

Mariarod Care Homes U.K. Ltd

Rosemount

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 ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 November 2017 and the first day was unannounced. The service was last inspected in March 2017 when it was rated as 'Requires improvement'. During that inspection we identified several breaches of Regulations and a Warning Notice was issued. This was because we had concerns that the service's quality assurance systems had not identified the breaches of Regulation. We found people did not receive person centred care that was responsive to their needs or protected them from risks associated with safe care and treatment. We also found the environment was not clean and well maintained and that recruitment procedures were not robust.

Following the inspection in March 2017 we asked the provider to complete an action plan to show what they would do and by when to meet the breaches of Regulations 9, 12, 15 and 19. We expected the service to improve the key questions Safe, Effective, Responsive and Well-led to at least good. We also issued a Warning Notice in respect of Regulation 17. At the inspection in November 2017 we found that improvements had been made in all key questions and the requirements of the Warning Notice had been met. However, insufficient time had passed since the last inspection to ensure the improvements would be sustained.

Rosemount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rosemount is registered to care for older people, some of whom may have memory problems. The service accommodates 20 older people in one adapted building. On the day of inspection there were 16 people living at the service.

The service has a registered manager, who is also the registered provider. 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.

Improvements had been made to the quality assurance processes which had led to an improvement in the environment and risks to people's safety being minimised. The staff recruitment process had been improved and people were receiving person centred care that was responsive to their needs.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. We found people's communication needs were being met. However, people did not have a specific communication plan.

People's needs were met by kind and caring staff. One visitor told us everything was "Brilliant" at the service. People told us "They [staff] treat you like we're one big happy family. Wouldn't want to go anywhere else

thank you!" People's privacy and dignity was respected and all personal care was provided in private.

The registered manager was open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the registered manager and said they felt well supported. They were confident any issues they raised would be dealt with. People also knew the registered manager well and we saw positive interactions between them.

Staff told us they thought there was an open and honest culture in the home. They felt there was a clear vision for the service which was to provide good quality care to people. Staff had been involved in ensuring the service improved and the requirements from the Warning Notice had been met.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager indicated that where necessary people's capacity to make decisions had been assessed and decisions taken in their best interests.

People's medicines were stored and managed safely. Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Care plans and risk assessments were updated following any accidents or incidents.

People's needs were met by ensuring there were sufficient staff on duty. People, visitors and staff told us they felt there were enough staff available to meet people's needs. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly.

Staff confirmed they received sufficient training and support to ensure they met people's needs in a safe manner. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse.

People received person centred care and support delivered in the way they wished and as identified in their care plans. People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

People and their relatives were supported to be involved in planning and reviewing their care if they wished. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Not everyone living at Rosemount was able to tell us about their experiences. Therefore we spent some time in the lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Staff took time to ensure people received any assistance they needed.

People were supported to maintain a healthy balanced diet and people told us there was a good choice of

food. People were supported to maintain good health and had received regular visits from healthcare professionals.

There were regular activities available for people to participate in. These included crafts, pamper sessions and outside entertainers. We saw people enjoying craft and pamper sessions.

We have made a recommendation in relation the Accessible Information Standard and the quality assurance systems.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's medicines were managed safely.

Risks to people's health and welfare were well managed.
People's risk assessments were updated following any accidents and incidents.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

People's needs were met by ensuring there were sufficient staff on duty.

Records were well maintained.

Is the service effective?

Good ●

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care if they wished to be.

Is the service responsive?

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

Good 

Is the service well-led?

The service was well-led.

There were quality assurance systems in place to monitor care and plan on-going improvements. However, insufficient time had passed since the last inspection to ensure the improvements would be sustained.

The registered manager was open and approachable, and people were happy with the care they received.

Requires Improvement 

Rosemount

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 checked 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 21 and 22 November 2017 and the first day was unannounced. We undertook the inspection to look at whether the service had met the conditions of the Warning Notice issued following the inspection in March 2017. As the previous inspection had been carried out more than six months ago, we conducted a full comprehensive inspection.

The inspection was carried out by one adult social care inspector.

Not everyone living at Rosemount was able to tell us about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We met with all of the people using the service and spoke with five people in private. We spoke with five staff, the registered manager, a visiting healthcare professional and one visitor. Following the inspection we received information from the local authority's quality improvement team.

During the inspection we looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Is the service safe?

