

70 Manchester Road  
Heywood  
Lancashire  
OL10 2AW

Tel: 01706623388

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Highfield Manor is a large detached house situated close to the centre of Heywood. The home is registered to provide accommodation and personal care to up to 38 people who live with dementia and/or a physical disability. Communal areas located on the ground floor consisted of three lounges and one dining area. All bedrooms are single and had ensuite facilities. At the time of the inspection there were 30 people living at the home.

This inspection took place on 20 and 21 September 2018 and was unannounced. The service was last inspected on 12 and 13 May 2016 and received an overall rating of good. It also received an additional focused inspection on 31 August 2017 in response to concerns raised about Highfield House (this is the sister home next door to Highfield Manor and belongs to the same organisation). The inspection focused on safety and well led and both received a good rating.

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.

We rated the home as requiring improvement. The system for collecting references during recruitment was not thorough enough. The registered manager agreed to improve how they collect and record references and the interview form has also been improved for future use. Medication was administered as prescribed. Medication audits needed to be reviewed to ensure that creams are not out of date and that staff have clearer guidance to administer medication. The premises needed modernising and updating including the need to make the environment more dementia friendly. There was a lack of activities suitable for people with a diagnosis of dementia.

Staffing levels were good and both safeguarding and whistle blowing policies were in place and staff understood how to report if they had concerns. The premises had effective systems in place to manage fire safety and all required safety certificates were up to date.

People's health needs were assessed and the care files provided clear guidance on how to meet these needs and there was a system of regular review each month.

Risks to people's health and well-being had been identified and care plans had been put into place to help reduce or eliminate the identified risks and these were reviewed monthly.

An action plan had been put in place to deal with a poor infection control report from the local council. We will ask the council's infection control team to visit again to check that this has been effective.

Food and drink were well managed and people's health needs were met.

The service was compliant with the Mental Capacity Act. The registered manager had a reliable system in place to keep any deprivation of liberty up to date and the files were person centred when assessing people's capacity.

We observed during the inspection that the staff were kind and attentive to people's needs. The staff reported that there was a good team culture and that they received good support from the registered manager.

People's religious and cultural needs were being met. The accessible information standard was met. People were routinely assessed to ascertain what their communication preferences or abilities were.

All the staff we spoke to felt supported in their roles and reported that the registered manager was approachable and supportive.

The service is aware of the areas that need to be improved and are working towards achieving this. This process would benefit from a review of the auditing systems to ensure that they are effective.

## 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 always safe.

Recruitment procedures required improvement. The process for collecting references was not robust.

Medication audits need to be more effective to help prevent errors.

Risks were assessed and managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

A dementia friendly environment was not evident during the inspection.

Health and nutritional needs were met.

### Is the service caring?

**Good** ●

The service was caring.

Feedback about staff was positive and observations of their interactions with people was consistent with this.

People's rights were promoted.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

There was a lack of appropriate activities to promote people's wellbeing.

Care plans gave guidance on how to meet peoples assessed needs.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Quality audits were not robust enough. The registered manager was working closely with the council to address issues that had been identified.

There was a good team culture and staff reported feeling supported in their roles.

# Highfield Manor

## 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.

The inspection was unannounced and took place on 20 and 21 September 2018. The inspection was carried out by one adult social care inspector.

Before our inspection the provider completed a provider information return (PIR). The PIR 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 also reviewed the information we held about the service and we looked at the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received concerns from the local authority about a lack of activities and stimulation for the residents and the need to improve the environment of the home.

During the inspection we spoke with the registered manager, five staff members, four relatives and two visiting professionals. The people living at the service, that we approached, either declined or were unable to engage with us.

We therefore undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the office visit we looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, three staff recruitment, training and supervision records, three care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

# Is the service safe?

## Our findings

Recruitment of new staff required improvement. Three staff personnel files contained application forms with full employment histories, photographs and proof of identification. Disclosure and Barring Service (DBS) checks had been completed prior to staff starting their role. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The recruitment policy required that new staff provide two references from previous employers. The three files we looked at fell short of this requirement as one was a personal reference and the employers reference was not on headed paper, so it was not possible to verify where the reference had come from. The three files also contained paperwork from each person's interview. These consisted of one page and four questions and appeared too brief to test the suitability of the applicant. The registered manager agreed and showed us an updated interview checklist during the inspection visit that would be used in future. We will check that these issues have been resolved when we next inspect.

