Mauricare Limited

Mauricare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 9 January 2017 and was unannounced.

Mauricare provides residential care for up to 17 people who are living with dementia or require support because of their mental health. At the time of our inspection there were 14 people in residence. Accommodation is provided over three floors with access via a stairwell or passenger lift. Communal living areas are located on the ground floor. The service provides both single and shared bedrooms, with some having an en-suite facility.

Mauricare had 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.

The provider was in the early stages of implementing a quality assurance tool, that if implemented well, should provide an overview as to the service being provided, to enable the provider to further develop the quality of the service people receive.

A range of audits had been undertaken by the provider, registered manager and staff. Whilst some audits checked that equipment such as hoists were well maintained, larger scale issues had not been fully addressed. For example, we found the premises and some equipment to be in need of improvement to meet the needs of people using the service. We found there to be no action plan detailing the improvements with timescales that would improve the facilities with regards to the maintenance and décor of Mauricare.

People who used the service told us their views about the service were sought and that they were happy with the care and support they received. This was supported by the minutes of meetings involving people who used the service and the completed questionnaires we saw which sought people's views; however the outcome of people's views had not been shared.

People using the service told us they felt safe and were confident that if they had any concerns about their safety or welfare their concerns would be listened to by the registered manager and staff. People's medicine was managed well and safely. An audit carried out by the supplying pharmacist had found good management systems in place for people's medicine.

People's safety was further supported through a robust recruitment process of staff and by their being sufficient staff to provide the support people required. Staff undertook training and were regularly supervised, which included having their competency assessed to ensure they delivered safe and effective care and support to people.

The registered manager and staff were aware of their responsibilities around the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS) and were committed in their approach to supporting people to make informed decisions about their care. People's capacity to make informed decisions was considered with regards to all aspects of their day to day lives; however there was a lack of awareness as to the appropriate and correct completion of mental capacity assessments. The registered manager said improvements would be made in this area.

People were encouraged to make decisions about their day to day lives. People's care plans provided information for staff as to what support people required, so that people's independence was recognised and not undermined by staff. We observed staff supported people to make decisions about their day to day lives and provided encouragement in the promotion of their independence.

People's health and welfare was promoted through a range of assessments and the development of care plans which were regularly reviewed. People, with the support of staff where required, accessed the services of a range of health care professionals who monitored and promoted their health. People's nutritional needs were assessed and met and were regularly reviewed. People spoke positively about the meals and how they were regularly offered and encouraged to eat and drink well.

People spoke positively about the kind, gentle and caring approach of staff. We saw the communication between people using the service and staff was of a high standard showing trust, genuineness, promotion of independence and much enjoyed humour. People using the service were seen to laugh and respond to staff throughout the day.

People in some instances were aware of their care plans telling us they spent time with staff reviewing the information they contained. People told us they were supported to go out into the wider community by staff, with some people visiting family members independently or with staff support.

People were aware of activities within the service, however some told us they chose not to participate, preferring to spend time by themselves, whilst others told us they did not value the range of activities provided. We observed staff supporting people to take part in individual activities, to promote both mental and physical stimulation. Further understanding of supporting people living with dementia to take part in everyday activities would enhance people's quality of life. The registered manager was looking to develop this aspect of the service to include opportunities for people to take part in everyday activities through the development of the environment

People we spoke with told us they had not had cause to make a complaint but they were knowledgeable about the complaints procedure. People using the service and staff said they found the managers to be approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe. Staff undertook training and had systems in place to ensure people were protected from avoidable harm.

Risk assessments were in place and followed to minimise risk to people and promote their safely.

People were supported and cared for by sufficient numbers of staff to ensure their individual needs were met.

There were safe systems in place for the management of people's medicines.

Is the service effective?

Good

The service was effective.

People received support and care from a staff team who were trained and who were knowledgeable about their individual needs.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards; however they did not have a sufficient understanding of mental capacity assessments, which had been completed in a way which did not reflect the MCA 2005.

People spoke positively of the meals provided.

Staff were proactive in supporting people to maintain their health, with people having access to a range of health care professionals.

Is the service caring?

Good

The service was caring.

People spoke positively of the caring attitude and approach of staff and staff were observed supporting people in the way people wanted.