Our findings

At our previous inspection in March 2017 we rated this key question 'requires Improvement'. This was because we found risks to people's health and welfare were not always well managed, people's medicines were not always managed safely and people were not protected from the risks of unsuitable staff being employed. At this inspection in November 2017 we found improvements had been made.

At our inspection in March 2017 we found that recruitment procedures were not robust. At this inspection in November 2017 we found there was a safe recruitment procedure in place that helped to ensure, as far as possible, that only suitable staff were employed at the service. Staff told us about the checks that were completed before they commenced their role. We looked at three staff files and these confirmed what staff told us. All contained the required pre-employment documentation including disclosure and barring (police) checks, photo identity and references. They also contained an application form with a full work history.

At our inspection in March 2017 we found risks relating to cross infection and pressure area care had not always been assessed and minimised. We also found arrangements for ensuring the environment remained safe were not always well managed. At this inspection in November 2017 we found checks were completed on the internal and external environment and premises, including equipment and fire safety. We found these checks were up to date and the environment was safe and equipment seen was appropriate and in working order. Fire doors were closing properly and carpets had been replaced to minimise trip hazards. Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated, such as a fire.

We also found at this inspection in November 2017 that the environment was clean and tidy and risks to cross infection had been minimised. We saw staff using disposable gloves and aprons as required. This minimised the risks of cross infection when staff were caring for different people.

Improvements had been made in relation to pressure area care. All risks associated with people's health needs, well-being and safety had been assessed, planned for and were regularly monitored. For example, risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed. Where risks were identified plans were put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Where people required repositioning as an additional method to protect their skin from becoming damaged, records confirmed this was being completed in accordance with the person's risk plan. We noted when people's needs increased their care plan and risk assessments were updated to inform staff of the changes and described the care and support required. For example, one person had lost a lot of weight. Their care plan and risk assessments had been updated to show they needed food supplements as prescribed by their GP. The person's weight had since increased.

Staff were knowledgeable about risks associated with people's needs. Staff spoke confidently about how they supported people to remain safe but equally respecting their choice and control. For example, we observed staff supporting people who required help with moving and transferring. We saw staff followed the

guidelines described in the person's care plan and risk assessment. This meant people could be assured staff understood what was required to support them safely.

People were protected from abuse because there were systems and processes in place to identify and report issues of concern. Staff had received training in recognising and reporting abuse. They were able to tell us about different types of abuse and to whom they would report any suspicions. People and their visitors told us they felt safe at the service. One visitor told us "Oh my gosh she's [relative] really safe."

On both days of inspection there were 16 people living at the service. There were three members of care staff on duty during the morning and two care staff from 3pm until 9pm. The registered manager and care staff were supported by ancillary staff such as a housekeeper and administrative assistant five days a week. There was two members of care staff awake until 11pm. After this time only one member of care staff remained awake. The other care staff member was sleeping, but available to be called if needed. Staff told us they felt there were enough staff on duty to care for the numbers and needs of people living at the service. People told us they did not have to wait long for staff to arrive if they needed any help. During the inspection we saw people did not have to wait for attention from staff. The registered manager told us that they did not use a specific tool to calculate staffing levels. They told us they had looked at some tools but found it more beneficial to speak with staff and people living at the service to ensure their needs were met. They told us that as numbers of people or their needs increased, staffing numbers would also be increased.

People received their medicines safely and as prescribed to ensure they were effective. No-one at the service was able to manage their own medicines safely. We looked at the Medicine Administration Records (MAR) for three people. All records were signed to say people had been given their medicines at the time prescribed. Medicines were stored safely in a locked trolley in a locked cupboard. Fridge and room temperatures were checked daily to ensure medicines were stored at a safe temperature. Audits of medicines were undertaken on a monthly basis and records were kept of any medicines returned to the pharmacy. Staff did not administer medicines until they had received training and had been assessed by the staff member responsible for training as being competent. Staffs' competency for administering medicines was reviewed regularly. No-one was given their medicine without their knowledge. The service did not have any homely remedies in stock and there were instructions for staff on the administration of 'as required' medicines. For example, one person was prescribed a medicine to help them manage any pain. We heard staff offering the person pain relief as detailed on their records.

We asked the registered manager about lessons they had learned when things had gone wrong at the service. They told us that following the inspection in March 2017 they had learned they must keep on top of the quality assurance processes for the service. They told us they had needed to "Look at things as other people may see them."

