

Adiemus Care Limited

Stambridge Meadows

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Stambridge Meadows provides accommodation and personal care for up to 49 older people. Some people also have dementia related needs.

The inspection was completed on 19 and 20 November 2015. There were 37 people living at the service when we inspected.

A registered manager was 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.

At our inspection on 26 February 2015 and 2 March 2015 we found that the provider was not always meeting the requirements in relation to sufficient staff available to meet people's needs and we identified that the dining experience for people living with dementia was poor. In addition, we identified concerns relating to some staff did not know how to apply their training to their everyday

Summary of findings

practice and we identified that the environment was not suitably and adequately maintained for the people living there, in particular, for people living with dementia. An action plan was provided on 8 June 2015 and this confirmed the actions to be taken by the provider to achieve compliance. At this inspection we found that the required improvements as stated to us had been made.

Where appropriate, although people were supported with end of life care, no information for staff on how to manage people's choices and wishes for their end of life care were recorded and improvements were required.

Although there was a complaints system in place, management arrangements to investigate complaints thoroughly and to evidence outcomes were inconsistent.

Risks to people's health and wellbeing were appropriately assessed and managed but continual reviews required improvement. Although records were not always available to guide staff on how to meet all aspects of a person's assessed care needs, actual care and support provided by staff was observed to be appropriate.

The provider's systems to check on the quality and safety of the service provided were not always effective in identifying areas for improvement and required better monitoring.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People had good healthcare support and accessed healthcare services when required. The management of medicines within the service ensured people's safety and wellbeing.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. The mealtime experience for people was positive.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risks so as to ensure people's safety and wellbeing were managed appropriately.

Staff recruitment processes were thorough and ensured that staff were suitable people to work in the service. There were sufficient numbers of staff to meet people's needs.

The management of medicines ensured people's safety and wellbeing.

Good



Is the service effective?

The service was effective.

In general people were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Good



Is the service caring?

The service was not consistently caring.

People's choices for their end of life care was not recorded. The service had provided no information for staff on how to manage people's choices and wishes for their end of life care and staff had not received appropriate end of life care training.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Although records were not always available to guide staff on how to meet all aspects of a person's assessed care needs and the review of risk assessments required improvement, actual care and support provided by staff was observed to be appropriate.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

Is the service well-led?

The service was not consistently well led.

Although systems were in place to regularly assess and monitor the quality of the service provided, they were ineffective as they had not highlighted the areas of concern we had identified.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Positive comments were made about the manager and management team.

Requires improvement



Stambridge Meadows

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 inspection took place on 19 and 20 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service, six members of care staff, the registered manager and the deputy manager.

We reviewed seven people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection on 26 February 2015 and 2 March 2015 we identified concerns relating to sufficient staff available to meet people's needs. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 8 June 2015 which detailed their progress to meet regulatory requirements.

At this inspection we found that in general the required improvements as stated to us had been made. People told us that there was always enough staff available to support them during the week and at weekends. One person told us, "If I need support I use my call bell to summon assistance. The staff are responsive and although sometimes you have to wait your turn because the staff are busy, it is never too long." Another person told us, "The staff do come as soon as they can to help you. I never have to wait too long. If you have to wait it is because they are with someone else." Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and care and support was provided in a timely manner. Although the above was positive and much improved, the registered manager confirmed that there had been a few occasions whereby staffing levels as told to us had not been maintained as a result of staff sickness at short notice and 'bank' and agency staff not able to provide the necessary cover. Neither the registered manager or deputy manager were aware that the Care Quality Commission should be formally notified when staffing levels as told to us were not maintained.

People indicated they felt safe and comfortable living in the service. Relatives told us that they were confident that their member of family was kept safe. One person told us when asked if they felt safe, "Oh yes, I definitely feel safe. I have no worries."

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the

different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that the provider and the registered manager would act appropriately on people's behalf. Staff also confirmed they would report and escalate any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as poor mobility, falls and falling out of bed, poor nutrition and hydration, risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since our last inspection showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for eight of the 37 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. Records showed that staff involved in the administration of medication had received appropriate training but not everyone had had their competency to administer medication assessed.

Is the service effective?

