

# Brightwell Care Limited

# Stanton Court

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Stanton Court on 13 June 2017. When the service was last inspected in December 2016 there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. Following this inspection we issued a warning notice for Regulation 17, good governance. At this inspection we checked that the service had complied with the warning notice and had made the changes detailed in their action plan to meet the regulations.

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Stanton Court, on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Stanton Court provides nursing and personal care for up to 36 older people. At the time of our inspection there were 24 people living at the service.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The previous registered manager had left the service in February 2017. A new manager had started in post in February 2017 and left the service in April 2017. A registered manager of another service was acting as manager whilst a new manager was being recruited. They were well supported by senior staff from within the service and the regional manager.

At our last inspection we found the service was failing to meet the regulations in regards to people being safeguarded from abuse, effective action being taken to minimise the risk of accidents and incidents, a lack of individual emergency plans, staff training not being up to date, consent to care and treatment not being sought in line with legislation, complaints not being investigated or responded to, notifications not being submitted to the Commission as required, the provider failing to display their rating and a lack of robust system to monitor and improve the quality of the service. The provider had completed the action plan they had produced. This meant the warning notice was complied with and all the previous regulations that were breached had now been met.

The service had undergone a period of change and improvement since our last inspection in December 2016. People, relatives and staff spoke positively about the changes that had occurred. This included improvements in activity provision, communication and responding to accidents and complaints. The improvements that have already been made will need to be sustained and stable management established.

We found the service was not always responsive as care plans lacked personal history and details. We found that pressure care had not always been effectively managed as people's air mattresses were not always set correctly.

Improvements had been made to the safety of the environment through new call bell and fire systems. A scheme of redecoration to people's rooms was underway and further improvements were planned to enhance communal areas of the service. Systems were in place to regularly check equipment and areas of health and safety. People had individual emergency plans that reflected people's current support needs.

The storage and administration of medicines were safe. Recruitment procedures were followed and staffing levels were safe. Staff were supported by effective induction and training. Supervision of staff had not been regularly occurring but was now in place. Staff said they felt supported by senior staff.

Staff were clear on their responsibilities around safeguarding vulnerable adults. Accidents and incidents were reported and actions taken to prevent reoccurrence. People had assessments in place to minimise risks and maintained people's independence.

People's mental capacity was clearly assessed in care documentation. Where needed best interest decisions had been held which involved people's family members and advocates. The service was compliant with the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. Conditions attached to a DoLS's authorisation were being met.

People's nutritional and hydration needs were met. People spoke highly of the quality of the food. People had opportunities to give feedback and be involved with food choices.

People were supported by staff who were kind and caring. People had good relationships with staff. The atmosphere was relaxed and happy. Staff worked well as a team and knew the providers values of care.

The service sought feedback from people, staff and relatives through meetings, surveys and audits. We saw that actions were taken from feedback gathered. Systems were in place for the acting manager and provider to monitor, review and improve the quality of care and support.

## 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.

Safeguarding incidents and accidents were reported and actions taken to prevent reoccurrence.

People had personal evacuation plans in place.

Risk assessments were completed for people and gave guidance to staff in the management of risks.

The administration of medicines was safe.

Recruitment procedures were followed and staffing levels were safe.

### Is the service effective?

Good ●

The service was effective.

Supervision had not been regularly occurring for staff but was now in place.

Staff were supported in their roles through an effective induction programme and regular training

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their nutrition and hydration needs.

People were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with staff. Staff spoke to people with kindness and respect.

People's independence was supported.

People's visitors were welcomed at the service.

### Is the service responsive?

The service was not always responsive.

Care records lacked personal details that were important to people.

The provision of activities had improved for people.

Complaints were investigated and responded to.

Meetings were held with people and families so feedback could be gathered.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-managed. No registered manager was in place.

Positive feedback from people and staff was received about the provider, acting manager and the improvements made to the service.

Communication systems had improved for staff and relatives. Staff meetings were regularly held.

There were systems in place to monitor and improve the quality of care and support provided to people.