We looked at the systems in place for managing medicines within the home. This included the receipt, storage, handling, recording and disposal of medicines. We found that medicines were stored securely and there was a safe system in place for the disposal of medicines no longer required. There was a controlled drug cabinet and a controlled drug register in place to ensure the correct storage and recording of controlled drugs and we saw a copy of a recent audit carried out in August 2018 to support good practice in this area. Records we looked at confirmed that medication training had been undertaken and that staff competency checks were carried out. The medication administration records (MARS) that we looked at were fully completed and medication was given as prescribed.

The management of medicines required improvement in other areas. There were several other medication audits in place that were carried out monthly to check issues such as stock and the quality of the MARs. We have recommended a review of the audits to check that they are effective at keeping the service safe as we found errors in one specific area that we focused on. We checked three creams and found that one was out of date by five months and another by one month. There were also ear drops being used that were out of date. Both creams and ear drops may lose their efficacy if used after the recommended date. The registered manager confirmed that a review of the audits will take place and we will check this when we next inspect.

Regular staff who knew the patients well administered the medication and knew when to use PRN and people received their medication as prescribed. We would still recommend a review of how PRN medication is administered to ensure that prescribing instructions are clear. Medicines with a 'when required' dose (PRN) can be prescribed to treat short term medical conditions, such as nausea and vomiting, or long-term conditions when people experience "flare-ups" such as reliever medicines for people with asthma. Other common examples include medicines for pain, indigestion, anxiety and insomnia. The PRN records we examined stated, "as directed or when required" but no further detail was available in the medication file to describe when this would be. The MARS record should contain enough information to guide staff to administer medications as the prescriber intended. The MARs should state what the medication is for, what symptoms to look out for and when to offer the medicine and when the medicine should be reviewed.



There were no concerns about staffing levels. When we arrived, there was a registered manager, a team leader, three care assistants, a laundry assistant, a domestic and a chef on duty. The service used a staff dependency tool where each residents level of need was scored each week to assess the number of staff required. We looked at two weeks rotas and spoke to staff and relatives. We also observed during the two-day inspection that there were enough staff on duty.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that the majority of staff had received safeguarding training. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We saw the home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

Inspection of care records showed that risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. This was evident in all three care files that we looked at. All risk assessments were reviewed monthly.

During our inspection visit, we found that all the fire exits were clear from any obstructions, window restrictors above ground level were in place and radiator covers were safe. Wardrobes in people's rooms needed to be secured to the walls. The registered manager arranged for this to happen and informed us when it had been completed.

The local authority carried out an infection prevention and control audit in March 2018. The home received a low score of 56%. The issues identified ranged from a general poor standard of cleanliness and the need for a review of the cleaning and management of the kitchen as the standards were considered unsafe. The service had produced an action plan in response to this audit and had completed most of the recommended improvements. A new monthly audit was completed to ensure that standards were maintained. We have arranged to visit the service again with the local authority infection control team to see if the action plan has been effective and to support further progress.

Two thirds of the staff had completed infection control training. The rest were booked onto a course in November 2018. Staff we spoke with understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment when handling food, completing personal care tasks and cleaning. We saw staff wore protective clothing including disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection and wearing protective clothing helps protect staff and people who use the service from the risk of cross infection during the delivery of care.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in a central file in the team's office; ensuring they were easily accessible in the event of an emergency. We saw they were reviewed regularly to ensure the information was accurate and up to date.

Records showed that equipment and services within the home were serviced and maintained in accordance

with the manufacturers' instructions. This included checks in areas such as gas safety, risk of legionella disease, portable appliance testing, fire detection, the lift and lifting equipment. This helped to ensure that the premises were kept safe.

There was a keypad lock on the door from the entrance hall into the home. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised.

There was a business continuity plan in place to deal with any emergencies that could arise, such as loss of data, loss of employees, utility failures and other emergencies that could affect the provision of care. The likelihood of these risks occurring were scored and contingency measures were in place to enable an effective response.

## Is the service effective?

### Our findings

The home's environment required improvement. The décor was old and dated and it was not dementia friendly. The Local Authority had raised concerns about these issues with Highfield Manor in July 2018 and both relatives and staff had expressed their own concerns during the inspection.