Staff encouraged people to make decisions about their day to day lives and about the care and support they received.

Staff respected people's privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's needs were regularly assessed and used to develop care plans that were regularly reviewed and outlined the care and support people required.

People told us that the registered manager and staff team were approachable should they have any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider and registered manager had not ensured people received care in an environment that met their needs.

Systems were in place to enable those using the service and staff to comment and influence the service being provided.

The provider had recently introduced systems to improve the sharing of information between themselves and the registered manager as to the quality of the service being provided.

Mauricare

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 9 January 2017 and was unannounced.

The inspection 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, in this instance their experience was within dementia care.

We reviewed notifications we had received from the provider. Notifications are information about key incidents and events within the service that the provider is required by law to tell us about. We also contacted local social care commissioners who fund many of the people using the service to gather their views of the care and service.

We spoke with five people who used the service and one visiting family member. We spoke with the registered manager and three members of care staff and a cook. We looked at the records of three people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and understood who they could speak with if they had any concerns or experienced bullying. People's comments included, "I was given information about abuse. I would speak with the manager about any concerns. But everything is fine. I feel 100% safe. I wouldn't tolerate any behaviour like that." "The place is safe. The staff make it safe." "If I was worried, I would talk to the manager or owner." Whilst a visiting family member told us, "I've seen no bullying here, he'd [relative] let them know anyway. I've never seen anything like that here. The staff are very caring."

Staff were trained in safeguarding as part of their induction so they knew how to protect people from potential harm. When we spoke with staff they were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. A member of staff told us, "Everyone is trained in safeguarding."

We asked staff how they would identify whether someone may be experiencing abuse. Staff told us that in addition to physical signs such as bruising they would note changes to people's behaviour, such as becoming withdrawn and quiet. This meant people using the service could be confident that the welfare and safety of people was understood by staff who would take the appropriate action.

There were systems in place to reduce risks to people using the service. Assessments of any potential risks had been carried out and guidelines put in place so that any risks could be minimised, whilst recognising the rights of people to make decisions about their day to day lives. For example risk assessments were carried out to identify whether people were at risk of falling, and where falls did occur people's care plans were reviewed to ensure any changes to promote people's safety were recorded.

Some people we spoke with were aware of risk assessments. We asked staff how they promoted people's safety, they told us, "We check hoists and the environment in general and we follow correct moving and handling procedures and use equipment when supporting people with their care." "I use protective equipment for bathing, toileting and a disposable apron to reduce the spread of infection."

Staff told us, "Everyone has a care plan and they have risk assessments. We talk with the manager about the person's needs. I check with people what they wish or don't want. The care plan tells if we need one or two staff to support that person. For example if they need a walking frame if they are very unsteady." This meant staff were able to meet people's needs safely as they had access to information and equipment to assist them.

Staff had received training to support the safety and welfare of people using the service, which included the use of moving and handling equipment, such as a hoist. We observed staff supporting people to move around the home during the inspection and found staff used equipment safely and always provided reassurance to the person.

Meetings for people using the service regularly took place. The minutes of these recorded that people's

safety was discussed, which included informing people as to the audits undertaken by staff, with regards to food hygiene, infection control and checks on equipment, which included hoists and wheelchairs. People had also been informed of the date of a routine health and safety inspection to be carried out by the local authority. This showed people were informed about the measures taken to promote their safety.

People we spoke with shared with us their views as to whether there were sufficient staff to meet their needs. They told us, "There are enough staff here. I have a joke with them." "If I needed a staff member I'd just shout. They come very quickly to help." "Enough staff here. There are different shifts but enough people during the day, nights and weekends. They are always around in the lounges." One person's view differed, they told us. "The home could do with more staff but I don't have to wait long. Usually a few minutes."

Our observations showed there were sufficient staff on duty to provide care and support for those living at Mauricare. Staff were visible to people using the service and were able to provide timely support and care. For example, someone requested support, a member of staff who was supporting another person with an activity, went to the person's aid and provided the support they required. The staff member asked another member of staff to continue the activity with the other person. This showed that staff were used effectively to meet people's needs.

Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, at least two references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may affect their working with people who use care services and impact on the safety of those using the service).