Notifications had been sent to Commission and the services rating was displayed as required.□

**Requires Improvement** ●

# Stanton Court

## **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 was carried out by two inspectors 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 we reviewed previous inspection reports, the provider's action plan and other information we had received about the service including notifications. Notifications are information about specific important events the home is legally required to send to us.

Some people at the home were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with ten people living at the home, four relatives and eight staff members. This included senior staff and the acting manager. We looked at six people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

At our last inspection of Stanton Court in December 2016 we found that the provider had not ensured that all reasonable steps had been taken to mitigate risks as the management of incidents and accidents was not effective, risk assessments were not regularly reviewed and individual emergency plans were not in place or up to date. In addition to this we found that people were not protected from abuse as systems and processes in place to protect people were not effective. The provider had sent us an action plan detailing how they were going to meet these regulations. At this inspection we found that these changes had been implemented and the service had now met these regulations.

People and relatives said they felt the service was safe. One person said, "I feel safe here definitely." A relative said, "I feel like I don't need to worry, they keep him safe."

Staff were clear on their responsibilities for reporting and recording any accident or incidents. Accident and incident reports were fully completed detailing clearly a description of what had occurred and the immediate action taken. Reports showed who had been notified for example the Commission or local safeguarding team and any treatment given. A monthly overview recorded all the accident and incidents that had happened and the subsequent action taken to prevent reoccurrence. This allowed for any patterns or trends to be identified and to ensure actions taken were effective. A copy of the accident and incident report were also held in the person's file so that these events were taken into account when staff reviewed the care plans and risk assessments, if an immediate change had not been necessary. The acting manager reviewed all accident and incidents as part of their monthly quality report.

Individual risk assessments identified potential risks to people, for example in mobility, falls and nutrition and hydration. Risk assessments were all regularly reviewed. When risks had been identified, the care plans contained clear guidance for staff on how to manage these risks. For example, care plans contained details of any moving and handling equipment that was needed in order to move people safely. In addition the plans provided detail for staff on whether people using the service understood the risks. In one person's plan it was documented that despite having been assessed as a high risk of falling, the person was still able to mobilise independently. The person wanted to remain independent for as long as possible, but did experience occasional dizzy spells. The guidance for staff was '[Person's name] is aware of the risks. Staff to monitor.' This meant that people's choice and control was not restricted, but that staff were aware of the risks and knew to monitor the person accordingly. We saw that some people had bed rails in place. Bed rails risk assessments had been completed and had been regularly reviewed to ensure that they were still the least restrictive way to keep people safe when in bed.

Each person had an individual emergency plan in place. Plans were up to date and reflected people's current support needs. The emergency plans detailed the factors that may affect evacuation for example, people's physical needs, sensory impairments and cognition. The level of staff assistance and mobility equipment people would require was described. In addition, individual points were noted that staff or emergency services would need to be aware of in order to keep that person safe. For example in one person's emergency plan it said, 'High level of anxiety is likely' and in another person's it said, 'Will need

monitoring as may try to return to the building.' Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Regular practice fire drills had been undertaken.

A business continuity plan was in place. This was current and up to date. It detailed the procedures to take in adverse circumstances that may affect the service such as a flood or severe weather. Environmental risk assessments had been conducted. This assessed areas such as the laundry, infection control and the use of electrical equipment. Steps to minimise risk and actions on safe procedures were explained.

The provider had policies and procedures in place for safeguarding vulnerable adults and whistleblowing. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff had recently received refresher training in safeguarding vulnerable adults. This was confirmed with the staff with spoke with. Through scenario based questions staff demonstrated that they knew what abuse was and how to report it. One staff member said, "I would report concerns to a senior." Staff also understood the term whistleblowing and again demonstrated that they knew how to report any concerns. All staff members said they felt confident that any concerns they raised would be taken seriously. We saw records which showed when safeguarding concerns had been reported to the appropriate agencies. This detailed the outcomes and action taken.

The service had followed an appropriate recruitment process before new staff began their employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Staffing levels were consistent with the planned rotas. We observed there was sufficient staff on duty to meet the needs of people using the service. There was currently two support staff and one nurse vacancy. One staff member said, "There is enough staff usually, but I think the new shift pattern will help because it will make sure there is enough staff around when people need us." People told us that there was enough staff to meet their needs. One person said, "There is always one of them coming over to check on me." We observed that calls bells were responded to promptly. One person said, "Yes I press this here [referring to their call bell] and someone will come."

