

Waterloo House Rest Home 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 ●

Summary of findings

Overall summary

Waterloo House is registered to provide care and accommodation for up to 41 older people. At the time of this inspection, there were 37 people living at the service, most of whom have a dementia related condition. Accommodation was split over two levels with lift access to the first floor.

This inspection took place on the 23 May 2017 and was unannounced. We previously inspected this service in July 2016 where we identified the service required improvement overall and was rated inadequate in the well-led domain. At that time, the provider was in breach of Regulation 12 of the Health and Social Care Regulations relating to the safety of the premises and of Regulation 17 relating to the governance and leadership of the service. We also issued the provider with a fixed penalty notice for failing to display their previous CQC performance rating.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate in any of the key questions. Therefore, this service is now out of Special Measures.

A registered manager was in post and this manager had not changed since our last inspection of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how the service had addressed the safety concerns with the premises. We saw significant improvements had been made and all of the major issues had been addressed with an extensive refurbishment programme including the replacement of defective or unsatisfactory equipment. The majority of people's bedrooms had been redecorated and re-carpeted, with the rest planned for imminent completion. It was clear that checks to ensure the safety of the service had been completed relating to electric, gas, asbestos and legionella. Staff completed daily, weekly and monthly checks on the premises to ensure it was safe and well maintained.

Improvements had also been made with regards to the quality assurance system. The provider had supplied the Commission with a monthly health and safety audit and an action plan. We saw prompt action had been taken to address the concerns raised and any new issues which had arisen were now promptly attended to. Detailed audits to monitor cleanliness, infection control, maintenance, medicines and finances were in place and regularly monitored. We have rated the service 'Requires improvement' in the well-led domain because we want to be assured that these improvements will be sustained. We have also made a recommendation about the suitability of the registered managers office.

Everyone spoke highly of the registered manager. The improvements she had made throughout the service continued to be recognised by people who used the service, their relatives and visitors. It was apparent that the registered manager and the provider had invested a lot of time and money into addressing the previous concerns and were committed to ensuring Waterloo House was a safe place for people to live.

Established safeguarding procedures continued and all staff were aware of their responsibilities with regards to recognising and reporting any suspicions of harm or abuse. Individual risk assessments were in place to assist the staff to support people in a safe manner. Actions which staff could take to mitigate risks were clearly documented. Accidents and incidents continued to be recorded, monitored and reported to the local authority and CQC as necessary.

Emergency plans were in place and staff demonstrated their understanding of the procedures. Personal emergency evacuation plans were in place for each individual and were regularly updated to ensure the service held an up to date record of the support people would need to evacuate the building in an emergency.

Staff recruitment was robust; the registered manager ensured pre-employment vetting checks including references and police checks were in place before new employees commenced their duties. Staff were monitored for suitability through a probationary period and were closely supervised until they were assessed as competent in the role. There were enough staff employed at the service to meet people's needs. Staff confirmed they had enough time to complete their duties; people and relatives told us the staff were available whenever they needed them.

Medicines were now managed safely. We observed staff safely administered medicines to people during our visit. Procedures were in place to ensure medicines were ordered, stored, administered and recorded appropriately. There were no unexplained gaps in the recording of administration and the previous issues with the medicine room had been addressed.

Improvements to reduce the risk of cross infection had been made. The standard of the environment had improved and we observed the home to be clean and tidy. Staff followed best practice guidelines in relation to the control of infection in order to minimise cross contamination. Domestic staffing levels had been increased since our last inspection.

Staff continued to be inducted into the service and trained in topics which were relevant to their job. The registered manager sourced external training to enhance their skills and knowledge. The registered manager completed competency checks on the staff to ensure they continued to be fit for their role.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us she had made applications on behalf of most people to restrict their freedom in line with the Mental Capacity Act 2005. All staff demonstrated an understanding of the MCA and worked within its principals.

People were supported by staff to eat and drink well. Kitchen staff provided a healthy, well balanced diet. There was a choice of meals from a menu and alternatives were available. Special dietary requirements were adhered to including pureed food and a diabetic diet.

People and relatives told us the registered manager and staff were extremely caring. They were impressed with the support provided by all staff at the home, as was the external professionals we spoke with. We

observed staff were kind and considerate of people's capabilities and varying needs. We saw staff treated people with respect and ensured their privacy and dignity were maintained. All staff were helpful, friendly and professional throughout our visit.