We asked people about their medicines, they told us they were happy with how their medicines were managed and told us if they were able they took medicines themselves once staff had handed them to them. They told us, "I get medicines when I come down in the morning and then at tea time. I take the tablets myself. Medicines help my mind and stop me getting confused. Since I've been here it's been brilliant." Whilst a visiting family member told us, "He takes lots of medicines and tells me the nurse comes here daily to give him his insulin."

People's medicine was kept safe within a lockable facility along with their medicine administration records. We found the management of people's medicine was robust and records reflected the safe management of people's medicine. We found improvements had been made in the management of people's medicine since the previous inspection. People who were prescribed PRN (medicine that is taken as and when needed) now had written protocols in place to ensure people received medicine in a consistent manner. We found medicine administration records had been signed by staff when they had administered people's medicine and records accurately reflected the quantity of medicine on site. Records were in place where medicine was returned to the supplying pharmacist, for example when the person's medicine had been reviewed by a health care professional and it was no longer needed.

Staff told us they had received training on the safe management of medicine from a pharmacist and that the registered manager assessed their competence to administer medication safely. Records within staff files confirmed this. This meant people could be confident that they were being supported by staff that were knowledgeable and had the appropriate skills to support people with their medicines.

The pharmacist who supplies medicine to the service had undertaken an audit of medicine management in July 2016. The report stated the standard of medication management was in good order, and that there were protocols in place for medicine management. The report further stated that people's care plans

contained information about their medicine, which included correspondence about people's medicine with the person and their G.P. This showed that the service managed people's medicine safely and well.

Good

Is the service effective?

Our findings

Newly appointed staff completed an induction period upon their initial appointment. Staff were also required to read the service's policies and procedures and people's care plans. Newly appointed staff who had not worked within the care industry previously worked towards; or had completed The Care Certificate. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff spoke about the training they received stating it had enabled them to provide effective care to people as the knowledge gained was used to support people well. A member of staff who had completed an National Vocational Qualification (NVQ) at level 2 in Care said, "The training in care provided lots of new information, advice and guidance. It provided a different view about people's care, and made me feel more confident in communicating with people, especially those with dementia."

A member of staff told us how undertaking training on moving and handling people, and using equipment meant they were able to promote people's safety and independence. We observed staff supporting people to walk around the service, this was to promote people's independence and assist in their recovery following illness. The staff supported people in a way that promoted people's safety, by providing reassurance to the people whilst advising them how to use equipment, such as a walking frame in a safe manner.

A second member of staff told us how dementia awareness training had given them an understanding as to how dementia affected people's ability to perform everyday tasks and how their approach to people could make a difference. They told us, "A few minutes with a smile, will benefit the person as they will be calmer, which will help develop trust between you and them. I now understand why people with dementia for example, will ask for their mum, and how as staff we need to distract the person so as they focus on something which doesn't cause them to be anxious." This showed how staff training when implemented had a positive impact on the care and support people receive.

Training records showed that staff had access to topics related to health and safety along with topics specific to the needs of people using the service, which included training on dementia care, stroke awareness and diabetes. Staff records showed that staff were supervised and had regular appraisals. Staff in addition had observational supervisions carried out, which meant their care practices were observed by a senior member of staff to ensure people were receiving effective care reflective of staff training and the individual needs of people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 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. We found one person had an authorised DoLS in place, which did not have any conditions.

Records showed the person who had a DoLS in place had regular meetings with a 'paid person's representative' (PPR). The PPR monitored the implementation of the DoLS and as part of their role they spoke with staff and viewed the person's records which recorded how staff implemented the DoLS. The PPR had requested that staff record incidents when the person's behaviour was challenging, we found staff were complying with this request. This showed staff acted upon advice so that the person's health and welfare was appropriately recorded and monitored.

We found people's records contained a mental capacity assessment; however these had not been completed in line with the MCA guidance, as they had not assessed the person's competence to make a specific decision, but were general. We spoke with the registered manager about the MCA; the registered manager told us they had a clearer understanding following our discussion. The registered manager informed us they were to attend additional training on the MCA within the next few weeks and review people's mental capacity assessments.

