Longfield Healthcare Limited

Longfield

Inspection report

Fambridge Close
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Essex
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10 August 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We carried out an unannounced inspection on 10 August 2016.

The service provides care and support to older people with a range of support needs including chronic health conditions, physical disabilities, and those living with dementia. At the time of the inspection, there were 34 people being supported by the service and one person was in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from avoidable harm. The provider had effective recruitment processes in place. However, the majority of people, relatives and some staff said that there was not sufficient numbers of staff to support people quickly. People were put at risk of harm when they had been left unsupervised when the only member of staff on each unit supported their colleagues on other units. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People had adequate food and drinks to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were involved in reviewing their care plans. People had been provided with enjoyable activities and some had been supported to pursue their hobbies and interests outside of the home. People were involved in the local community and took pride in their gardens that won a 'Gold Award' in a local gardening competition.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, other professionals and staff, and they acted on the comments received to improve the quality of the service.

Various audits were completed to assess and monitor the quality of the service. Staff said that the manager provided stable leadership and effective support, and they also promoted a caring culture within the service.

However, they had not taken proactive action to ensure that people were constantly supervised in communal areas of the home.

The provider was not meeting one of the fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The majority of people, relatives and some staff said that there was not sufficient numbers of staff to support people quickly. People were put at risk of harm when they had been left unsupervised when the only member of staff on each unit supported their colleagues on other units.

People felt safe and there were effective systems in place to safeguard them.

The provider had a robust recruitment procedure in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People had enough nutritious food and drink to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and friendly towards people they supported.

People were supported in a way that protected their privacy and dignity. Where possible, they were also supported in a way that maintained their independence.

People's choices had been taken into account when planning

their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that their needs were appropriately met.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not been proactive in ensuring that staffing numbers had been assessed in relation to the layout of the home. This meant that people were at risk of harm when they had been left unsupervised in the communal areas of the home. However, they took prompt action to deal with our concerns about how staff were deployed around the service.

Various audits were completed to assess and monitor the quality of the service.

People, relatives and staff were enabled to routinely share their experiences of the service.

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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.

The inspection took place on 10 August 2016 and it was unannounced. It was carried out by an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with 11 people who used the service, eight relatives, four care staff, a team leader, a cook, an activities coordinator, and the registered manager.

We looked at the care records for five people who used the service to check how their care was being managed. We checked how medicines and complaints were being managed. We looked at three staff files to review the provider's staff recruitment and supervision processes, and we also saw the training records for all staff employed by the service. We looked at information on how the quality of the service was being monitored and managed, and we observed how care was being provided in communal areas of the home.

Requires Improvement

Is the service safe?

Our findings

During the inspection, we asked people whether there was sufficient numbers of staff to support them. The majority of people and relatives we spoke with felt that there was not enough staff to support everyone quickly. One person said, "There is not always enough staff to answer the buzzer when you call." Another person said, "Staff work very hard and have to rush away from where they are working to help on another unit." A third person told us, "When you ask for the toilet and need hoisting, one staff member will come to you, but then you have to wait for another member to come to help." One relative told us, "I did say to the manager they needed more staff here and she said there was enough staff for the amount of people they had at the moment."

We checked the staffing rotas and noted that on most days, there was five care staff on shift, with one care staff based on each of the five units. Additionally, two team leaders were on shift and the manager provided support when available. On some days, an additional member of staff called a 'floater' was available to provide support to all the units. However, we found this additional support was not consistently planned throughout the week. We observed that this meant that occasionally, care staff left some units unattended in order to support their colleagues in other units. Members of the staff team confirmed that this happened regularly when they had no 'floater' on shift. A member of staff said, "We could do more if we had a floater on each day. We have our unit to look after, but if a buzzer goes we have to rush to help on the next unit." Another member of staff said, "We have a floater a few times a week and that helps. It's not an ideal situation, but we ask colleagues from neighbouring units to keep an eye if we need to assist other colleagues. Ideally, we would have staffing numbers of six carers and two seniors. We now have more residents living with dementia and having a sixth carer really helps." Furthermore, some members of staff told us that domestic staff sometimes helped them to support people if they were short staffed. One member of staff added, "I do not know if they are trained like us." However, the manager told us that the domestic staff had received some training in how to support people and we saw evidence of this in the training records we looked at. The manager also said that domestic staff could never be the primary care giver, but they could support people with other needs, including with eating their meals and preparing drinks.