Our findings

At our last inspection on 26 February 2015 and 2 March 2015 we identified concerns relating to some staff did not know how to apply their training to their everyday practice. In particular, we observed poor manual handling techniques and practices that did not ensure people living with dementia received good care and support. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 8 June 2015 which detailed their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us had been made. We found that appropriate dementia training had been provided to staff in different roles and dependent on their level of involvement in working with people living with dementia. Staff were able to demonstrate through observation and discussion sufficient awareness and understanding of dementia through their engagement with people using the service. The overall interactions by staff with people living with dementia were positive. In addition, no poor manual handling techniques by staff were observed during the two day inspection. Where five members of staff's manual handling training required updating, the registered manager confirmed that refresher training was booked.

Staff had received mandatory training in line with the provider's policy and procedures. Relatives told us that, in their opinion, staff were appropriately trained and skilled to provide care and support to their member of family. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Although on the whole the latter was accurate, two people at the service required 'end of life' care and support. The registered manager confirmed that no staff had received this training and our observations showed that staff would have benefitted from this.

At our last inspection on 26 February 2015 and 2 March 2015 we identified that the dining experience for people living with dementia was poor. We asked the provider to send us an action plan which outlined the actions to be

taken to make the necessary improvements. In response, the provider shared with us their action plan on 8 June 2015 which detailed their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us had been made. Although people's comments about the quality of the meals provided were variable, people told us that there were alternatives to the main menu and meals were provided in sufficient quantities. One person told us, "No-one ever goes hungry here." One relative told us, "[Relative] always said the food was lovely."

We found that the dining experience for people living with dementia was much improved and people were supported to enjoy a choice of food and drinks that met their nutritional needs. Staff were aware of who might need additional support or encouragement to eat and drink. People were supported to use appropriate aids to eat and drink as independently as possible, for example, to eat their meal using a spoon, use of non-slip placemats and specialist beakers. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician or the Speech and Language Team [SALT].

At our last inspection on 26 February 2015 and 2 March 2015 we identified that the environment was not suitably and adequately maintained for the people living there, in particular, for people living with dementia on the first floor and this required improvement. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 8 June 2015 which detailed their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us had been made. Thought

Is the service effective?

had been put in place by the provider to maximise the suitability of the premises for the benefit of people living with dementia, for example, the communal areas had been newly decorated and now provided a pleasant, warm and welcoming environment for people to relax in. Contrasting colours had been used where appropriate to make specific rooms more easily identifiable and better light levels were in place. Signage had been used as visual clues to identify important rooms or areas, such as the person's bedroom door, bathrooms, dining room and communal lounge areas. People's bedroom doors had been personalised to make them more recognisable, for example, their name, a photograph of them and a memory box of items that they recognise had been placed either on the door or adjacent to it.

The registered manager confirmed that the provider's arrangements for newly employed staff to receive an induction included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Records showed that staff had received a robust induction and staff spoken with confirmed this. Additionally, the manager told us that opportunities were given to newly employed staff whereby they had the opportunity to shadow a more experienced member of staff for several shifts. Staff spoken with confirmed this happened.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Staff told us that they felt supported by the registered manager, deputy manager and other senior members of staff. Records confirmed what staff had told us.

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. 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.

Staff told us that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a good understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the local authority for DoLS assessments.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities.

People told us that their healthcare needs were well managed. One person told us, "With support from the staff I manage my own healthcare needs. I have no complaints or concerns." People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments.

Is the service caring?

Our findings

The registered manager and deputy manager confirmed that there were two people nearing the end of their life. We found that the needs of both people approaching the end of their life records relating to their end of life care needs were to accurate and up to date. For example, the care plans provided little information detailing people's pain management arrangements and the care to be provided so as to provide comfort to the person. Although the latter was noted, involvement of appropriate healthcare professionals, such as, District Nurse services and the local Palliative Care Team was evident.

Additionally, the records did not always suggest that the care and support provided by staff was proactive or demonstrated consistent end of life care. For example, the care plans for both people recorded that they were at risk of developing pressure ulcers. One person had pressure ulcers prior to their admission to the service and one person had developed redness to key areas of their body and both people required their body to be repositioned at regular intervals. We could not be assured that people had been repositioned so as to prevent the development of pressure ulcers or further deterioration as the records to evidence this had not been consistently completed to show staff's interventions.