There was a lack of specialist provision in place to care for and support people living with dementia. This included a lack of suitable aids and adaptations. The toilet seats and grab rails in the bathrooms and toilets were not of a different colour than the toilet. Research has shown that coloured seats and grab rails assist people living with dementia to recognise the toilet more easily. It is also helpful if toilet doors are painted in a single distinctive colour. We did see that the bathrooms and toilets had pictorial signs on the doors to assist identification of the facilities but did not see any directional toilet signage to help people find the location of the toilets. The registered manager agreed to raise this issue with the owner and we will check to see if improvements have been made when we next inspect.

Best practice advises that colour and contrasts should be used to make things clearly distinguishable to people with dementia and this was not evident on the first floor where people spent most of their time. Although there were pictures on the walls in bedrooms, corridors and the lounges they were not pictures that would aid reminiscence and generate areas of conversation. People also expressed concerns that the curtains in bedrooms needed replacing as residents regularly pull them down and new furniture and chairs were also needed. Some of the wardrobes were not secured to the bedroom walls. The registered manager was quick to respond when we raised this issue and confirmed after the inspection that the work had been completed to secure the wardrobes.

We have recommended that the provider seeks out links with specialist dementia services such as the Alzheimer's Society and/or the Admiral Nurses. The Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support and guidance to families and to staff caring for people with dementia. We also provided the service with an assessment tool called, "Is your care home dementia friendly", produced by the Kings Fund. The King's Fund is an independent charity working to improve health and care in England. We also provided a guide produced by Stirling University, "Good practice in the design of homes and living spaces for people with dementia and sight loss."

Improvements had already started before the inspection. The home had applied for a grant from the local council to make further improvements. There was a new wet room upstairs, that was to a high standard and there was new anti-slip safety flooring in all communal areas of the home and in most bedrooms. New signage for doors had also arrived on the day of the inspection. We were also given a copy of a refurbishment plan which detailed other improvements that had been completed such as painting the dining room and replacing net curtains in communal lounges. A second wet room is due to be installed on the first floor in December 2018 and other changes are dependent on the grant being awarded from the local authority.

The induction took twelve weeks and involved completing a workbook where new staff signed to confirm

they had read and understood key policies and procedures such as whistleblowing and fire safety. The induction covered all key areas of practice including the Mental Capacity Act, safeguarding, dementia and infection control. Staff's competencies in key areas such as moving and handling and administering medication were also checked during the induction. Staff were not allowed to practice these areas until they had been assessed as being competent.

The service has recently invested in a new external trainer that has started to provide class room-based training in all mandatory areas and this includes the MCA and dementia. All staff we spoke with were positive about the new training. They stated, "New training, I love it.", and "The new training is good, I am really enjoying it." We were shown a training timetable with dates booked for the next three months. This included four sessions on the Mental Capacity Act 2005 and two sessions on moving and handling all booked for November 2018. Other sessions and dates are to be finalised.

The service worked closely with other organisations to deliver care. The registered manager had arranged pressure care training through the community nurses to meet the needs of people using the service. The community matron and two district nurses delivered training for all the staff and each person now has a specific section in their care plan to manage this area. The service had also been proactive at obtaining training from the local mental health team on understanding how to prevent and manage behaviour that can be challenging including the use of restraint and the least restrictive approach.

I was also informed that the medication administration training was coordinated by a local pharmacy and was in line with best practice guidelines. The pharmacy goes through the system during the induction and staff completed a worksheet which was sent away for external marking and certificates were processed by the pharmacy. After induction shadow shifts, staff had medication competency tests, and this is repeated annually.

Information in the three staff personnel files that we looked at showed systems were in place to ensure staff received regular supervision. Supervision meetings help staff discuss their progress and any learning and development needs they may have. All staff were satisfied with the supervision and support and stated, "The manager is great, they always help and give you time", "The manager is brilliant, I can't fault her."

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted from a four-week menu that provided a variety of food and a balanced diet. Snacks including fresh fruit were made available day and night.

Files contained a nutrition assessment which recorded people's likes and dislikes and the support they required. The assessment also indicated any specific dietary needs, including people who were at risk of choking and required a fork mashable diet, for example.

Weight and fluid charts were in use for residents who were at risk of malnutrition and these were monitored weekly and referrals made to the dietician or GP when required. People had a nutrition care plans in place and any new people that came into the home had a dietary needs form completed on admission and this was signed by the team leaders and the cooks to say they fully understood their needs.