Medicines were managed safely and securely. There were photographs of people in order to assist staff to recognise people, details of allergies and what people's medicines were for. Staff administering medicines knew people well, did not rush people and checked they had swallowed their medicines before electronically signing the chart. Stock checks of medicines were all done electronically and the system provided an audit trail of when medicines had been given. This meant it was easy to confirm that people who required time specific medicines had them administered at the correct time.

The medicines room and medicines fridge temperature was monitored as was the medicines to ensure medicines were stored correctly. Items such as bottles and tubes of medicine had been labelled when opened. Medicines that required additional storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. Medication audits were undertaken on a monthly basis and when issues were identified, action plans were in place. External Pharmacist Advice visits had also taken place and we looked at the latest one dated January 2017 where one of the recommendations was, to ensure PRN protocols were completed for everyone that required one. This had not yet been completed. The acting manager said this would be addressed.



We reviewed records which showed that regular checking and testing of the environment and equipment had been completed. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids, electrical equipment and the lift. There were also certificates to show testing of fire safety equipment, gas servicing and mobility equipment such as wheelchairs and slings. Staff told us that repairs and maintenance were undertaken promptly. Regular health and safety meetings were conducted to check on different aspects of the service such as staff training, emergency plans and maintenance work. We saw actions from the previous meeting were revisited at the next meeting to ensure they had been completed.

People were protected by the prevention and control of infection. Staff had access to personal protective equipment such as aprons and gloves and we observed staff putting this on prior to providing personal care to people. When people required the use of a hoist and sling in order to move safely, staff showed us that people had their own slings and that slings were not shared between people. New laundry equipment had been installed. Staff told us the positive impact this had in ensuring peoples clothes and bedding were washed in a timely manner and to a high standard.

# Is the service effective?

## Our findings

At the last inspection in December 2016 we found that new staff were not completing the service's induction programme, staff training was not up to date and consent to care and treatment was not being sought in line with legislation. The provider had sent us an action plan detailing how they were going to meet these regulations. At this inspection we found that these changes had been implemented and the service was now meeting these regulations.

We reviewed staff induction records. We saw that the service's induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. All staff we spoke with confirmed they had received an induction when starting their employment at the service. We saw that induction records had been fully completed which demonstrated the areas covered in the induction. This included mandatory training, orientation to the service and systems in places and getting to know people at the service and how they preferred their care and support to be delivered. One member of staff told us how they had shadowed a more experienced member of staff as part of the induction process. They said, "I felt confident at the end of the induction."

Staff had the necessary knowledge and skills to support people using the service. We reviewed the training records and saw that since December 2016 staff had completed training to ensure all mandatory training was up to date. This included training in safeguarding vulnerable adults, health and safety, fire safety, infection control and the Mental Capacity Act 2005. Staff commented that the training they received was, "Very professional." Staff said they valued the training they had as it enabled them to care for people properly. The acting manager told us that now all mandatory training was up to date, further training specific to the needs of people would be completed. One staff member said, "I did some dementia training a few years ago and I'm due to attend refresher training soon."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that significant changes had been implemented to ensure consent to care and treatment was sought in line with legislation. Where appropriate assessments had been completed to ascertain if people had the capacity to make a particular decision. Where it was identified that people lacked capacity a best interest decision had been made. It was documented who had contributed to the decision making process for example, relatives or advocates and what the wishes of the person were. It was clear why options had been discounted and how the final decisions had been determined. People told us that consent was sought before care was given. One person said, "Yes, they are very good about that." We observed that consent was respected, for example if a person did not wish to wear a clothes protector when eating their meal. Staff we spoke with demonstrated a good knowledge of the principles of the MCA.

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 procedure for this in care homes is 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 acting manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). Authorisations had been applied and renewed where appropriate for eight people. One person had conditions attached to their DoLS authorisation and we saw the service was meeting these.