Records were well maintained and available when we asked for them. Copies of people's care plans and records relating to the management of the service were stored safely and quickly made available to us. Audits relating to falls up to October 2017 were seen and these showed two people had fallen several times during July and August 2017. These identified the day, time and place the falls had occurred and this had helped to identify that both people had an infection and their GPs had visited and prescribed antibiotics.

Is the service effective?

Our findings

At our previous inspection in March 2017 we rated this key question 'Requires Improvement'. This was because we found a breach of Regulation 15 due to fact the environment needed attention to ensure it was suitable to meet the needs of people living there. At this inspection in November 2017 we found improvements had been made and people benefitted from a comfortable and pleasant living environment. The lounge and dining area had been redecorated and a new carpet had been fitted. Lighting had been improved and new dining chairs had been purchased. Radiator covers and woodwork throughout the service had been re-painted and there were no unpleasant odours around the service. A new housekeeper had been employed and the service was clean and tidy throughout. People who had known the area prior to the changes told us they felt there had been a great improvement.

People's needs and choices were assessed and care and support was provided based on current legislation. Visiting relatives told us they and their family member were involved as fully as possible, in discussions about their family member's needs and how they wanted their care and support provided.

People were supported by staff who were appropriately trained, skilled and supervised for their roles. The provider had recognised the need to establish a system to ensure staff received training, supervision and appraisals to help ensure staff had the skills needed to carry out their roles. One staff member had been delegated for ensuring this system operated effectively and a plan had been implemented. We spoke with the member of staff who had been delegated this responsibility. They told us they checked staff were competent in each area through observation and individual supervision. They had set up a system to ensure staff received regular supervision and appraisals. Staff files confirmed they had received supervision approximately every two months and an annual appraisal.

In addition to core training such as first aid and fire, there was more specific training and support available to staff to help them meet the needs of people living at the service. For example, caring for people living with dementia and stroke awareness. The bulk of training was provided through an e-learning system. Once staff had completed their training, they completed a questionnaire which was sent to the training company for assessment. We saw that not all staff had achieved the required pass rate. Further training and extra support had been given to the staff member who had then re-taken test and had passed. This showed us staff were supported to gain the training and skills they needed to meet people's needs safely.

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.

Since the last inspection staff had received training in relation to the MCA. Throughout the inspection we heard staff applying the principles of the MCA. Staff asked people for their consent before they provided any care and frequently offered choices of food and drink.

Where people lacked the capacity to make a specific decision, the service had followed the requirements of the MCA. This involved assessing the person's capacity, ensuring every effort was made to support the person to make the decision and then making a decision in the person's best interests along with other people involved with their care. For example, one person had been assessed as not having the capacity to consent to receive personal care. A best interest's decision was made in conjunction with staff and the person's relatives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had a locked entrance door and no-one had been assessed as safe to leave the service unaccompanied. However, people were able to go out into the garden unaccompanied if they wished and had been assessed as safe to do so. Because of the restriction on leaving the service the registered manager had made applications to the local authority to deprive everyone living at the service of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported to eat and drink enough to maintain a healthy balanced diet. There was a choice of meals and drinks that met people's needs and preferences. People who used the service were positive about the meal choices and availability of food and drinks. One person told us the food was "Always good wholesome food with a choice." Some people required help from staff to eat and drink. We saw staff supported these people well, giving choices, explanation and encouragement. Staff were unhurried and respected people's choice of where and how they chose to eat. People were offered drinks and snacks in between meals. We heard staff discussing the lunchtime options with people prior to lunch being served. Lunchtime was a social event with people chatting about the meal.

People's dietary and nutritional needs had been assessed. Staff, including the cook were aware of people's needs and preferences. Food and fluid charts had been completed when required to record people's intake. These were monitored along with people's weights to enable staff to refer to the GP if concerns were identified. We saw that one person had been identified as being at high risk of malnutrition, healthcare professionals had been involved and food supplements had been prescribed. Staff had acted on the professionals' advice, the risk to the person had been reduced and their weight had increased.

Systems were in place for information to be shared across organisations to provide people with effective care and support. For example, we were told that if anyone needed to be admitted to hospital important information was sent with the person to ensure hospital staff were fully aware of the person's needs. Community nurses visited regularly and one was helping arrange a respite visit for one person to a local hospice.

