

Lynncare 2000 Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

We carried out this inspection on 8 July 2015. The inspection was unannounced.

Lynncare 2000 is registered for a maximum of eight people offering accommodation for people who require nursing or personal care. People using the service require care and support to manage their mental health, learning disability or autistic spectrum disorder. At the time of our inspection there were eight people living at the service.

A requirement of the service's registration is that they have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

People told us they felt safe at the home. Staff knew about safeguarding people and what to do if they suspected abuse. People were protected from harm as medicines were stored securely and systems ensured

Summary of findings

people received their medicine as prescribed. Checks were carried out prior to staff starting work at the service to make sure they were of good character and ensure their suitability for employment.

There were enough staff to meet people's needs but there had been a high turnover of staff recently, which put pressure on existing staff to support people, some of whom had high level needs.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). When there were concerns about people's capacity to make decisions, we saw decisions had been made in their best interests.

Staff completed training to do their jobs effectively, in order to meet people's care and support needs. Staff were encouraged to continue to develop their skills in health and social care. Staff told us they felt supported by the management team so they could carry out their roles effectively.

People's nutritional needs were met and there was a variety of food available. Snacks and drinks could be

accessed when people required these. People enjoyed taking part in organised activities, and many people chose to go out either individually or with care staff, and pursue their own interests.

People told us the management team were approachable and the registered manager knew the staff and people at the service well. We saw systems and checks made sure the environment was safe for people that lived there and that people received the care and support they needed. However, the management team did not always notify us of changes at the service, to enable us to monitor changes or concerns effectively. People knew how to complain if they wished and told us they did not have any concerns about the service they received.

People told us staff were caring. We saw people were treated as individuals and had their preferences and choices met where possible. Staff showed dignity and respect when providing care and all the people we spoke with were positive about the staff. Relatives were encouraged to be involved in supporting their family members where possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. Staff were confident in how to safeguard people from abuse and actions to take if they had concerns. Risks to people's health and wellbeing were reflected in risk assessments, and risks were managed to minimise these. Medicines were stored safely and people received these as prescribed. Staff were available at the times that people needed them. Recruitment checks reduced the risk of unsuitable staff being employed at the service.

Good



Is the service effective?

The service was effective.

Staff received training and understood how to meet people's health and social care needs. Referrals were made to other professionals when people required additional support to maintain their health and wellbeing. Staff understood that where people lacked capacity to make their own decisions that these were made in people's best interests. People enjoyed the food and different dietary needs were catered for. People were able to choose their meals and had additional drinks and snacks when needed.

Good



Is the service caring?

The service was caring.

People were encouraged to be as independent as possible. Staff treated people with dignity and respect and put the needs of people they cared for first. Everyone spoken with told us staff were caring in their approach and we saw examples of this during our visit. People were involved in decisions about the care they received.

Good



Is the service responsive?

The service was responsive.

People received person centred care and staff knew their individual needs and preferences. Group and individual activities were on offer for people and people were encouraged to pursue their own interests. People knew how to raise complaints and told us they did not have any concerns.

Good



Is the service well-led?

The service was mostly well led.

People were positive about the management team and the service. Staff told us managers were approachable. The registered manager worked to improve

Requires improvement



Summary of findings

the service for people and was responsive to new ideas to continue to make positive changes. However the management team had not always made us aware of information that affected the safety of people using the service, to enable us to monitor changes or concerns effectively.

Lynncare 2000 Limited

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 took place on 8 July 2015 and was unannounced. The inspection team comprised of one inspector 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.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority commissioning team and reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

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. The PIR was received prior to our visit and reflected the service.

Due to the complex needs of the people at the service, most people were unable to share their experiences of the care and support they received. On the day of our visit there were two people at the service for the majority of the time, as other people were attending clubs or involved in activities outside the service.

We spoke with two people who lived at the service, three relatives and one visiting professional. We also spoke with five staff including the registered manager and deputy manager. The registered manager was not present on the day of our visit, however we spoke with them over the telephone. We looked at two care records and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported. We spent time observing care in the communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. We asked one person if they felt safe and they told us, “Yes, I do.” A relative confirmed they were confident their family member was safe, and although that person could not verbally communicate, they would be able to tell if something was wrong. We asked another relative if their family member felt safe and they told us, “Oh yes, no problems.”