Records showed that where appropriate, people had been involved in planning their care. Relatives confirmed that they had been involved in devising care plans and they had shared information about their relations in order to help the staff get to know people better. The care records were detailed and person-centred. They contained assessments of people's needs, personalised care plans and individual risk assessments. They were regularly reviewed and updated.

An activities co-ordinator provided one-to-one support to people as well as organising communal activities and outings. There was a planned programme of meaningful activities on display and all staff had been involved with parties, theme nights and celebrations to reduce social isolation.

There had been no complaints since our last inspection and during our visit nobody raised any concerns with us. The feedback we received from relatives and external professionals was positive.

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.

Significant improvements had been made to the premises and equipment.

The home was clean and tidy and well maintained.

Medicines were managed appropriately and people told us they received their medicines as expected.

Safeguarding procedures were in place and a safe recruitment process was followed.

Is the service effective?

Good ●

The service was effective.

People received care and treatment in line with the Mental Capacity Act and staff worked within the associated principals.

The design and decoration of the premises had been significantly improved. Effort had been made to ensure a 'dementia friendly' environment.

People spoke very highly of the food and their dietary needs were met. The mealtime experience was positive.

Staff were well trained and knew people well, which enabled them to care for people appropriately. People had access to external health and social care provision.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Although significant improvements had been made to the safety and quality of the service, we need to be assured these improvements will be sustained.

The registered manager's office was not suitable for the staff to work in. It lacked organisation, privacy and space.

Consecutive checks on the service were recorded and any issues identified were addressed in a timely manner.

People, relatives, staff and visitors spoke positively about the management team and were very happy with the recent improvements.

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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 23 May 2017 and was unannounced. The inspection team consisted of one adult social care 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.

Prior to the inspection we reviewed information we held about Waterloo House, including any statutory notifications which the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Prior to the inspection, we liaised with Northumberland County Council's contracts monitoring and adult safeguarding teams and used information they held to inform the planning of our inspection. After the inspection we spoke with three external professionals to gather their opinions of the service.

During the inspection we observed care delivery and we spoke with four people who used the service and four relatives. We spoke with five members of staff, which included the registered manager, the deputy manager, a care worker, a domestic assistant and the cook. We reviewed a range of care records and the records regarding the management and governance of the service. This included looking at three people's care records in depth and reviewing others. We also looked at two staff recruitment and training files.

Is the service safe?

Our findings

At our previous inspection we found a breach of the regulations related to the safety of the premises and equipment. We raised concerns about equipment that was in poor condition, particularly in the kitchen, the decoration of the home, infection control and the maintenance of the building.

At this inspection we found considerable improvements had been made in all of these areas. The premises had been repaired and brought up to a much better standard, a programme of works to redecorate and re-carpet bedrooms and communal areas was almost completed and new equipment had been purchased for the kitchen such as new refrigerators, a new cooker, new fryers and a new microwave. Windows restrictors had been replaced throughout the home which now confirmed with Health and Safety Executive (HSE) guidelines.

We observed the home to be clean and tidy with no odours. The kitchen was found to be immaculate and cleaned to a high standard. The new equipment and décor meant that areas in the kitchen were much easier to keep clean and free from contamination.

Northumberland Fire and rescue service had not been back to inspect the service. At their last visit in June 2016 it was deemed that sufficient action had been taken to meet with the requirements of the enforcement notice which they had previously served in February 2016. The registered manager told us what action had been taken to ensure compliance with fire safety regulations, including installations of extractor fans and adjustments to fire exits.

It was now clear that checks to ensure the safety of the service had been completed and we were able to review comprehensive records which related to electric, gas, asbestos and legionella. Staff completed daily, weekly and monthly checks on the premises to ensure it was safe and well maintained. This was because the 'handyman' job role was currently vacant. The registered manager told us this post was being advertised but in the meantime the staff ensured the checks were carried out. We saw that timely action had been taken to address a recent drainage problem. The provider arranged for an external contractor to undertake the repairs in the absence of a handyman.

People told us they continued to receive their medicines on time and in a safe and hygienic manner. We observed a senior care worker administer medicines to several people and we spoke to her about the procedures she follows. The senior care worker demonstrated a sound working knowledge of safe practices related to the ordering, receipt, storage, administration, disposal and recording of medicines.

Previous issues which were highlighted at the last inspection had been addressed. We saw that the medicine fridge in the treatment room had been replaced with a brand new model and the temperatures of the fridge and treatment room had been consecutively recorded.