At our last inspection in December 2016 we found that staff were not receiving regular supervisions as scheduled. Supervision is where staff meet one to one with their line manager to discuss their development. We found that staff had continued to not be fully supported through regular supervisions until May 2017. The acting manager had now ensured all staff had received a supervision. A plan was in place and staff were informed of who would complete their supervisions. Appraisals were also being completed with staff. One staff member said, "I recently had my supervision."

People were supported to have enough to eat and drink. Nutritional assessments had been completed and reviewed. External advice was sought where necessary, for example, from the speech and language team. People's food and drink preferences had been documented within their care plans and the kitchen staff also had copies of these. People's weights were monitored and when people had specific support requirements these were documented within care plans. For example, in one person's plan it had been documented that due to very poor vision, staff should tell the person what the food or drink was when they took it to them. We observed a member of staff giving this person a dessert and a cup of tea. They said, "I have put the bowl just in front of you, can you feel it?" and "Your cup of tea is just by the bowl, is that ok?" People told us they enjoyed having drinks and snacks that they could help themselves to throughout the day. For people who may have experience difficulty in accessing these, we observed staff regularly offering people drinks and snacks.

Regular feedback was sought from people about food choices. A kitchen staff member said, "I go round and ask for feedback, when it is 'Resident of the Day' I ask people if there is anything they would like me to put on the menu for them." We saw that the menu was varied and saw that people were offered alternatives if they did not like what was on offer. There were details in the kitchen of people's dietary needs, including any textured diets and allergies. We received many positive comments about the food provided. One person said, "The food is homely." Another person said, "The food here is great."

People had good access to healthcare services when needed. We saw that records were kept on appointments with health professionals such as the GP, chiropodist and the district nurse. A member of staff said, "Health needs are actioned very quickly here." A health professional that regularly visited the service said, "The standard of care is fantastic. Everything is completed and communicated. The care is of a high quality."

## Is the service caring?

### Our findings

People were supported by staff who were kind, caring and respectful. One person said, "The staff are very nice caring people." Another person said, "I am well looked after." Relatives that we spoke with told us that they did not worry about their loved ones due to the quality of care they received. One relative said, "They do the best job."

People told us that care and support were given in the way they wished. One person said, "I am as happy as I can be, they sit and talk to me all the time." We observed staff speaking to people politely and with interest. One staff member asked a person, "Did your boys come to visit at the weekend?" A conversation followed about the person's family. We observed staff complimenting people. For example one staff member said, "You look lovely today, what a beautiful summer dress you have on." During a mealtime we observed staff being attentive to people's needs. Staff described to people what the meal was and asked if any support was needed. One staff member said, "Would you like this cut up?" Staff waited and listened to people's responses, then acted accordingly.

People said that visitors were always welcomed and there were no restrictions. One person said, "They are very welcoming here." Another person said, "My family visit whenever they wish." We observed visitors in communal areas of the service and with people in their rooms.

Staff spoke positively about their roles and the time they had to spend with people. One staff member said, "The care here is really good. I always feel happy at the end of my shifts that we've done a good job." Another staff member said, "The care here is top quality. There is something really special about this place."

There was a friendly and homely atmosphere at the service. One staff member said, "It is calm and relaxed here. Our residents are happy." A relative said, "I would recommend anyone to bring their loved one here."

We observed good relationships between people and staff. We saw people engaged in conversation with people. For example one member of staff was talking with some people about the areas they used to live in. We saw laughter and jokes between people and staff members. People were comfortable and relaxed in the presence of staff.

We saw that people were encouraged to remain independent. We observed staff supporting people to move around the service safely. People used mobility equipment to access different areas of the service at their leisure. We observed that friendships were supported and the positive impact this had for people. For example, we saw three people sat together. They told us how they had become friends since living at the service.

The service had received three positive compliments since January 2017. One family member said their relative had commented, 'I love it here and thoroughly recommend it.' Another compliment said, "[Name of person] enjoyed the company of all the girls, they looked after her so well." Another comment read, "Your response to my questions and concerns were most helpful. The conservation has been a great help, thank-

you."