Staff had a good understanding of how to safeguard people and had received training to support them in recognising potential signs of abuse. They were confident in identifying different types of abuse and actions to take if they had concerns. One staff member told us, “If there is a problem you could ring the safeguarding team, it could be financial, mental abuse, neglect, you would report it to the manager.” We asked another staff member what they would do if they saw one of the managers shouting at someone, they told us, “I am not sure I would be comfortable to say to them, I would report it to CQC or the safeguarding team.” Staff told us there was a whistleblowing policy and they would report any concerns. We saw safeguarding information displayed with telephone numbers and in an ‘easy read’ format for people that lived at the service.

Staff knew the risks to people in their care and how to minimise these to keep them safe, as documented assessments associated with people’s care and support had been undertaken. These were completed by the management team and staff. We saw these were comprehensive and covered areas such as mobility, behaviour and nutrition. People had staff allocated as named keyworkers, and keyworkers were responsible for updating the risk information as people’s health or care needs changed. We saw one person had epilepsy. A staff member told us, “The person had seizures and had some hard falls.” The flooring had been changed and furniture rearranged to minimise the impact of the falls. Risks reflected this person’s care needs.

Prior to staff starting at the service, the provider checked their suitability to work with people who lived there. One staff member told us, “Yes checks were completed before I could start, they waited until they were through.” A different staff member told us, “Yes I had the checks done.” These included contact with their previous employers and the Disclosure and Barring Service. The Disclosure and Barring

Service (DBS) assists employers by checking people’s backgrounds to prevent unsuitable people from working with vulnerable people. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the service.

We looked at whether enough staff were available at the times that people needed support. Two staff were at the service initially on the day of our visit, the deputy manager and a support worker.

Two additional staff started work in the afternoon. One staff member told us, “Yes there is enough staff.” And another staff member agreed with this comment. We asked about weekend staffing and were told by staff this was, “Pretty good.” The deputy manager told us any unplanned absences were usually covered by staff, but occasionally they used agency staff at night. Staff told us that ‘out of hours’, “The manager or deputy manager were on call,” and lived nearby so they were able to provide support quickly.

However, a visiting professional had a different view and told us, “They could do with more staff,” and explained that one person was waiting to move to another service, as their needs had increased and this had put additional pressure on staff. A relative told us about this and commented, “Staff are doing their best in a very difficult situation”. We saw that one staff member supervised this person throughout the day, leaving one other staff member. There were enough staff to support people at the service, but with the increased needs of one person, this was having an impact on staff’s ability to care for others. Staff were offering one to one support and the manager and deputy were currently reviewing how to manage this and requesting additional support in funding. A visiting professional agreed that currently more staff were required as the increased needs of this person meant staff were under pressure. We followed this concern up after our inspection.

We looked at how people’s medicines were managed. Staff we spoke with told us people received their medicine when they should. All staff were trained in administering medicines and we saw they were stored securely and in line with manufacturer’s guidelines, then disposed of safely. The deputy manager told us they completed a medicine audit and had identified two errors where there were gaps on medicine records. They told us these medicines had been given and this issue had been addressed with the staff member involved to prevent a reoccurrence.

Is the service safe?

One person had an inhaler to be given 'as required', (PRN), and they had a protocol explaining in what circumstances this should be used. This person could administer this inhaler themselves. Another person had PRN medicine for joint pain, and we saw they would tell staff when it was required. People received their medicine when they should, from staff trained to do so and the management team completed checks which ensured medicines were given safely.

Records were kept to record accidents and incidents and we saw these were up to date, but had not been analysed to identify any trends or patterns which could identify ways to prevent reoccurrence of these.

Checks were carried out to ensure the buildings and equipment were safe for people to use. For example,

regular safety checks were completed of water, electrical equipment, the building and the environment. Fire procedures were in place to protect people in the event of fire and this was available in people's bedrooms in a pictorial format suitable for them to understand.