The repositioning records for one person showed that they were not repositioned frequently and could spend several hours lying in the same position. No repositioning records were in place for the other person despite redness to key areas of their body noted and recorded. Records also made reference to both people requiring 'mouth care'. No specific information was recorded as to what this entailed and how this should be delivered by staff. This was brought to the registered manager's and deputy manager's attention and both confirmed that the records were poorly maintained and provided little evidence of staff's interventions and people's end of life arrangements. The registered manager confirmed that no staff had received end of life care training and that this should have been considered. The registered manager advised prior to the completion of the inspection that they would source this training as a priority through the provider's training department.

No information explaining what treatment should be provided for their health if they were no longer able to make decisions for themselves was recorded (Advanced

Directive). This demonstrated that people and those acting on their behalf were not involved in the assessment and planning for their end of life care or supported to make choices and decisions about their preferred options.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives spoke positively about staff's kindness and caring attitude. One person told us, "I receive very good care and support. I have no criticism of the staff at all and the carers are first class. I would not want to move from here." Another person told us, "The staff are very nice. I have no problems with the care I receive. I could not wish for better attention." One relative told us, "[Relative] always looks nice, clean and well presented. As a family we have been very happy with the care provided. The staff are always lovely, caring and kind."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. Staff were observed to provide positive interactions with the people they supported, such as delivering, warmth, empathy and kindness. For example, when one person became distressed and began to cry, a member of staff was observed to sit next to them, to talk to them in a calm manner, to give them time to respond and to provide appropriate comfort and assurance. The outcome was that the person stopped crying and had positive signs of wellbeing.

Care and support provided was not solely focused on tasks and routines. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside people to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided, for example, personal care and where manual handling techniques were deployed. Where people were unable to express verbal choices easily, staff gave them time to indicate their preferences through non-verbal cues such as nodding and smiling. People were provided with information in a way that helped them to make their own choices. There were printed menus on each dining table on the ground floor and where people could not use the menu, information was available for people in an easy to understand format, namely, picture menu cards.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where

Is the service caring?

appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal. One person told us that they were for all intents and purposes independent with the exception of assistance with some aspects of their personal care.

Our observations showed that staff respected people's privacy and dignity. One person told us, "I am definitely treated with respect and dignity." They further stated that when they required personal care, staff waited outside the door so as to preserve their modesty. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked and that suited their

individual needs. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

The manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes. Information about local advocacy services and other useful information for people and those acting on their behalf to access were displayed on a noticeboard in the main foyer.

People were supported to maintain contact with family and friends and relatives told us that they were always welcomed and that there were no restrictions on visiting times.

Is the service responsive?

Our findings

People and their relatives told us that if they had any concern they would discuss these with their relatives, staff on duty or other members of the management team. One person told us, “If I had a complaint I would tell the staff or the manager. I would not hesitate if I was unhappy or had a concern.” Relatives said that they were confident in being able to raise concerns and complaints to the management team. Staff told us they were aware of the complaints procedure and knew how to respond to people’s complaints. A record of compliments was in place identifying and capturing the service’s positive achievements.

Complaint records showed there had been three complaints since our last inspection in March 2015. Although a record log was maintained of each complaint, we found that improvements were required, for example, although the specific details of each complaint was recorded we found for one complaint that no supporting documentation was available to detail the investigation undertaken and the outcome so as to determine the provider’s judgement. We also found for another complaint that not all highlighted actions to be completed had been followed up. These actions were completed prior to the completion of the inspection and we were satisfied that these had been addressed.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person’s needs. Although some people’s care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective, accurate or up-to-date of people’s care needs as they should be. This meant that there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered.