People were able to see health and social care professionals when needed and the service worked well with other agencies. Records showed people had seen their GPs and health and social care professionals, such as podiatrists and community nurses as needed. One person told us they could see their GP anytime they needed to. We saw that staff had identified one person had a 'red and hot' foot. The GP had been called, they visited and prescribed antibiotics. We spoke with a visiting healthcare professional who told us the service was good at contacting them when required. They said staff always followed any advice given and they had never had to raise any issues about people's care.

Is the service caring?

Our findings

At our previous inspection in March 2017 we rated this key question 'requires Improvement'. This was because we found people's dignity was not always promoted. At this inspection in November 2017 we found improvements had been made.

People and their relatives said the home provided a service based on treating them with dignity and respect. We saw staff were attentive and responded to people's requests for attention promptly. Staff addressed people by their preferred name; they knocked on bedroom doors and awaited a response before entering. People's privacy was maintained. Staff took care to ensure any personal care was provided in private. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People said staff listened to them, acknowledged and valued their opinions and delivered care in a friendly, patient and helpful way. One person said, "They [staff] treat you like we're one big happy family. Wouldn't want to go anywhere else thank you!" Another person said of the staff "I've not met one I didn't get on with." One relative told us everything was "Brilliant" at the service.

Staff took care to ensure people's needs were met and this was reflected in their care practices. They stimulated people prompting conversations with them whilst performing their duties in a patient manner. We heard staff speaking with people about the cat that regularly visited the service, and which people liked to pet. Staff used their knowledge of people and their needs and preferences to ensure their needs were met. People were treated with kindness and understanding with staff taking an interest in them and the things they said.

Staff spoke with people to let them know what was happening. For example, staff assisted one person to move from a wheelchair to an arm chair. Staff encouraged the person telling them how near to the armchair they were before sitting down. Each time staff walked into the lounge they took time to speak with people. They asked if people wanted or needed anything and offered a choice of drinks. We saw that people responded well to staff, speaking, smiling and laughing with them. There were laughs and hugs between staff and the people they supported.

People's preferences were sought and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff told us about one person who preferred to spend most of their time in their room pursuing the cross-stich hobby they had enjoyed before moving into Rosemount.

Not everyone was able to be involved in planning their care. We saw that where people or their relatives wished to take part in planning care they could be. The relative we spoke with told us they visited at different times and days during the week and was always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Is the service responsive?

Our findings

At our previous inspection in March 2017 we rated this key question 'requires Improvement'. This was because we found aspects of people's care such as their social care needs were not person centred and responsive to their needs. At this inspection in November 2017 we found improvements had been made.

People's needs were assessed before and while living at Rosemount. People received person centred care and support delivered in the way they wished and as identified in their care plans. Care plans were developed following the initial assessment and contained good descriptions of people's needs. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, one person had been assessed as having higher skin care needs following a reduction in their weight. The care plan had been updated and pressure relieving equipment put in place. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished.

People told us staff were responsive to their needs, they told us they never had to wait long for staff to respond to their call bells. One person said "Never wanted anybody [staff] and they haven't come straight away [to answer the call bell]." Another person said they had never had to wait for anything.

Staff had received training in caring for people who were living with dementia. We saw staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained.

Since the inspection in March 2017 improvements had been made to the environment, making it more comfortable and homely. Chairs in the lounge area had been placed into small groups and we saw people chatting to each other in these groups.

Not everyone living at Rosemount was able to tell us about their experiences. Therefore we spent some time in the lounge area and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. Each time staff entered the lounge they spoke to people and tried to engage them in conversation. During the 30 minute period of observation we saw that the mood of the three people we were observing was generally positive. All the interactions we saw were respectful, positive and facilitating (assessing levels of support required and providing it). For example, one staff member recognised that a person's spectacles were slightly marked. The staff member asked the person if they would like their spectacles cleaned. The person said yes and the staff member attended to it.

People told us they enjoyed being able to take part in the activities on offer. An activity organiser was employed four days a week and there were activities available each afternoon. These included word games, crafts, pamper sessions and outside entertainers. We saw people enjoying making Christmas cards and having their hands massaged. The activity organiser also spent time individually with people who did not wish to take part in the group sessions.

Regular meetings were held for people living at Rosemount. We saw the minutes from the meeting in April 2017 where people had said they did not want a particular outside entertainer to visit any more. They had also discussed the redecorations planned for the lounge. At the meeting in August 2017 people had said they had no concerns and some ladies had said they especially enjoyed the pampering sessions that were held.