Personal emergency evacuation plans, known as 'PEEPs' were on care records. PEEPs are individual documents which detail people's needs such as support required with mobility, so in an emergency people could be assisted to evacuate the building quickly and safely. A staff member told us, if there was a fire, "We would try to get people out, we meet at the front." Staff knew the procedures for in an emergency. The registered manager maintained health and safety procedures and these helped to protect people from harm.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, “House is good.” A relative told us their family member had lived at the service for several years and told us they were, “Well settled,” and “Yes, we’re very happy with the home.” Another relative explained, “They look after [person] pretty well in the circumstances.”

Staff were supported when they first began working at the service to be aware of their roles and responsibilities. Staff were provided with a book of policies and procedures and this included information around privacy, confidentiality and data protection. This induction book was completed over a period of weeks; they had to find out some information independently, had one to one support from other staff and were observed by a more senior staff member. The induction process gave staff the skills when they began working at the service, to effectively support people.

Staff received training relevant to the health and social care needs of the people they cared for. One person told us about challenging behaviour training they completed where they had learned the ‘breakaway technique’ to use in an emergency. They told us, “All you can do is get away from the person and I know how to do this.” We saw a training schedule was completed by the management team. Some distance learning training was completed and training in areas such as equality and diversity and medicines management. Some staff were doing further NVQ qualifications and were being supported by the management team. Staff felt the training they received helped them do their jobs effectively and they were encouraged to develop and keep up to date with training.

Staff told us they felt supported and had regular opportunities to discuss any issues at staff meetings. One staff member explained about the meetings, “Yes we can make suggestions, we are listened to.” Another staff member told us about one to one meetings, “Yes, supervision gives you chance to air things,” and a different staff member explained, “Yes, it (supervision) makes you aware of what you are doing right or wrong and where you might need to improve.” We saw the last staff meeting was in June 2015, and staff had discussed the Care Act, the role of the keyworker and some suggestions for different activities for people. The deputy manager told us there

were at least six supervision meetings yearly and an annual appraisal completed for each staff member. The management team supported staff in their roles and went on to explain they had a new supervision record sheet they were currently developing so they could record more clearly discussions with staff.

A ‘handover’ meeting was held at the start of each shift where information was passed on to staff about any changes to people’s health or well-being. As there was limited space at the service to hold the meeting in private, this was done discreetly in a communal area. Due to the current situation with one person at the service, the deputy manager explained any handover of information had been identified as a trigger for this person, so was done ‘silently’ looking at the computer records. Staff were restricted in how they could hand over information, as this caused anxiety levels to increase for one person.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff demonstrated they understood the principles of the MCA. For example, staff assumed people had capacity to make decisions unless it was established they did not. One staff member told us, “We need to be aware with service users, and not assume they haven’t got capacity, unless it is proven”. We saw a consent form for use of photographs on care records in a pictorial format signed by one person. Another person who had capacity to make decisions, had eye drops prescribed, but could sometimes refuse these. The deputy manager told us, staff would try again later if they refused, but accepted this, and would discuss with the GP if this continued. Staff asked people for their consent and respected people’s decisions to refuse care, where they had capacity to do so.

The deputy manager told us eight people, everyone at the service, had a DoLS authorised. A staff member told us about their understanding of DoLS, “It is ensuring people are safe, treated respectfully and given choices”. Staff understood their roles around MCA and DoLS and the rights of people who were unable to make important decisions about their health or wellbeing were protected.

Is the service effective?

People had a choice of food which met their dietary preferences and could eat at times to suit them. A relative told us, “They give [person] plenty to eat.” Staff told us, “The lads know what they want, we show them the chart, they point, and they can have whatever.” We saw a pictorial menu was available for people to choose from. Mealtimes were flexible and people ate at times to suit them. People were free to eat where they wished and some people ate in a conservatory area. People were supported to make hot drinks or snacks by staff in the kitchen. One person had halal food due to their religious beliefs and staff had been shown by their family how to make a special pudding they liked. Two people enjoyed Caribbean food and a member of staff cooked this for them sometimes, which they enjoyed.