We spoke with staff to find out their understanding of the MCA and their role in upholding people's rights and supporting them in making decisions. A member of staff told us, "The MCA is about making decisions at the right time and with the right information. I know that conditions, such as dementia or any brain injury, or the use of drugs or alcohol, affects people's ability to make safe decisions for themselves. People involved in people's care, such as doctors and relatives would need to make a decision on their behalf, which was in their best interest." This showed that staff understood their role and the principles of the MCA. Records showed staff had undertaken training on the MCA and DoLS.

People were complimentary about the meals and the food. "I'm a small eater. I get enough food. I like salads. I eat in the dining room. Its nice company in there. Once I ate in my room, it was my choice." "The food is brilliant, really good. You get an option. The food is fresh and hot and you get plenty to eat. I prefer to eat in the lounge. The dining room was a bit noisy for me at first. It's alright now. I can choose where I want to eat." "I give the food 10 out of 10. My favourite food is shepherd's pie and I prefer to eat in the dining room. If I get hungry and need a snack then we would get biscuits. We get a banana sometimes."

Staff were seen to support people who required assistance to eat and drink in a sensitive manner. For example we saw a member of staff support a person to eat their porridge, the person enjoyed it as the pace of support was to their liking and they enjoyed the conversation the staff had with them. Cold drinks in jugs were available for people to serve themselves and in addition hot drinks and snacks were served in the morning and afternoon.

People nutritional needs were assessed and care plans provided information for staff as to people's dietary needs, which included the recommended daily fluid intake for each person. Records showed staff recorded what people ate and drank, and people's weight was monitored. This meant any changes to people's appetite or weight were noted and action taken if required, for example a referral to an appropriate health care professional.

People told us how staff supported them to access health care when they needed it. One person said, "I had

flu a few weeks ago. They got the doctor to come and examine me. He gave me some tablets. Three months ago I went to the hospital for an appointment, and staff went with me. The optician comes and checks my eyes." A visiting family member told us. "When [person's relative] came here they asked his G.P. for a visit but he wouldn't come. The manager got in touch and asked me to fill in a form so that he could arrange for another local G.P. to come and visit. The manager lets me and the family know what is going on."

Records showed staff referred people to health care professionals when required to ensure people's health needs were met, which included opticians, doctors, dentists and community nurses. We found comprehensive records were kept of the involvement of health care professionals. This included who had visited, the outcome of the visit, for example if medicine had been prescribed or where staff were required to monitor people's health and update health care professionals of any changes in people. This showed the effectiveness of staff in promoting people's health and wellbeing.

Good

Is the service caring?

Our findings

People when asked about staff told us, "The staff are very good. They are very helpful. They are lovely people." We observed the caring approach of staff in practice. A member of staff noticed that a person could not comfortably reach their drinking cup and asked them if they would like the table moving. The person said yes and help was given. During this exchange, happy banter took place with the person smiling and laughing.

The approach of staff to people was friendly and personalised and relationships showed trust, humour and well established familiarity with names and the care needs of people. One person told us, "I like the owner and the manager. He (provider) brings presents and a card on my birthday." People spoken with said they did not have specific spiritual needs however one person told us they regularly met a representative of their denomination within the service.

People's records contained information about their lives prior to moving into Mauricare. This included information as to their physical and mental health, and also information about their childhood, education, working life and family. When we spoke with staff we found they were aware of people's life histories and we heard them using this information in their conversations with them. This showed how information about people was used to develop caring relationships between those using the service and staff.

Staff were seen to support someone who became upset and verbally challenging. Staff spent time talking with the person, until the person was less agitated. Staff when we spoke with them understood why the person on occasions became challenging, and were aware of how to support the person. They told us, "[Person's name] needs reassurance to settle them down."

Discussions with people using the service found they made choices about getting up and going to bed. They told us they had choices on what they wished to do and not do. People we spoke with appreciated the service they received and spoke very positively of how much they valued the kind, gentle and caring approach of staff to their personal needs for washing, toileting and drinking.

People's comments included, "Basically it's up to me how I spend the day. Normally I get up between 8 and 9am and go to my room about 7.30pm. I then watch TV in my room. After dinner I like to have a two hour nap." "They check I'm ok. I can wash and dress myself. But they ask me if I need any help." A visiting family member told us, "Staff definitely listen to [person's relative] and me. He told them he needed a haircut and that was arranged. Staff are very good at supporting him and respond quickly to any of his needs."