When planning staffing, we found the provider had not taken into consideration the effect the layout of the home had on the deployment of staff. This meant that they did not always have enough staff to constantly observe each of the six main communal areas of the home. For example, we observed members of staff leaving their units for short periods to ask a colleague to help them support people who required to be supported by two staff. We asked staff why they did not use the emergency buzzers to call for help and they told us that they thought it was not appropriate to use these if it was not an emergency. They had not been provided with other means of summoning their colleagues to help them. Also, when staff took their breaks, one member of staff was responsible for supporting people in two different units. We saw staff walking regularly between the two units to check if people were fine. A relative was particularly concerned that their relative who had limited mobility was at risk of falling because on occasions, they had been able to stand and up and walk out of the unit during the short periods staff had left the unit. Although the manager reviewed incidents and accidents that occurred at the home, there was no evidence that they had

considered the reasons for these in relation to their staffing levels. This meant that appropriate action had not been taken to reduce the risk of recurrence.

We discussed our concerns about staff deployment with the manager and they told us that they had the 'floater' shift introduced in recognition of that an extra person was required, particularly during busier times of the day. They were going to discuss with the provider about having this put in place on a daily basis. Additionally, they were going to explore whether they could provide means for staff to call their colleagues for support without leaving their units unattended.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that apart from their concerns about staffing levels, they felt safe living at the home. One person said, "I feel safe here, there are people about to talk to." Another person said, "I do feel safe here." A relative told us, "[Relative] is safe here, but they need to check people often in the evenings as [relative] gets frightened because a naked [person] is often walking up and down." We discussed their concerns with a member of staff and we were told that occasionally, a confused person walked out of their bedroom before staff could support them to dress appropriately.

We noted that the provider had processes in place to safeguard people, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to safeguard people was displayed by the main entrance to the home to give people who used the service, staff and visitors guidance on what to do if they suspected that a person was at risk of harm. This also contained relevant contact details of organisations where concerns could be reported to. Staff had been trained on how to safeguard people and they were able to describe the actions they would take to keep people safe, including reporting any concerns to the manager, the local authority safeguarding team and the Care Quality Commission.

People's care records showed that assessments of potential risks to their health and wellbeing had been completed and detailed risk assessments were in place to manage the identified risks. The individual risk assessments included those for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough, and medicines. The manager told us that risk assessments were completed first and then people's care plans were formulated from these, and there was evidence that where possible, people had been involved in decisions about how to manage potential risks. We saw that risk assessments had been reviewed regularly or when people's needs had changed. We observed safe procedures when staff used equipment to support people to move.

There were systems in place to ensure that the physical environment of the home was safe. We noted that staff carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, fire-fighting equipment and emergency lighting. There were emergency plans in place, and the information about the key staff to contact in an emergency had been last updated the day before our inspection. People's support needs to evacuate the building safely in an emergency had been assessed in order to minimise the risk of injuries.

The provider had robust recruitment procedures in place. Staff records we looked at showed that thorough pre-employment checks had been completed before staff worked at the service. These included obtaining appropriate references for each employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

People we spoke with had no concerns about how their medicines were being managed and given to them. People's medicines had been managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home. We saw that medicines were being administered by staff who had been trained to do so.

Although some of the people's medicines had been delayed on the morning of our inspection because a member of the night staff had forgotten to leave the keys to one of the medicine trolleys, action had been taken to ensure that people had their medicines. We saw that the lock had been broken when it became clear that the member of staff would not return the key quickly. The manager told us that for these people, their other medicines would be slightly delayed throughout the day so that they would have appropriate gaps between doses. We saw that the manager had already recorded this as an untoward incident and had included ways in which this could be avoided in the future. The medicine administration records (MAR) we looked at had been competed fully, with no unexplained gaps. This showed that people were being consistently given their medicines as prescribed by their doctors. We noted that where recording errors had been identified during audits, these had been addressed with the individual members of staff in order to minimise the risk of recurrence.

Good

Is the service effective?

Our findings

People told us that staff knew how to support them and they had the right skills to provide good care. One person said, "The staff do look after me well here, and talk to me when I have any worries." Another person said, "I am happy with my care." Staff told us that they provided good care to people who used the service and in a way that met their individual needs. A member of told us, "Residents have good care here. I would definitely consider it for a family member if we had the right staffing levels." Another member of staff said, "I have no concerns at all about how we support the residents. I think we do a good job." To promote effective care, some of the senior staff had lead roles as champions in dementia, health and safety, infection control, continence, and dignity. A relative said, "They are very good here with people [living with] dementia." We also saw that on each shift, a member of staff was allocated the role of 'fluid champion' to check that people were having enough to drink. A member of staff said, "We do a good job, and provide a safe and comfortable environment."