The registered manager had employed more domestic staff since our last inspection however there was currently a weekend vacancy. We noted that the increase in domestic hours and with cooperation from care

staff, the environmental standards of the home had improved and had been maintained over the past nine months. The staffing levels for care staff continued to be sufficient based on the needs of the people who used the service and we saw staff went about their duties in a relaxed manner and had time to sit and socialise with people in between their care related tasks. However, everyone we spoke with said that the staff were overworked, but did a really good job. Three relatives told us that there always seemed to be enough staff when they visited.

Staff recruitment continued to be robust. We reviewed the files of two staff who had recently been employed. Pre-employment checks had taken place and two references had been obtained. Application forms contained a history of previous employment, education and any past experience or knowledge.

People told us they felt safe. One person said " Yes [I am safe], No bother, I feel champion." Another said, "They treat me alright and you can joke with them" and "I have a lock on my door, though I never lock it. I'm never in my room, I'm always in the lounge". Relatives echoed this. One relation told us, "I can't fault anyone, it's an old building but lovely carers. They really looked after my husband" and, "Yes, they are all decent people, friendly and nice who can't do enough for you - it's like a community centre here."

Safeguarding policies and procedures remained in place and the staff were up to date with their safeguarding training. The registered manager and staff team displayed a good awareness of what action to take if they suspected people were at risk. Individual risk assessments continued to be put in place and monitored where people faced risk in their daily lives.

The registered manager had maintained the records of accidents and incidents including safeguarding concerns and falls. Low level concerns were reported to the local authority for oversight and there had been no major incidents.

Is the service effective?

Our findings

In our previous two inspections dated May 2015 and July 2016, we highlighted that records didn't always evidence that care and treatment had been provided in line with the Mental Capacity Act 2005 (MCA). We also considered that the design and decoration of the home was not based on best practice in relation to the needs of people living with dementia.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection, we found no issues with the records in relation to the care and treatment being provided to people in line with the MCA. We reviewed three people's care records and found that all contained evidence of DoLS applications and best interests decision-making. Mental capacity assessments were in place for all three people. For example, care plans about people's 'Citizenship' were drafted which explained that people did not have the capacity to vote and that a best interest decision had been made with their relatives, healthcare professionals and staff to explore other ways for the person to exercise their rights and have supported access to community groups and services. Another file contained evidence that 'Covert' medicine was in the best interests of the person to ensure vital medicine was administered. Again an appropriate formal meeting had taken place and a communal decision had been made.

Staff demonstrated an awareness of the MCA and we observed that they worked within its principles. We discussed one example with the registered manager and staff where a person has a DoLS granted but there are conditions associated with it. Staff told us how they encouraged positive risk taking which meant the person was able to go out to one specific place so long as the safeguards around the journey and the times were adhered to. We saw how in practice this had worked well and had made a positive difference to a person's life. However following a recent incident, staff had referred the person back to their social worker to be reassessed to ensure the arrangement continued to be safe.

The recent refurbishments of bedrooms and some communal areas meant that the registered manager had the opportunity to make the décor more 'dementia friendly'. Walls and flooring were contrasting colours and handrails stood out to help people to orientate themselves around the home. There was word and pictorial signage to describe rooms and people had pictures of themselves on their bedroom doors to help identify their own rooms. Memorabilia, ornaments and artefacts were on display to encourage interest and conversation.

A large room which used to be a lounge was being converted into a garden room with a small dining area. It had large patio doors which looked out onto the front terrace. An outdoor mural had been painted onto one wall and other decoration was in progress. The room wasn't quite ready to be used yet but the registered manager told us that she hoped more people would use it once it was ready in order for them to experience the outdoors within the safety of the home's surroundings.

People and their relatives told us they thought staff were well trained to be able to meet their needs. One person said "Yes, they do everything very well." Another said, "Yes, they are helpful getting me out of my chair " and "Yes, they seem to know everything. They are well trained." A third said, "If you want anything done, they do it straight away." A relative commented, "One or two [staff] are learning I think but others help them. I'm here for 8-10 hours a day, I see what food they are getting and I have the same...and I never leave anything either!" Another relative told us, "Mum was in hospital over Christmas and lost a lot of weight, but she is putting it back on now."