Some people had additional dietary needs. Two people were diabetic and this condition was managed by diet. The deputy manager told us that all staff had nutritional training and staff were knowledgeable about how to support people around this. People were weighed monthly and we saw one person had gained 11kg in weight over a six month period. This person had some additional health problems and staff told us they were trying to encourage a

healthier lifestyle. The registered manager told us this person could gain weight as a side effect of the medication they took, but agreed they had not followed up the weight gain with the doctor. People’s nutritional and cultural preferences were being met by the service however referral was not always made for further health advice around diet when this was required.

Other people were supported to access health professionals when required. A staff member told us, “We take them to doctors or chiropody”, and explained they took one person to hospital recently. One relative told us their family member had been referred in relation to their sight and was seen by the specialist at the hospital. One visiting professional commented about working with the staff and the management of the service and told us, “If you ask for it (information), you get it”. People were referred to other professionals when required such as psychology, speech and language therapy and social work. One person had epilepsy and following support from the hospital we saw their seizures had decreased over the last few years and were now well controlled with medicine. Staff accessed other health professionals when this was required to support people’s needs.

Is the service caring?

Our findings

People we spoke with were positive about the care staff. One relative told us about their family member, “[Person] is always lovely and clean; and they’re always taking them out somewhere”. One professional described the staff and management as, “Very accommodating and attentive to people.”

Staff told us they enjoyed spending time with people and we saw that staff were caring and kind in the support they offered. One staff member explained what caring meant to them and gave the example, “If we take people out, we don’t rush back”. A relative gave us a different example of staff being caring. They said the ‘lovely staff’ had taken their family member on their first aeroplane ride on holiday. They told us, “[Person] thoroughly enjoyed it and I can’t thank them enough”. The deputy manager told us one person’s relative had passed away and staff were aware this person still missed them and they tried to support them as much as possible with these feelings.

Relatives were encouraged to be involved in their family member’s care and were positive about the service. One relative told us, “They’re all marvellous people, the staff” and “I like all the staff including (the owner) who is very nice”. One relative visited frequently to take their family member out for a drive. Another person had friends at a local club and staff made sure they were able to attend. One person had no family members at all and staff particularly supported this person as they were aware of this. Staff encouraged relatives to be involved where possible in their family member’s care.

People were encouraged to maintain their independence. Some people required prompting with their personal care. A staff member explained, “We get the clothes out, but [person] dresses themselves.” They went on to explain,

“Another person can dress themselves and chooses their own clothes, then they change their mind!” During our visit we saw one person was supported to access ring and ride to attend a lunch club. People were encouraged to be independent but staff assisted them when this was required.

People were supported to make decisions. A professional explained, “The service users engage with you, they are involved.” One person had an advocate to assist them with their financial affairs and we saw advocacy information displayed. Staff made referrals to other services to support people when this was required.

People were able to furnish and decorate their rooms to their individual tastes. Bedrooms were personalised and people were able to bring in their own furniture if they wished to. We saw rooms had been decorated to suit people’s preferences. Two people were related and their rooms were adjacent to each other, which they had chosen.

Staff treated people with dignity and respect. One staff member told us, “It is about ‘time out’ on their own and being given their own space to decide what they want to do.” Another staff member told us, “We knock doors and walk away if they don’t want us to enter.” They gave another example of when one person had a bath, “I help with their back and hair then leave, as they can do the rest.” During our visit we saw one person needed assistance with personal care. Staff reassured this person and discreetly encouraged them to change. A relative explained their family member can get very excited waiting to go out and can also ‘have an accident’ sometimes. They said this is never a problem for the staff who “make no big deal” out of it but quietly help them to get changed without any fuss. Staff were confident in supporting people and aware of the importance of treating them respectfully.

Is the service responsive?

Our findings

People we spoke with had positive views about the home and how people's care and support needs were met. One relative told us, "[Person] is well-treated; they know they are very shy and they take them out all over the place to try to integrate them to get used to people". A different relative explained their family member had, "Come on no end," since being at the service and they had, "Helped them grow up."