Staff told us that they had received training necessary for them to effectively carry out their roles. However, they all said that they would prefer to do more face to face training than e-learning. A member of staff said, "I don't like that most training is e-learning. You don't learn as much from it." They further told us about the training they had done so far and that they were waiting to do 'Virtual Dementia' training, a programme that aims to enhance a greater understanding of dementia through using sensory tools to recreate what it is like to live with the condition. They also said that they were yet to do the 'Promoting Safer Provision of care for Elderly Residents' (PROSPER) training, which other staff told us had developed their understanding of safe and effective care. Another member of staff said, "Training is very good, but I would prefer face to face training." We saw that the provider had a training programme that included an induction for new staff and regular training for all staff in various subjects relevant to their roles. This was updated regularly to ensure that all staffs' training was up to date. We noted that some staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas.

Staff told us that they had received regular supervision and appraisal of their performance, and we saw evidence of this in the records we looked at. A member of staff said, "I get supervision every two months and I can air my views in private, and discuss any concerns. I have observations of how I work and yearly appraisals too. The support is really good from the team leaders and the manager." Another member of staff said, "I have regular one to one supervision every four to six weeks. Most of the senior staff are really supportive and I am encouraged to voice any concerns I might have."

Where possible, people had given written and verbal consent to their care and support. Staff told us that they would always tell people what they were doing and got their consent before any care or support was provided. We observed this during our inspection. Some of the people's needs meant that they did not have capacity to make decisions about some aspects of their care and they were not able to give verbal or written consent. In order to ensure that people's care was managed in line with the requirements of the Mental Capacity Act 2015 (MCA). 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. We saw that relevant mental capacity assessments had been completed and decisions to provide care and support were made on their behalf. For example, one person had mental capacity assessments and best interest decisions made in relation to their medicines, eating and drinking, risk of choking and risk of self-harm.

We also saw that when required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but the manager told us that they were still waiting for responses for the other referrals they had sent. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they enjoyed the food provided by the service and they always had enough to eat. We noted that the menu provided a variety of nutritious food and drinks, and we saw people being supported to choose what they wanted to eat. One person told us, "The food is quite good." A relative said, "The food is really good and staff make sure [relative] eats well." A member of staff said, "The quality of the food is really good. Residents have enough to eat and drink, and plenty of choice. They always cater for residents' specific needs." Another member of staff said, "Residents have a lot of choice of food. If a person changes their mind about what they had chosen, an alternative can be provided at short notice."

We observed that the food served to people at lunchtime appeared well-cooked and appetising. There were jugs of diluted fruit juices available to people in the lounge/diners, and hot drinks and snacks were offered at frequent intervals. There were bowls of fresh fruit on a table on each unit if people wanted them, and we saw staff encouraging people who would not normally get some to eat fruits. The cook told us that they had been told about people's specific dietary requirements and could provide alternative food for people who required soft food, high calorie food or food low in sugar content. Staff regularly monitored people's weight to ensure that they ate enough, and they could take prompt action to seek medical advice if it was noted that they were losing weight.

There was evidence that people had access to other health services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care and treatment necessary for them to maintain their health and wellbeing. People told us that their health needs were being met and they could see other health professionals if required. One person said, "I woke up today and my mouth was painful, so I am seeing a doctor." A member of staff told us that they worked closely with the Speech and Language therapists (SALT) to assess and provide dietary advice for people with swallowing difficulties. Following advice from SALT, we observed that the meals for two people who were sleepy during lunchtime had been kept warm until they were alert enough to eat them safely. A member of staff told us that this was a safety measure, to reduce the risk of them choking.

Good

Is the service caring?

Our findings

People and relatives told us that people were supported by kind, friendly and caring staff. One person said, "Staff here are very kind." Another person said, "Even though they are busy, they will ask you if you are alright." A third person said, "You can talk to the staff if you have a problem." A relative told us, "Staff here are very caring." Another relative said, "They are very caring as to what [relative] likes to do."

We observed that staff interacted with people in a positive and respectful manner. There was a friendly and relaxed atmosphere within the home, and people appeared happy and content. Staff spoke with people whenever they came into the communal areas and when not busy, they sat down and spoke with people about a subject of interest to them. For example, we observed a member of staff gently encouraging a person who was walking up and down to come and sit down, and rest. A member of staff said, "I love it here. I like supporting older people. This is my favourite place to be." Another member of staff said, "It's lovely working here, and staff work well with residents. We are like one big family." Although other two members of staff told us that all staff were caring towards people they supported, they said that they would love to do more with people if they had a 'floater' each day. They said this included just being able to sit and chat with individual people for a long enough period to get to know them really well.