An external professional told us, The staff don't change, a lot of them have worked there a long time, they know people's needs really well. Another external professional said, "They [staff] go flat out to meet people's needs." Staff training continued to be kept up to date in key topics and specific training to manage particular needs was provided to the staff such as dementia awareness, challenging behaviour and pressure area care. Staff told us that they felt confident and competent to carry out their roles and said there was plenty of training available.

The new staff had undertaken an induction and where appropriate new staff were signed up to complete the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care.

Staff received on-going support from the registered manager in the form of regular one to one supervision sessions and an annual appraisal. Competency checks on all staff was conducted by the registered manager to ensure staff remained suitably skilled to carry out their role.

Everyone we spoke with were complimentary about the food. Comments from people included, " Yes, I like breakfast best and there are plenty of drinks, water, tea and juice", "Yes, I have no problem with eating, in fact I'm putting on weight!", "Yes, I like fish and chips and there is enough choice and if I don't like anything they will do me an omelette or toast". A relative added "Yes, She [their Mother] is a fussy eater but she particularly likes the chicken" and another relative said, "He [their Father] was on soft food but it looked really appetising."

We observed a couple of mealtimes during the day. People were supported by staff to receive a nutritious and well-balanced diet. The meals were attractively presented and looked appetising. We observed staff provided discreet support to ensure people received sufficient food and fluid intake. People who were under the care of a dietician or speech and language therapist had their food and fluid intake closely monitored and recorded. We saw that the cook had a list in the kitchen which directed them as to who had particular dietary needs, such as diabetic diet, pureed food, low fat diet or fortified diet. We spoke to the cook who demonstrated a very good knowledge of peoples' dietary needs. We saw that people interacted with the cook and they engaged in friendly chitchat.

People and relatives told us and the records confirmed that people who used the service had ample access to external health and social care services. Records showed that people regularly saw their GP, consultants, opticians, dentists, dieticians and chiropodists. During the inspection we observed the registered manager made numerous phone calls to external professionals for advice and support to maintain people's health

and welfare. We also saw professionals visiting the service for meetings with people and their relatives. Three external professionals who we spoke with after the inspection told us that the staff were a great support to them and were proactive. This meant that people were supported by the service to ensure their individual needs continued to be met to promote health and well-being.

Is the service caring?

Our findings

Everyone we spoke with expressed high regard for the service and its staff. Comments from people included, "Yes, they [staff] are good and whilst taking me to the toilet they are very understanding", "Yes, I'm happy with the care here. I've just come out of hospital and couldn't wait to get back here", "Yes, the carer's are lovely. I do my own 'bits' and I get privacy and dignity when showering, my husband also helps me. When I was at hospital they hurt me helping me get in and out of my chair but here they don't hurt me at all", "Oh, they stop and listen when they are not too busy, but if you're poorly they are there. If they can help they will help, but they're always trying to keep you mobile and independent", "They are kind and talk to me", "The carer's can talk to me at 'my level' but they also talk to people who don't recognise them or me at their level and help them, it's great really."

Relatives and external professionals were also extremely complimentary about the service. One relative said, "Mum's care is exceptional, we can ring them and come in at any time, the food and staff are great, we have no issues or complaints. The place has just been decorated too." External professionals told us, "I love Waterloo House, the standard of care is excellent", "Waterloo is a real gem" and "The care there is so good, the staff are so warm and welcoming and they support families really well too." We also reviewed some comments made by visiting professionals in a survey. A GP had written, "The care and dedication of the staff is outstanding. I have been impressed how much the staff go above and beyond their duties to make residents feel at home and well cared for."

The registered manager spoke with pride and passion about the importance of ensuring people's individual needs were met and that their wishes and preferences were respected. Staff were knowledgeable about people's needs and described these to us, it was apparent they knew people very well.

Staff displayed kindness and warmth and they approached people in a friendly manner. We observed lots of very positive interactions, not only between care workers and people, but other members of the staff team too including the registered manager, the cook and the domestic staff. We observed that the staff appeared to be very happy in their roles. There was a lot of singing, laughter and chatting between staff and people. Staff told us how rewarding the job was, One said, "Sitting with people, even holding their hands helps" and another said, "Making people smile sometimes is reward enough."

Staff spoke with and showed respect for people as they told us about how they maintained and promoted peoples' privacy and dignity. Care workers told us how they knocked on peoples' doors and sought permission to enter; how they covered people over during assistance with intimate, personal care tasks and that they ensured people felt comfortable during support. We saw all staff treated people with dignity and respect and recognised them as individuals with differing needs when going about their duties, which they did with gentleness and compassion.