## Is the service responsive?

### Our findings

At our last inspection in December 2016 we found that complaints raised had not always been effectively recorded or responded to. At this inspection we found the two complaints the service had received since January 2017 had been investigated thoroughly and a full response given. People told us they would feel happy to raise any concerns or issues. One person said, "I would feel comfortable, but nothing to complain about so far." The complaints procedure was on display in the entrance of the service.

At our last inspection in December 2016 we found that care plans were not always person centred. The service was introducing, 'Life Stories'. We saw that these had been completed for several people and we were told by senior staff members that these would be completed for everyone. This was a document that described the person, their history and important areas of their life. One staff member we spoke with said, "We are starting to do Life Stories, which will be really good. Sometimes we only find out about people's lives when we go to their funerals." However, as this was just being introduced it meant that some care records were still lacking some elements of personal details. One staff member said, "We pick up people's life history through conversation with them." Out of six care records we reviewed only one contained information about people's family, previous employment and areas that were important to them. Despite this lack of information staff knew people's needs well and spoke confidently about the support they provided

We saw that improvements had been made in the care documentation used since the last inspection, which made the information clearer for staff and more accessible for people and relatives to be involved in the care planning process. Care plans were now regularly reviewed. Some care plans were signed by people to indicate they agreed with the contents. We saw that people were involved with reviewing their care through the services audit system. People were asked for feedback about different areas of their care such as cleaning, staff, their independence and food. Relatives were informed and invited to be involved in reviews of care plans. A keyworker system had also been introduced. Staff spoke positively about this and how they valued being more involved.

People who had been assessed as being at risk of pressure sores had air mattresses in place. The majority of these were weight sensitive and therefore needed to be set accordingly. Mattresses that have been set incorrectly may increase the risk of skin breakdown. Although there was a process in place for night staff to check that mattresses were set correctly, this process was not robust. We looked at the chart which clearly showed that some people's weights did not correspond with the mattress setting; however the charts had been ticked as correct. Eleven air mattresses were being used, only three were set at the correct weight setting. A senior staff member corrected the other eight and said they would review the checking process to ensure mattresses were set correctly.

In addition, to having air mattresses in place, some people were having their position changed regularly in order to prevent skin breakdown. Care plans specified how frequently this should happen. All of the position change charts we looked at had been completed in full and showed that people did have their positions regularly changed. A staff member said, "I never have to remind the care staff to change people's positions,

they know how important it is and they always do it." When care plans specified to use other pressure relieving aids, such as cushions, we saw that these were in place.

An activities co-ordinator had recently been appointed. It had been highlighted during our last inspection of the service in December 2016 by people and relatives that there was a lack of activities for people to participate in. People, relatives and staff spoke positively about the changes recently made in this area. We saw there was a variety of activities such as sing-a-longs, animal therapy, hairdressing, creative activities, religious services and celebrations such as people's birthdays. The service was involving the local community and people's family members. For example, a table top sale with tea and cake had been arranged. In addition donations of gardening tools were being sought to enable the service to support people to undertake gardening and make use of the ample gardens available at the service.

Staff told us that as well as people enjoying the activities now on offer they also received 1:1 time to participate in individual activities of their choice. We saw that for one person this involved engaging in knitting which they were concerned that they could no longer do. Different techniques had been implemented to support this person to enjoy this activity. For another person who had lived locally before moving to the service they had wished to go on a drive of the local area to look at places that were personal to them. One staff member said, "People now have enough to do."

Meetings had been set up for people and relatives. In the entrance to the service there was information about when the next meeting was scheduled and minutes of the previous meeting for people to take with them. We reviewed the previous minutes and saw that information was communicated about the changes underway in the home, the new provider and staffing. Feedback was received around communication, food and activities. Relatives told us that they were pleased these meetings were being held as previously they had not been kept well informed about the changes to the services or felt items they raised had been addressed.

## Is the service well-led?

### Our findings

The service had been through a transition period and improvements were still in progress. People, relatives and staff all spoke positively about the changes that had taken place. Further time was required to embed these changes and establish a stable manager.