The registered manager took note of, and investigated any concerns raised. The complaints procedure was on display in the hallway and there was a box in which people could place suggestions for improvements. The registered manager told us they had never had any suggestions made via the box. We saw that two complaints had been recorded in the complaints file since the last inspection. These had been investigated and one had been concluded satisfactorily. The other was still being dealt with. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint.

No-one at the service was receiving end of life care. However, the service had close links with the local hospice and had received training from them in caring for people at the end of their life. Staff were confident they would be able to provide good quality care to people at the end of their lives.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

The service identified people's communication needs at their initial contact with the person, while determining if the service could meet their needs. We looked at the care file for one person who had specific communication needs relating to their hearing. At the inspection in March 2017 we found this person was not having their needs met in a responsive manner as not all staff could use the communication equipment the person had. At this inspection in November 2017 we found the person had been reassessed and no longer need the equipment. Instead they had been fitted with hearing aids. This meant staff were able to communicate more effectively with the person. We heard staff offering them choices and assisting them with craft work. The person smiled and nodded throughout the interactions. However, the registered manager was unaware of the Accessible Information Standard and the person did not have a plan that set out their specific communication needs.

We recommend the registered manager follows the guidance of the Accessible Information Standard.

Is the service well-led?

Our findings

At our previous inspection in March 2017 we rated this key question 'Inadequate'. We found a breach of Regulation 17 and issued a warning notice. This told the provider they must establish effective systems to assess, monitor and improve the quality of care provided. At this inspection in November 2017 we found improvements had been made. Although improvements had been made and the requirements of the warning notice met, insufficient time had passed since the last inspection to ensure the improvements would be sustained. We also found the registered manager was not familiar with the Accessible Information Standard which meant people did not have a specific plan that set out their communication needs and how they should be met.

We recommend the provider ensures the quality assurance systems remain effective and embedded in their practice.

There was a manager registered with the Care Quality Commission (CQC). 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 who was also the registered provider was supported in their role by a deputy manager and an administrative assistant who was to be responsible for quality assurance audits and ensuring staff received appropriate training and supervision.

Following the inspection in March 2017 the registered manager called a staff meeting to discuss the issues raised at the inspection. Staff were informed of their responsibility to ensure good quality care was provided to people. We saw that the staff meetings had continued, and that through the staff meetings staff discussed and resolved issues that had been raised. For example, staff were reminded not to use 'stock phrases' when writing in people's care plans. We saw that recordings had improved following this.

The registered manager and the administrative assistant had ensured the systems that had been previously established for assessing, monitoring and improving the quality of care provided were now being operated effectively. They had worked on a Service Improvement Plan (SIP) which showed audits were regularly being undertaken and action being taken to rectify matters if required. For example, the infection control audit of 27 September 2017 identified a mattress in the top bathroom needed to be removed. This was completed on the same day. The medicine audit of 24 May 2017 identified signatures were missing on the Medication Administration Record (MAR), the staff member had been reminded of the need to complete the MAR in a timely way. The audit of the care plan for one person completed on 27 September 2017 identified the need for a photograph of the person to be placed on their file. We saw that this had been completed.

The registered manager sought the views of people and visitors through a series of questionnaires. These were due to be sent out again in January 2018. Previous questionnaires had not highlighted any issues.

People knew the registered manager and we saw good interactions between them and people living at the

service. People were happy with the service they received. One person said "It's lovely, just like being at home." Another said "It's all very good here." A visitor told us "She's [relative] is happy and that's what matters."

Staff told us the registered manager was very supportive and always available if they needed help and advice. A member of staff had been delegated to provide supervision to other staff. Staff told us they were able to talk about any concerns they may have with the supervising staff member and were confident any issues would be taken to the registered manager and dealt with. One staff member told us they had raised concerns about another staff member through this process and had been happy with the outcome.

Staff told us they thought there was an open and honest culture in the home. They felt there was a clear vision for the service which was to provide good quality care to people. Staff felt the service did provide good quality care. One told us "It's a lovely home, everyone gets well looked after, I'd recommend it to anyone." Another staff member said "All the staff go out of their way to go the extra mile."

The registered manager told us that information about best practice in caring and supporting people was obtained through care professional journals and the CQC website.

The registered manager was aware of their responsibility to notify CQC of significant events in the home.

In line with requirements the service displayed details of the most recent rating of the service provider's overall performance.