Prior to living at the service, people's mobility levels were assessed. Access in the house was limited for wheelchair users or equipment, which meant it was unsuitable for some people. The deputy manager told us, "We make sure it is right for them," before people came to live at the service. There was a welcome leaflet in a pictorial format for people which explained about the service and what people could do there.

People were involved in planning their care. Care records were produced in an 'easy read' format so people could understand these. Care records were kept in a file and on a computer system. A keyworker system was in place and one to one meetings were held between people and their keyworkers monthly. Staff told us people were encouraged to be involved in reviews of their care and contribute to these discussions. We saw care records were 'person centred'. One person's record said, 'I do not like to be told no, it might make me cross' and 'I like a lot of one to one attention'. One staff member told us, "People get involved themselves." Care plans were reviewed monthly by staff and we saw these were up to date. One staff member told us, "At odd times we don't do this if we are busy". The deputy manager told us about this, "It is not always done, it can be an issue." Records were audited by managers, and these were comprehensive and current.

Staff had been trained in managing challenging behaviour. We saw behaviour guidelines for this on one person's care plan. Staff told us managing this person's behaviour could be difficult as the person could be unpredictable. A staff member explained about the training, "It's a good course it made us think differently, with the situation going on and to be aware." A different staff member told us, "When you are in a situation, it (the training) comes back to you." This training included use of 're-direction'. The service had a no restraint policy and we saw staff completed 'ABC' (antecedent, behaviour, consequence) forms to document

any incidents and to gain a further understanding of these. We saw these forms had been completed in May and June 2015 relating to an incident between this person and other people that lived at the service. During our visit we observed this person hugged one staff member very hard and would not let go initially. Another staff member intervened and managed to distract the person. Staff were knowledgeable in managing challenging behaviour, but could find it difficult at times to support this person effectively.

Staff knew people they cared for well. Staff told us how they supported people and responded to their individual needs. One person used Makaton (a type of sign language) and we saw some staff were able to communicate with them using this. The deputy manager told us about this person and that they liked to attend the Mosque, looked forward to Eid and enjoyed some of the festivals, particularly the feast to celebrate the end of Ramadan. Staff told us about a different person who had a skin condition that required specific toiletries to be used. Staff made sure this person used these for their personal care. Another person had mobility problems and used a walker that staff had arranged for them. Staff supported people depending on their individual needs and wishes.

Some relatives were involved in the care of their family members. One person went to stay overnight with their family sometimes. Another person had recently been on holiday with their family member. One relative told us, "If [person] needs new clothes, they just get them and then tell me," they were happy with this arrangement and their level of involvement. Staff encouraged families to be involved in people's lives.

People were involved in planning activities with their keyworkers, and were encouraged to pursue their interests. One person told us they had been to the weekly disco held at the service and we asked if they enjoyed it. They told us, "I do." People from the local community with similar needs were invited to the disco. One person attended a day centre each day and their relative told us, "[Person] loves it there". The registered manager told us they had sourced independent day services for people after some services were closed and they had use of a mini bus to transport people. A staff member told us, "There is enough to do, we do activities, people like to go out, the disco, shopping." People had opportunities to pursue their interests and could do this either on their own or with a staff member

Is the service responsive?

supporting them. Two siblings lived at the service and did voluntary work at a nearby church. Some people had been holiday to Ireland and to London, sightseeing. One person liked football and staff told us they had a season ticket, and a staff member took them to this. There were a variety of activities for people to do and many people went out of the service to do these either independently or with support from staff.

People had the opportunity to meet and discuss any issues or concerns they had. A 'house' meeting was held every two months. People were involved in discussions around possible activities and could offer any other suggestions they had. At these meetings holidays were planned and upcoming events were discussed. The deputy manager told us they had plans to improve these meetings, to record them and for families to be invited along. The management team encouraged people to put forward their suggestions about the service and listened to people's views and suggestions.