Some files contained contradictory information in relation to pressure care and how these were maintained, for example, one part of the risk assessment stated that the person often refused to have their body repositioned and yet another part stated that they continued to have their body repositioned. In addition, the person’s malnutrition risk assessment recorded over a three month period that

the person had experienced a weight loss of 2.8 kilograms. This was inaccurate as the person had had a weight loss of nearly seven kilograms. We discussed this with the registered manager and deputy manager and they confirmed that the information recorded was inaccurate and contradictory. Additionally where people were prescribed pain relief medication, no care plan had been completed detailing the specific circumstances surrounding their pain management and how this was to be managed and controlled. Although staff were aware of the person’s nutritional needs and those people who experienced pain, records did not provide sufficient evidence to demonstrate that people had received person-centred care to meet their needs. Care records did not always include specific detail about people’s strengths, abilities and aspirations. An assurance was provided that people’s care records and ongoing assessments of risks for all people living at the service would be reviewed so as to ensure that the correct information was recorded.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people recorded people’s reasons for becoming anxious and the steps staff should take to reassure them. In addition, assessments of the behaviours observed and the events that preceded and followed the behaviour were not consistently robust, completed or easily accessible so as to provide a descriptive account of events including staff interventions.

Staff were made aware of changes in people’s needs through handover meetings, discussions with senior members of staff and the management team. Staff told us that handover meetings were undertaken between each shift and were important in making sure that they had up-to-date information each day about people who used the service. This meant that staff had day-to-day information required so as to ensure that people who used the service would receive the care and support needed.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person’s relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person’s life and memories and to

Is the service responsive?

raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

People told us they had the choice as to whether or not they joined in and some people confirmed that they preferred to spend time in their room. People's comments about activities were positive and people confirmed that there were sufficient opportunities for them to participate in a range of social activities. One person told us, "There are things here for people to do however; I prefer to not join in with the activities provided. I prefer to stay in my room and complete crosswords, read the newspaper or write poems.

I regularly go out with a friend for lunch. If I couldn't get out I would go crazy." Another person told us, "The new activities person is very nice and there are activities for me to do which I can enjoy."

Our observations throughout the inspection showed that people were provided with a newspaper, were able to read books and enjoyed art and craft activities. We spoke with the person responsible for providing activities at the service. They confirmed that a planned activity programme was in place and that the programme was flexible and social activities could be provided on an 'ad-hoc' basis. The activities programme was displayed and each person had a copy of it in their room. They were also able to tell us how they met the social care needs of people living with dementia, for example, providing one-to-one activities, such as reading to the person or hand massage.

Is the service well-led?

Our findings

At our last inspection on 26 February 2015 and 2 March 2015 we identified concerns relating to sufficient staff available to meet people's needs and we identified that the dining experience for people living with dementia was poor. In addition, we identified concerns relating to some staff did not know how to apply their training to their everyday practice and we identified that the environment was not suitably and adequately maintained for the people living there, in particular, for people living with dementia. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 8 June 2015 which detailed their progress to meet regulatory requirements. At this inspection we found that the required improvements as stated to us had been made. This showed that the provider and registered manager were able to demonstrate that lessons had been learned and that steps had been taken to improve staff practice and the quality of the service provided.

The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This also included an internal review by the organisation's internal quality assurance team at regular intervals. Although these systems were in place and a lot of improvements had taken place since our previous inspection, the provider and registered manager still had further work to do to ensure that all areas of improvement were routinely identified and rectified, such as end of life care and record keeping.

Relatives and staff had positive comments about the management of the service. One relative told us, "The management team are good and I have nothing but praise for the staff." Staff were clear about the manager's and provider's expectations of them and staff told us they were well supported and valued, particularly by the deputy manager. Staff told us that they felt able to express their opinions freely and that the overall culture across the service was open and inclusive and that communication was very good. This meant that the provider promoted a positive culture that was person centred, open and inclusive.

The provider confirmed that the views of people who used the service and those acting on their behalf were sought each month through a specific topic, for example, privacy and dignity, the service's admission process and meals. The comments received were generally positive and where minor issues were highlighted for further corrective action, an action plan was available as to the steps to be taken.

The manager told us that they had registered in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. In addition to this the manager confirmed that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management. This is a two year project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across Essex by developing the skills of staff employed within the service.

The registered manager confirmed that encouragement to increase staff performance and to recognise staff's hard work was provided through the introduction of 'employee of the month.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>We found that the registered provider had not ensured that people's care, preferences and choices for their end of life had been clearly recorded. This was in breach of Regulation 9(3)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>