We observed lunch being served in the dining room. There was a quite calm environment and staff were friendly and attentive to people's needs. People were offered alternatives if they were not eating and people were given one to one support if they required it. We also observed that one person was supported to eat in the lounge and one care file specified a person's preference for eating in their room.

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.

The service was working within the principles of the MCA. The staff we spoke with understood that the legislation was about decision making and the care records identified whether the person could consent to their care and mental capacity assessments were in place that covered day to day decisions. An additional form went into more detail when people lacked capacity and acknowledged that there were associated risks involved such as unmet needs, too many restrictions and decisions not being made in best interests. These issues were reviewed each month to ensure compliance in these areas and the MCA.

People can only be deprived of their liberty so that they can 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).

At the time of our inspection authorisations for DoLS were in place for 29 people. The registered manager was knowledgeable and well organised in this area with a central file with a matrix tracking the dates and when they needed to be reviewed.

People's records included contact details for health professionals who were involved in their care, including nurses and general practitioners (GPs). Care plans showed attention to people's clinical requirements and there was regular contact with GPs and district nurses. People were supported to attend health appointments with the dentist and referrals were made to dietitians. We also saw in case records evidence of referrals to speech and language therapists and the assessments that followed. People were supported to attend health appointments and extra staff were used to facilitate this.

## Is the service caring?

### Our findings

There was positive feedback about the staff and the registered manager during the inspection. One relative commented, "Lovely, friendly staff who know his needs well." Another relative commented, "they are friendly and warm and keep us informed." All the staff we spoke to praised the registered manager for being open and approachable and this feedback was mirrored by relatives and visiting professionals that we spoke to.

The induction for new staff encouraged staff to focus on equality and human rights. This included a person-centred section on individuality, rights, choice, dignity, respect and privacy which provided a range of prompts to make it clear what was expected of staff in each of these areas. This was reflected well by one staff member who stated, "My heart goes out to them. I treat them how I would want to be treated." All the staff we spoke with were able to give examples about how they respected people's dignity and supported people to be independent.

There was a zero-tolerance policy on bullying and this was signed by all staff to confirm they had read and understood it. The whistleblowing policy was also highlighted in team meetings and the steps to follow to encourage staff to raise concerns if they had any.

The people living at Highfield Manor were not able to tell us about their experiences. Therefore, we spent some time observing how staff interacted and supported people. We saw that staff were kind, patient and attentive and carried out their work in a friendly and positive manner.

The registered manager was considering replacing monthly resident's meetings with one to one sessions as a trial had proved more effective at involving people and finding out their views.

People were encouraged to maintain social contacts with relatives and friends by inviting them to come for meals or a cup of tea.

People's religious and cultural needs were being met. The local church visited the home and another church group provided bible reading groups every two weeks. Two people were Polish and a local priest who speaks both English and Polish comes to see them. There were no residents from any other religion at the time of the inspection.

The service met the Accessible Information Standard. They routinely assessed what people's communication needs and preferences were and these were clearly recorded in the people's files that we looked at. A communication assessment covered, "How I communicate", "How staff can meet my needs" and this was reviewed monthly. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard.

The registered manager had a good understanding of independent advocacy and was aware that advocates visited people who were deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). The role of the advocate is to act as a safeguard and to check that people's rights are being met.

We saw all records were held securely and staff were trained in confidentiality and data protection. This helped keep people's care and support private where required. Highfield Manor had also updated its policies and procedures to make them compliant with new legislation called The General Data Protection Regulation which was introduced in May 2018.

## Is the service responsive?

### Our findings

There was a lack of stimulation for people who used the service, especially those people living with dementia. The Local Authority had raised concerns about these issues with Highfield Manor in July 2018 and both relatives and staff had expressed their own concerns during the inspection. We observed for two days that people were mainly sat in chairs, in the two lounges, with the television on or would gather at the front door without any apparent reason. Staff we spoke to raised concerns about the lack of meaningful activities. One commented, "There is a lack of activities and stimulation. People are bored. This can lead to more behavioural problems."

The weekly activities programme in the home required improvement. The activity timetable for the week of the inspection consisted of one activity each day and included arm chair exercises, jigsaws and puzzles, newspaper reading with staff and a session on hair. Suitable and sufficient activities and community involvement must be provided to help promote people's well-being.