People told us they were aware of how to make a complaint. One relative told us, "I'm happy. We have no complaints." Another relative told us they would be confident to raise any concerns on their relative's behalf and said, "I most definitely would." Another relative told us they would know "Just by looking at their family member," if they had any concerns or worries, but they were happy. A staff member told us, "Yes, I think people know how to complain, people sometimes come to us with minor things and we try to address them." We saw a complaints procedure displayed in a communal area and a complaints policy in an 'easy read' format in people's bedrooms. We were aware of two complaints. A staff member explained one relative had wanted a different light in their family member's bedroom and this had been addressed. Another relative told us they had complained about one person at the service. The deputy manager told us complaints were not always recorded. People had the opportunity to raise any concerns; however these were not always recorded so we were unclear if responses to these complaints were dealt with to people's satisfaction.

Is the service well-led?

Our findings

We spoke with people and staff about the management team and the running of the service. One relative told us, “We are very happy with the care at Lynncare.” Another relative told us, “I’m very proud of them and the fact my [family member] lives there.” A professional told us, “The manager is very approachable.”

The management team consisted of a registered manager, who was also the provider, and had been at the service for 15 years. The registered manager was not at the service on the day of our visit however we spoke with them over the telephone. They were supported by the deputy manager who had worked at the service previously as a support worker.

Incidents that affect the safety of people using the service are supposed to be made to CQC to ensure we are aware and can monitor any changes or concerns effectively. We were made aware during the visit that safeguarding incidents that should have been reported to us, had not been and we had not been notified of any safeguarding referrals since November 2014. The deputy manager told us they had been unaware they had to inform us of safeguarding incidents. The service had a safeguarding policy and this information was detailed in their own policy. We showed the deputy manager and they agreed they would notify us of any further safeguarding referrals. The deputy manager was able to tell us about the notifications they were required to send us. As we had not been informed of the recent safeguarding referrals, we were unaware of an issue which had affected people at the service. Following our visit, we made a safeguarding referral to the local authority ourselves, as the delay in taking appropriate action regarding one person was impacting on the other people at the service and staff.

Staff told us what it was like to work at the home and had some mixed views. One staff member told us, “We really contribute,” and confirmed staff were involved in decisions made in the home. A different staff member was also positive and explained, “I can talk to the manager, [person] will listen.” However another staff member told us they would like, “More stable staff,” and it was very difficult sometimes with staff leaving and trying to support people’s needs. Staff felt involved in the service however the recent high turnover of staff had impacted on existing staff members and some found this difficult.

The management team strove to develop the service to support people more effectively. Outside there was garden with an area to grow vegetables but this required some work. The maintenance person explained the garden area was a priority for them now. The registered manager told us about challenges they faced and these were around local authority cuts to services for people and keeping up to date with changes in legislation. They explained they were looking at a day centre project locally they could possibly develop, in a community centre. The deputy manager explained that space could be an issue for staff and we saw the management office gave limited space for storage.

The registered manager told us what they were proud of at the service. They explained staff were encouraged to be involved and they were committed to the continuous improvement of the care people received. Some changes were planned, and the deputy manager told us, “We are really tightening up to improve”. They were developing new supervision forms, planned to do a monthly newsletter and had recently sought the services of independent advisor to assist them further with some new ideas. There were no meetings with relatives currently, however these were being planned. The management team strove to improve the service for people that lived and worked there.

Management sought feedback from people, staff and relatives. A staff feedback questionnaire had been issued but there had only been one response which said, ‘I am starting an NVQ and looking forward to accomplishing it’. We saw a ‘family and friends’ survey from May 2015. All responses were ‘good’ or ‘excellent’, and we saw one relative had said. ‘I don’t feel care could be in anyway improved’. People and staff were encouraged to feedback their views about the service to the management team.

During our visit, the registered manager told us the local authority had visited in April 2015 and had identified some concerns that had now been addressed. These were around areas such as window locks and legionella testing. We found quality checks were completed by the registered manager in areas such as finance, infection control and medication and these were up to date. The registered manager ensured systems were in place to ensure the service was running safely and took action when any issues were identified for improvement.