People told us that their views were listened to and they were able to make choices about how they lived their lives, including their bedtime, what time they got up and how they wanted to spend their day. A member of staff told us that they supported people to make choices and to be as independent as possible, and we observed this on the day of the inspection. Another member of staff told us that where necessary, they also worked closely with people's relatives, friends or social workers to ensure that their individual needs were met in a way that protected their rights. We saw that the service supported people to maintain close relationships with their relatives by having unrestricted visiting times. Relatives told us that they could visit at any time and they always felt welcomed. They also said that staff usually discussed with them about their relative's care and they felt that their contributions were valued. A relative of a person who had previously lived in another care home said, "In comparison to other homes I've seen, it is fairly alright and a fairly pleasant place. They keep me informed of any issues."

People and relatives told us that staff supported people in a respectful way and they protected their privacy and dignity. One relative said, "I have never witnessed anything of concern and they are always respectful." Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. As much as possible, people had been supported to maintain their independence. For example, people with limited mobility had been provided with the necessary equipment to help them move around the home safely. A member of staff said, "It is always nice to see that people can do some things for themselves. We help them maintain that as long as possible." Staff told us that they maintained confidentiality by not discussing people's care outside of work or with anyone not directly involved in their care. Paper records were held securely in each of the units or the manager's office. Most of people's care records were held electronically and staff needed passwords to access this.

People had been given information about the service to enable them to make informed choices and

decisions. The range of information included the level of support they should expect and who to speak to if they had concerns about their care. Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to them moving to the service and care plans had been developed so that they received appropriate care and support. People's care plans reflected their care and support needs, as well as their preferences in how they wanted to be supported. People and relatives told us that they had been involved in planning people's care and there was evidence of this in the records we looked at. One relative said, "Care plans are reviewed regularly and we are involved."

People told us that they received person-centred care, planned to meet their individual needs. One person said, "They look after me well." A relative told us, "My [relative] had been in another home and they did not meet [relative]'s needs like they have here." Another relative said, "Staff are aware that [relative] does not like meal times and eats as and when [relative] wants. They are good at giving [relative] little food, more often." Staff told us that people's care plans had enough information for them to provide the required care and support. They said that the electronic system meant that they could update care records more often and in most cases, as soon as they had provided support. A member of staff said, "Everybody has different needs and that's why it is important to check care plans to ensure you know what each resident needs." We observed staff updating the electronic care records at regular intervals throughout our time at the service.

On the day of our inspection, we observed that staff responded quickly when people needed support. Staff regularly checked if people needed anything and they supported them quickly. The only minor delays were when a second member of staff was needed to support people who needed a hoist to move safely. A member of staff said, "We try to support people as quickly as possible, but there will be times when someone might have to wait a bit." Staff were responsive to people's needs. For example, when a person was upset, we observed that a member of staff approached them, sat next to them and talked to them until they were calmer. Also, a person was falling over to one side when they were sitting on a sofa, and a member of staff was quick to make them comfortable.

People told us about the various activities provided and how they had been supported to pursue their hobbies and interests. One person said, "The staff often ask what I would like to do and give me a few options if I can't decide." Another person said, "I like making cakes and we iced some here today." The provider had an activities coordinator, but they were part of the care staff on the day of our inspection to cover for sickness. However, we saw that a range of activities were normally planned to positively occupy people's time during the day and to encourage them to socialise with others. Each unit had a crate of activities and books that staff could use to engage with people. During the afternoon, we observed that the activity coordinator was helping some people to take part in Olympics themed art and crafts projects. We noted that people appeared to enjoy this. There were also banners and banting in the room mainly used for activities, in preparation for this year's Rio Olympic games. Photographs on display throughout the home showed that people took part in themed activities and entertainments planned for notable dates such as the Queen's 90th birthday, Valentine's day, Christmas, and to celebrate people's birthdays.