People told us, "The staff respect my privacy. They don't just walk into your room. They knock. They are very respectful." "Staff know me and respect me. They do look after me. I only have to wait a few minutes. They close the door when washing me and help me dress." And "If I need company and need to talk then they check how I'm feeling. " This showed that people influenced the care and support they received which met their individual needs, whilst supporting people's privacy.

Good

Is the service responsive?

Our findings

People's understanding and awareness of their care plans was mixed. People told us, "The manager has got one. But I don't know if I have got one." "The deputy manager will have my care plan. It's in the office. I can get it for you. It's got risk assessments for me. They (the staff) do show you. They ask what you would like and what you want to do, maybe two to three times a year to see how it's going. They do that with everybody." And "I have seen my care plan. It tells what tablets I need."

People's records contained assessments of their needs which were regularly reviewed and used to develop and review care plans. Care plans focused on a range of topics, which included personal care, support with eating and drinking and medication. The registered manager reviewed care plans monthly, which included writing a summary as to the person's health and welfare. This provided a clear and concise overview of all aspects of each person's care needs.

We asked people how the service met their needs, which included supporting them with their interests and social activities. They told us, "Staff know what I like and don't like. I don't join in the drawing and puzzle games. I enjoy watching the telly and enjoy my football and sports." People said the activities provided were not of interest to them. "A man comes sometimes to do activities. We pass a ball and then roll it on the ground. I watch T.V. I used to like swimming when I was young."

A member of staff told us. "We do rehabilitation work with residents. We have boxes with puzzles. They (people using the service) can do colouring, drawing and paint pictures. People read magazines and books. It depends on the person. We have celebrations on special occasions, such as Christmas, Easter, birthday parties and Valentine's day."

We observed activities were provided on a one to one basis for both physical and mental stimulation, which included rolling a ball to staff members and art work and the use of memory cue cards to prompt conversation. People we spoke with told us about knitting, drawing and painting. People in some instances watched the television, whilst one person was seen reading. People in some instances visited family members either independently or with the support of staff.

Meetings involving people using the service regularly took place and were well attended. People's views were sought on a range of topics, which included activities. Significant events were discussed which included the planning of the summer fete and parties, which included a party to celebrate the local football team winning the premiership. Meetings were used as an opportunity for people to raise concerns and people were encouraged to use the suggestion box for ideas or concerns.

People we spoke with and a visiting family member told us they had not raised a concern or made a complaint. People in some instances were unfamiliar with the complaints policy which was displayed on the notice board in the main corridor. People when asked about complaints or concerns told us. "I'd speak to the manager, but never had to, no need to." And, "If anything was wrong, I'd let them know."

The registered manager informed us commissioners from the local authority had received information of concern about the service. Records showed commissioners had visited Mauricare to investigate the concerns. We saw a letter from the commissioners to the registered manager advising them that the complaint investigation had been concluded and found to be unsubstantiated. Recommendations had been made, which had included the need to plan activities, this had been actioned as a weekly planner for activities was now in place on the wall in the dining room.

Requires Improvement

Is the service well-led?

Our findings

We spoke with the registered manager to find out how they assured the quality of the service they provided. They shared with us the audits they or other staff had undertaken, which reflected a range of topics including health and safety and equipment within the service. We found external environmental audits had taken place.

The rear of the service had an outside space with plants and a range of hard surfaces. There were steps leading outside; however there was no access for people with mobility difficulties or those using a wheelchair. This did impact on some people who lived at the service. One person stood in the door way leading from the corridor to the outside space whilst they had a cigarette. We asked a member of staff why they didn't go into the outside area, as this was the designated place for people who smoked. They told us as the stairs were wet due to the weather; this presented a potential hazard for the person as they might slip. Accessibility to the outside space had not been identified by the audits as an area for improvement.

We found internal environmental audits had not taken place. The internal environment was in need of improvement. We found paintwork throughout the service to be damaged. Items awaiting collection, which included beds and mattresses no longer in use, were stored on the landing of the first floor. The bedrooms we looked at were personalised to a small extent, with some photographs. All were decorated in the same colour with no evidence of people's involvement in decisions as to the colour of the paint.