At our last inspection in December 2016 we found that notifications were not always been submitted to the Commission as required. The provider had not displayed its rating conspicuously within the service or on its website and there was a lack of robust and effective governance systems in place to ensure the service was monitored and improved. A warning notice was issued. At this inspection in June 2017 we checked to see that changes had been made. We found the warning notice had been complied with and audit systems had been changed and improved. The provider had now clearly displayed its rating and notifications had been submitted as required.

A registered manager was not currently in place, recruitment for this role was in progress. A registered manager of another service within the organisation was currently acting as manager. Despite there being no registered manager in place staff spoke positively about how the service was being managed and developed. One staff member said, "[The acting manager] is so supportive." Another staff member said, "The acting manager, the deputy and the clinical lead are all very good, very knowledgeable."

The service had undergone a period of change. The new provider had introduced new documentation, systems of working and policies and procedures. Staff and relatives spoke encouragingly about the changes over the last six months. One staff member said, "It's been really positive, really good and we're starting to see improvements." Another staff member said, "Most things have got better since the last inspection. We have more supervisions, better documentation, we've got profiles in people's rooms and the new activities person." One relative said, "It has greatly improved." Staff were aware of the values of the provider. One staff member told us the values were, "Our family looking after yours." Staff told us that they worked well as a team. One staff member said, "It is a nice working culture."

The provider had made improvements to the services environment and safety systems. For example, a new call bell system, laundry equipment and fire safety system had been installed. Rooms were being redecorated and refurbished systematically. We saw the plans the provider had outlined to refurbish and improve communal areas such as the lounges and hallways. This included replacing furniture and carpets that were worn and stained. The dining room, as highlighted in the last inspection was not well utilised. It currently could not accommodate many people and the design meant socialisation at meal times was difficult. We observed that many people did not eat in the dining room and remained in the lounge areas. We were told by senior staff members about the plans to redesign the dining room as a vintage coffee shop with smaller tables.

Regular audits of the service were conducted. These included medicine, care plans and health and safety. A 'Resident of the day' scheme had been initiated. This involved different roles involved with the person checking areas of their care. This included nursing, carers, kitchen and maintenance teams. The acting



manager reviewed all of the service in a monthly report which analysed areas such as accidents, resident meetings and staffing. This ensured that previous issues such as complaints and safeguarding referrals had been appropriately addressed. A new section to care plans was being introduced to make them more person centred called 'Life stories'. This included information about the person previous employment, family members and significant events. In addition the provider completed a monthly audit. We saw clear timescales and descriptions of the actions taken from these visits.

Daily checks were completed of the environment. However, we found these were not fully effective. For example, we observed throughout the day items such as elastic bands, food crumbs, wrappers and napkins left on the floor and not cleared away. We also saw a window sill which was very dirty, where items had come in through the window. We showed this to the acting manager who immediately addressed this. Items that had been identified in the daily checks on several occasions for example, wheelchair storage, had not always been addressed.

At our last inspection we found that regular staff meetings had not been occurring. At this inspection staff told us they had regular team meetings and from records kept we saw four meetings had taken place since January 2017. One staff member said, "We had a team meeting a couple of weeks ago and I know the next one is booked." We saw that meeting minutes were available and discussed a range of topics such as changes to the service, staff, training and support. Staff told us they were well supported by the provider and the acting manager. Staff said communication had improved and they were more involved. One staff member said, "I feel like we [the staff] are kept in the loop. It feels like management do listen to us. If we need anything [like air mattresses] we get them."

Relatives said that communication had improved and they were aware of what was going on at the service. We saw in the entrance to the service notices displayed to communicate information to family and friends. For example, the changes in management and an invitation to book an appointment with senior staff to review their relatives care plan. One relative said, "They involve me in all the care plan review." Staff were kept informed of people's support needs through verbal and written handover. The handover checklist kept key information about people's specific care needs. This included moving and handling, diet and DoLS.

We saw that surveys were sent to people and staff. Results were summarised. In response to the survey, actions were listed. For example, people said they would like better activities. The action showed that a new activity co-ordinator had been appointed and would meet with people to find out what activities people wished to do.

The service had established and was developing further links with the local community. Opportunities were provided for people to engage with the service through social events such as a BBQ, afternoon tea and a table top sale. A local school was cultivating part of the garden. Religious services were held at the service for people to participate in.