The home had beautiful gardens and we saw that they had won the 'Gold Award' for this in the 'Maldon in Bloom' competition. Everyone we spoke with was complimentary about the quality of the gardens and

proud of their achievement. Some people told us that they enjoyed watching and helping to look after the nine Budgies and fish. There was evidence of involvement with the local community. For example, some people had recently gone to the local carnival. Also, a volunteer from the local church regularly facilitated the 'knitting circle' and one person told us about how much they enjoyed this. They said, "I like to knit and sometimes a few of us that like to knit do so with a carer." The manager told us that local religious groups visited the home to provide religious and spiritual support to people who wanted this. One person said, "We have a church service here we can go to." A hairdresser visited the home regularly to attend to people's hair. One person told us, "We can have our hair done when we want to." A 'Parish News' magazine and a local newspaper were available for people to know what was happening in their local area. The provider also produced a newsletter to tell staff, people and relatives about upcoming events in the local area so that if possible, people could take part in some of the events.

People and relatives told us that they knew how to raise concerns they might have about the care and support provided by the service. Some people and relatives said that when they had raised concerns in past, appropriate action had been taken to resolve the issues. One person said, "I would complain to a carer, but I have never had to." A relative said, "I had complained some time ago and it was sorted out." Another relative said, "If you have a concern you can speak to the manager and she will sort it out." The provider had a complaints policy and procedure which was displayed near the entrance to the home. There was a system to manage complaints and the records we saw shower that appropriate action had been taken to investigate and respond to the complaints received by the service.

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we had found that staff had not always been deployed effectively to support people quickly and safely. Also, staff leaving units unattended for short periods put people at risk of harm. Positively, the manager and the provider acted promptly to resolve these issues. This was because within a few days of our inspection, they told us of their decision to routinely have a 'floater', an additional member of staff to provide support particularly in the mornings. They had also decided to introduce a 'pager system' so that staff could call for help without having to leave people unsupported. We found this was a positive way of reducing the risk of people falling when they tried to walk unaided. However, the provider needed to review their staffing numbers to ensure that there was always enough staff to support people safely and meet their individual needs.

There was a registered manager in post, who was supported by a group of team leaders. People and relatives we spoke with knew who the manager was, and they found them approachable and supportive. One person said, "The manager is very friendly and she will smile at you." A relative said, "You can always speak to the manager, she is very helpful." They were also complimentary about the quality of the service provided and the caring culture within the home. One relative said, "This is a very happy home." Another relative said, "My [relative] has been in two care homes so far and this is the best."

Staff told us that they felt valued and supported well by the manager and other senior staff. One member of staff said, "I can always talk to my manager and she does listen to our views." There was an 'Employee of the month' system to identify and reward staff who had greatly contributed to making sure that people received safe, effective and compassionate care. We spoke with a member of staff who was the latest recipient of the award and they were very proud of their achievement. Staff said that they were able to discuss with the manager any ideas they had about ways to develop the service. We saw that regular staff meetings had been held for them to discuss issues relevant to their work. Staff said that these discussions ensured that they had up to date information in order to provide good standard of care to people who used the service. Staff also told us that they worked well as a team. A member of staff said, "We have a great team here and help each other with work." Another member of staff said, "It's lovely here and the staff work well together to support residents." Staff also told us that they benefitted from detailed handover meetings because they got to know if they had been any changes to people's care needs before they supported them. One member of staff told us, "We have very good handovers so we know what is happening with the residents."

There was evidence that the provider regularly sought feedback from all stakeholders so that they had the information needed to continually improve the service. Monthly meetings gave people who used the service the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see. We also saw that there were quarterly meetings planned for people's relatives, and some relatives attended these meetings. The provider also sent out bi-annual surveys to people, relatives, staff, and professionals who worked closely with the service. The results of the survey completed in May 2016 showed an overall satisfaction with the service with most people giving a rating of 'excellent'. Some of the comments included the need to redecorate the home and this was in progress during our inspection. An action plan had been developed to show how comments or suggestions received by the service had been

acted on. We saw that the majority of the issues raised had been addressed and there was a plan to deal with those that were still incomplete, including a suggestion by professionals to 'increase staffing levels'. The service had been given a rating within the 'excellent' range when they were last inspected by the local authority in October 2015. People and relatives gave us positive feedback about the caring nature of the staff and we also saw that a number of compliments had been received by the service.

The provider had processes in place to assess and monitor the quality of the service provided. The manager and other senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and checked that people's medicines were being managed safely. The manager completed a monthly overview check and any actions raised were identified and followed up by the manager. The provider's 'Head of care' completed regular reviews of the service and we saw reports of these audits. The provider also completed annual audits of the service in line with the Care Quality Commission's key questions and the most recent audit we saw had been completed in November 2015. We saw that any action points from these reviews were rated according to their risk factors and there was a completion date for each of the actions identified. The manager showed us how they had made the identified improvements to staff training .

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not always enough staff to support people safely and quickly.