The registered manager had included peoples' family history, background, likes, dislikes, routines, wishes and preferences in their care plans, in order for staff to understand people better and deliver person centred care. People and relatives told us that they were involved in decisions about their care. Records showed

people had signed their care records, where able to do so, to indicate that they had agreed with them.

There was information, advice and guidance displayed on noticeboards around the home which would benefit people such as safeguarding contacts and leaflets on dementia awareness, advocacy services and information to advise people of current and relevant topics of interest. People had been given a 'service user guide' upon admission which contained information about the service; what to expect, what services are offered and the local amenities.

The registered manager told us most people had relatives who acted legally on their behalf however they continued to access an independent advocacy service through the local authority, if people needed it. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

There was a process in place to ask people about their end of life wishes and we saw in care records that these were documented. This included advanced care planning, emergency healthcare wishes and resuscitation preferences. At the time of this inspection the service was not providing end of life care but they had done so many times in the past. Staff were trained in providing palliative or end of life care to ensure the service was able to continue to appropriately care for people if it was required.

Is the service responsive?

Our findings

People, relatives and external professionals continued to express their satisfaction with the responsiveness of the service. One external professional told us, "I have always found Waterloo House a very caring environment; they manage some 'challenging' clients very well. The care home is 'homely' and there appears to be lots of activities for the clients to participate in, staff are visible and approachable." Another said, "I have placed a few people there and they have all got on really well."

Care plans had been comprehensively maintained since our last inspection and the staff continually reviewed them to ensure they were delivering the most appropriate care to meet people's current needs. We reviewed three people's care records and saw they continued to be person centred and detailed. Regular evaluations had taken place and daily notes were made to document how a person has spent their day, what they had been involved with and any concerns or issues which were being dealt with by staff.

There was an activities coordinator employed at the service although they were not present on the day of our inspection. The registered manager told us her and the care staff ensured the activities ran smoothly when the coordinator had days off. She told us, "All staff get involved, they do have time to spend with people chatting, pampering, playing games etc."

A range of meaningful activities were planned to take place and we saw some people were engaged in activities with other people and care workers. There were photographs on display which showed people taking part in day trips and fun days. One person said "I like Bingo and making a fuss of the dogs they bring in. I also like to go out if it's nice or watch TV." Another person told us they liked going into the lounge "to wind them [staff] up – you've got to have a laugh" they joked. The service had a large terrace to the front of the home with a seating area which people could access with staff. We also saw people going out with their relatives.

People had choice and control over all aspects of their lives. We heard the staff included people in small decision making such as clothing, activities, food and drinks. We also heard choice was given during medicine administration and personal care assistance. This meant staff empowered people to be as independent as possible.

The complaints procedure remained in place and information about this was on display in the foyer. No complaints had been received since our last inspection. Minor issues were resolved immediately by the registered manager or had been referred to a local authority care manager. Nobody we spoke with raised any concerns about the service. One person said, "Why would anyone want to complain? Everyone gets on with everyone else, we don't want for nothing, we get well fed, I wouldn't change anything and the manager is very approachable." Another person told us, "I have no complaints but if I did the manager would sort it. I can also get up or go to bed at any time I want." A 'suggestions box' was available in the foyer and we noted some lovely compliments had been recorded.

Is the service well-led?

Our findings

Since 2012, this service has been in breach of one or more of the Health and Social Care Regulations. In the past we have issued the provider with warning notices because of the standard of the premises and the concerns about its safety. At our last inspection we found that the improvements made had not been sustained so we put the service into Special Measures and we imposed a condition on the provider's registration. We told the provider that it was compulsory to send us updates following a monthly Health and Safety Audit and an associated action plan. The provider instructed an external Health and Safety consultant to undertake this task and the registered manager developed the action plans. These documents were sent to the Commission on time, as expected.

At this inspection, we saw significant improvements had been made to the suitability and safety of the premises and the equipment. However, we have asked the provider to continue to send us these monthly updates so we can be assured that the programme of works is completed and the improvements are sustained for a longer period of time. We considered that the service had demonstrated to us that sufficient improvements have been made and is no longer rated as inadequate in any of the key questions. Therefore, this service is now out of Special Measures.