After the inspection the registered manager modified the weekly activities plan and recruited a new activities coordinator. The activities coordinator will assess how to make the activities more dementia friendly and how to design the activities to meet individual need. We will check this when we next inspect.

There were links in place with organisations in the wider community. A local charity donated £500 towards resident's activities and entertainment at Christmas and also provided chocolates gifts and treats. The local churches provide monthly services and bible readings. The local schools and colleges invited the residents to Christmas parties and came to the home to carol sing. The local schools and colleges also sent student volunteers.

We looked at three people's care records. We saw that people were assessed before they were admitted to the home to ensure their individual needs could be met. The three care plans that we looked at gave sufficient detail to guide staff on how to provide support to meet people's needs.

All but one of the people using the service were deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). This impacted on some people's ability to communicate their needs and wishes. The care records we looked at included a picture of the person. Records included important information about the person's health conditions and any allergies. They informed staff, where possible, of people's personal preferences and their likes and dislikes in order to promote person centred care.

The care records had information about people's needs including their personal care, mobility, mental capacity, communication and diet and hydration. The records we looked at were sufficiently detailed to guide staff on how to provide the support people needed. We saw that information was easily accessible and visible in a person's care record when they had a Do Not Attempt Resuscitation (DNAR) in place. This is a legal document that identifies that an informed decision has been taken to withhold cardiopulmonary resuscitation (CPR).



The registered manager informed us that they have sensor mats at the side of beds for people who are at risk of falls. This alerts staff so that they can respond quickly. Referrals were also made to the falls team who would carry out an assessment to ensure the right support was in place. Each section of the care plan was reviewed monthly or sooner if the persons needs had changed.

There was good feedback from other health and social care professionals. One visiting professional commented that the home coped well with a number of people with challenging needs and that they responded to suggestions and carried them out when requested to do so. A second professional stated, "Thank you for supporting the team at such short notice. We appreciate your help and efficient response."

The complaints procedure was displayed in the reception area and gave clear guidance on how to complain. We saw there was a system in place to receive, handle and respond to any complaints raised. No complaints had been received in 2018 and the last ones recorded were in October 2016 and February 2017. A complaints audit form was also sent to the local council each quarter to keep them informed. We received feedback from family whose relative had been involved in an incident. They stated that the manager was up front and honest, kept them informed and dealt with the incident professionally.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. This was challenging as most of the people living at the home lacked capacity in this area and family often only became involved towards the end of the pathway. The home had good links with the local hospice and district nurses and all staff are due to attend palliative care training. One relative provided feedback on their experience and stated, "At the end of my mum's life, the staff showed care and devotion so that their last days were comfortable...you all went above what was expected and did it willingly with great consideration."

## Is the service well-led?

### Our findings

There was a registered manager in post who had been registered with this service since May 2018. 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.

The registered manager reported receiving good support and regular supervision to support them in their role. The staff we spoke to received regular supervision and most of the staff had received supervision in the last three months. Staff reported that the registered manager was approachable and was available to support staff and they reported feeling valued and were positive about their roles. The supervision forms we examined also contained examples of the registered manager tackling poor practice with staff such as the need for them to be politer when answering the phone and speaking with one staff member for leaving their shift too early.

A visiting professional stated that the registered manager was, "Helpful and was always looking for ways to improve the service." When we asked one relative if they thought the service was well led they commented, "Absolutely, very accessible and friendly."

Team meeting minutes demonstrated that the registered manager responded to staff concerns and that meetings were held to deal with any poor practice that had been raised. Meetings were targeted at both day and night shifts and kitchen staff too. The registered manager also carried out spot checks on night staff in June and July and plans to continue these check three times a year in future.

There were good systems of communication in place which included three handovers each day where the registered manager received a written update on any relevant issues that had occurred during the shift.

All audits would benefit from a review to check that they are effective at targeting key areas such as recruitment, medication, infection control, activities and the environment where we evidenced a need for improvement during the inspection. There were a range of weekly, monthly and annual quality monitoring in place which aimed to maintain standards in the service, but these were not always effective.

The Local Authority was also working closely with the service to support it to improve and had carried out six unannounced visits in May and June 2018. They provided positive feedback about the registered manager who they felt was working in partnership with them to resolve issues as they arose. The registered manager supported the inspection throughout and is working to improve the service. We expect to see substantial improvements when we next inspect.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure

people were kept safe.