Mauricare had two shower rooms on the ground floor. The registered manager told us one was not used as it 'flooded'. The shower room that was flooded was in a poor state of repair and used in the main for storage although the room was still in use as people used the toilet within it. On the first floor the registered manager told us there was a bathroom which was not used, whilst on the first floor there was a shower room that also was not used. This meant that all those using the service were sharing a single shower and had no access to a bath if they preferred one. This is not sufficient to meet people's needs in providing personal care and support at a time of people's choosing and in the way they wanted it. We found all bathing and shower facilities to be in need of refurbishment so they provided both an accessible and pleasant space for people's use and to meet their needs. Separate toilet facilities were available on each floor and were in need of decoration. This meant the registered person had not sufficiently maintained the environment to ensure it was suitable for the purpose it was being used for.

We spoke with the registered manager who told us the service was due to be redecorated; however there were no formalised plans or an action plan to support this. An environment adapted to support people living with dementia would enable people to find their way around the home independently, maintain and promote their independence, through changes to lighting, décor and furnishings. Whilst the personalisation of people's rooms and décor to communal rooms would promote their sense of identity and links with the local area and their past.

The registered manager informed us they sent a report to the provider which covered a range of topics, which included visits by health and social care professionals, accidents and incidents within the service,

updates on staff recruitment and training and maintenance issues. Information as to maintenance was very brief, for example it stated the service was in need of decoration and identified some specific issues such as a new carpet in a bedroom, damp being identified in an area of the service along with repairs to flooring. However there were no set dates for improvement. The registered manager told us the quality assurance manager would be working with them with a view to the development of the service to enhance the quality of care people receive.

The registered manager was open and responsive to our comments about improvements to the environment and told us they would discuss this with the provider with a view to providing an environment which met the needs of people using the service. We asked the registered manager about the service they provided, they told us, "I would like Mauricare to be recognised for its care." They told us that they were looking to develop a 'memory box' for each person who was living with dementia, which would include items of importance to them, which was portable so they could take it with them as they accessed different areas within the service.

Commissioners who fund some of the people at Mauricare informed us they had carried out an unannounced, responsive visit in December 2016. They had highlighted to the provider and registered manager that improvements to the environment were needed, both for the purpose of maintenance and to support people living with dementia.

The registered manager told us the provider had recently introduced a quality monitoring system, which was not as yet operational, however they told us they were aware that it was going to be implemented and had had sight of it.

We found that the registered manager and staff promoted an open culture which provided opportunities for people to comment upon and influence the service they receive. In addition to meetings, in which people took part, their views were sought through an annual questionnaire. We asked people if their views were sought, they told us. "We get asked what do you think? They bring a form and I think everything is fine. [The staff] ask if there is anything we can improve on." "I'm happy here. Staff ask me what I think." We asked people how staff had acted upon their comments, one person told us how they had spoken with the registered manager about having a new armchair and they were happy as this had been bought for them.

The information gathered from questionnaires sent out in May 2016 had been collated; however the findings of these had not been shared with those using the service or other stakeholders. Information within questionnaires showed a majority of people thought the care to be very good or excellent. Questionnaires had been completed by visiting professionals, which had included a community nurse, NVQ assessor and a minister of the church. Comments written by them included. 'Staff are well acquainted with the residents and able to provide information regarding their health and well-being." And, 'Residents are well looked after, appear relaxed and comfortable.'

The report from the commissioner's visit of December 2016 found people living at the service to be in good spirits and keen to say they enjoyed living at Mauricare. They observed some people helping with the putting up of Christmas decorations. They found the complaints policy to be displayed along with a box for suggestions and complaints. Minutes of residents meetings and the menu for the day were also displayed.

Staff told us they found the registered manager to be supportive and open to ideas. Staff meetings regularly took place and were used as an opportunity to acknowledge the hard work of staff and to promote staff awareness in the promotion of people's privacy and dignity and involvement in decisions about their day to day lives. Meetings were used to discuss key policies and procedures, which included staff responsibility in

protecting people from potential harm by reporting any concerns.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service.

There was an emergency business continuity plan in place that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, including the local authority and hotel facilities should alternative accommodation need to be secured.