At our last inspection, we issued the provider with a fixed penalty notice for failing to display their previous CQC performance ratings in line with legal requirements. At this inspection, the CQC performance ratings for the service were on display in the foyer. This meant people, relatives and other interested parties could see how the service had performed against the regulations.

We found that the provider and registered manager were now meeting all of the conditions of their registrations. They had submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a legal requirement. They enable us to monitor any trends or concerns within the service.

An established registered manager was in post at the time of our inspection and this manager had not changed since our last inspection. The registered manager was supported by a long-standing deputy manager, senior care workers, care workers, kitchen staff and domestic staff.

All of the staff had some responsibility for conducting checks on all aspects of the service. This included, medicine management, infection control and health and safety. We reviewed a range of these records and found them all to be up to date and consecutively completed.

The registered manager's quality assurance system now highlighted issues which we saw were addressed in a timely manner. Five care records per month were being audited to ensure assessments, care plans and information about issues such as nutritional needs and weight loss were accurate and monitored for oversight. Monthly medicine record audits were also being conducted. This ensured medicines were ordered, stored, received and recorded correctly. Monthly Infection control audits were in place and the service had rated themselves with 93% in April. The registered manager inspected bathrooms, handwashing

facilities, equipment, PPE and waste disposal as part of her audit. COSHH (Control of Substances Hazardous to Health) safety checks had also been carried out.

Domestic staff completed daily and weekly cleaning schedules to enable the registered manager to monitor the tasks completed on a daily basis such as dusting, polishing, vacuuming, cleaning of bathrooms and mopping floors. On a weekly basis all bedrooms were thoroughly cleaned. Our observations and findings on the day of inspection demonstrated that the quality assurance systems in place were now robust and effective.

The registered manager told us that the provider's insurance company had also completed an annual audit since the last inspection and had noted no concerns at this time.

Communication within the home was effective. Staff told us they felt confident to raise any issues with the registered manager and their views would be taken into account. Handover meetings were conducted twice a day to ensure consistent and safe care was provided to people. The registered manager kept staff updated with changes within the service and best practice guidance.

Feedback about the service was sought from people, relatives and visiting professionals. We noted an overwhelmingly positive response to the surveys. Comments included, "Cheerful home, staff and environment", "Excellent communication with professionals and residents" and "Excellent staff, very friendly and helpful = Happy residents!!" Staff had also expressed satisfaction; we viewed 19 positive responses to a recent staff survey which showed staff were asked for their opinion too.

Staff told us that they enjoyed working at the service and team morale was good. They said they felt valued and appreciated. We observed a happy, relaxed and friendly atmosphere within the home and this was reflected in the support which staff provided to people. One member of staff told us, "There have been massive improvements; it's absolutely fantastic compared to last year. [Registered manager] is really good at getting what we need now." Another member of staff said, "There's a good atmosphere and it is well led by example." One person told us, "They [staff] aren't snobs and don't take offence. I could talk to the manager about anything and it won't be 'broadcast' if you know what I mean. I can't grumble."

The registered manager told us that now the majority of the major improvements were completed, she felt she would have more time to concentrate on other aspects of service development. She planned to implement a staff awards scheme to enhance the positivity of the staff and reward those staff who continue to go the extra mile.

The service had maintained good partnerships with other organisations. The registered manager continued to work in partnership with a number of other community groups and services, in addition to the work they had participated in with the local authority and local NHS teams. The registered manager told us that she hoped to have more time to concentrate on this, to make the service an even better experience for the people who used it.

We noted that the registered manager's office was unsatisfactory and was not fit for purpose. There was not enough space for her and the deputy manager to work in an organised and confidential manner. The office is situated in the entrance foyer and is accessible at all times to all people, staff and visitors which meant the managers are constantly interrupted or distracted. Whilst the registered manager took the security of sensitive information seriously, in practical terms it was not an efficient or effective way to manage a service and it was time consuming for her to have to keep locking paperwork away every time she left the room. The registered manager and deputy manager's well-being was compromised because of the heat in the room,

no ventilation, overcrowding and insufficient work space.

When we asked staff what else could be done to improve the service, they told us, "More technology would help, such as I-Pads" and "Office space is poor and we need a quiet place for people to go possibly with their families." We noted there was no room available for people to have private meetings (except in their bedroom) or for managers to have meetings with staff, relatives and external professionals.

We have made a recommendation that the provider consider utilising another room in the home for the registered manager's office which can be more organised, private, free from interruptions and promotes the well-being of the management staff.