Ranc Care Homes Limited

Queens Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 3 and 4 May 2016 and was unannounced.

Queens Court is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and also treatment of disease, disorder or injury. It can provide accommodation for up to 90 people some of whom maybe living with dementia. On the days of our inspection 49 people were using the service.

The service did not have 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. However the service has had a new manager in post since February and they are going through the process to become registered.

At our previous inspection on the 6, 7, 8, October 2015 the service was placed in special measures due to the overall rating being inadequate. We did a follow up inspection on the 18 and 19 January 2016 to see if the provider had made improvements. We found the service was improving but rating remained unchanged and special measures continued. This inspection was a complete review of the service. From our findings and the improvements made at the service they will no longer be in special measures and their overall rating will now be requires improvement to allow the provider time to imbed and sustain the changes they have made at the service.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare, however monitoring of care needed to be improved. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with changes to the law regarding DoLS and knew how to make a referral if required. However, some referrals needed to be pursued to completion.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were not provided with enough activities to keep them stimulate or address their well-being. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager and provider carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements. However, work was still needed to ensure correct recording in care documents.

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 consistently safe

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe, however checks were not always effective to ensure people were safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it. Medication practices continued to be reviewed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests. However the service needed to ensure they followed up on MCA applications.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them. People's healthcare needs were not consistently monitored.

Is the service caring?

Good

The service was caring.

Staff knew people well and what their preferred routines were.

Staff showed compassion towards people.

Staff interactions were positive and people received appropriate care.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were still required to ensure that people received opportunities for social stimulation.

People received personalised care that was responsive to their individual needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service had appointed a manager who was in the process of being registered.

Although systems were in place to regularly assess and monitor the quality of the service provided, further improvements were required as there were still gaps in recording on some care documents.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Queens Court Nursing Home

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 the 3 and 4 May 2016 and was unannounced.

The inspection team consisted of two inspectors. We also had a specialist advisor who was a nurse practitioner.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed the provider action plan for improvements, safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with ten people and eight relatives, we also spoke with the provider, chief executive, regional manager, quality manager, manager, four nurses and eight care staff. In addition we also spoke with a healthcare professional. We reviewed 14 care files and monitoring charts, medication records, four staff and support files, audits and policies held at the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on the 6, 7, 8, October 2015 we identified concerns relating to people being kept safe. This was in relation to the service not identifying how many staff were needed to support people. This placed people at risk of not having their support needs met in a timely manner. In response the provider sent us an action plan on the 24 December 2015 outlining what they had done to address these issues and how they intended to continue to maintain improvements. Since this time they have kept us regularly updated with actions they have taken to meet the regulatory requirements.

People we spoke with said they felt safe living at the service. One person told us, "I use to have falls at home, I feel safe here with everyone." A relative told us, "I have no worries when I leave here, the staff go over and above to keep [person name] safe."

There were sufficient staff to meet people's needs. People, staff and relatives told us that staffing had got better at the service. One person told us, "Staff are good, they look after me okay, I don't really use my call bell if I need anything staff seem to be here." Another person said, "I ring the bell if I need help, they're good they come quickly." A relative told us, "Things seem to be improving with the new manager; they are not using as much agency now." However one relative we spoke with felt that staffing could still be an issue at times, with their relative needing to wait to be assisted with personal care from two staff at times.

We discussed staffing numbers with the new manager and quality manager. The manager is now completing a dependency tool every month or sooner if required; to assess the level of staffing required to meet people's needs. At our last inspection in October 2015 this had not been done. The dependency tool assisted the manager in planning the amount of staff required on each unit against the needs of the people living on the unit. The manager had reduced the level of staff on the nursing units to match the reduction of people living there. Across the nursing units there were now two qualified nurses and six care staff to support 29 people throughout the day. In addition to this the manager was planning to condense the units so that people's rooms were more centralised instead of being spread across the corridors. We noted that although there were still a number of people who were cared for in bed, more people now chose to access the day areas during the day and at meal times. On the dementia unit during the day there were four staff to support nine people and on the residential unit there were three staff to support 12 people. The manager had reduced the number of staff across the dementia and residential unit at night for a short period in April, however due to the layout of the environment this reduction was not viable, and people were at risk of their needs not being met. This decision was therefore reviewed and the additional member of staff restarted at night. In addition to this there was a floor manager overseeing the two units during the day. During our observations we saw that staff were no longer task orientated and spent time talking with people. One member of staff said, "There are enough staff to meet people's needs." A relative told us, "Things are on the up, they don't seem to need as many agency now." The quality manager and provider now oversee staffing levels across the service and receive regular emails from the manager of the staffing numbers against the dependency tool.

The manager had an effective recruitment process in place, including dealing with applications and

conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). There had been a significant reduction of agency staff used at the service. The manager told us that they had now successfully recruited qualified nurses who were currently working as advanced practitioners whilst they were waiting to receive their personal identification numbers (PIN) from the nursing and midwifery council. The manager said that they were now fully recruited for care staff and had increased the number of care staff employed on bank hours. They would be converted to permanent staff when hours became available. The regional manager in addition said they are still recruiting for a clinical lead to give further support to the manager.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "If I had any worries I would talk to the person, tell a senior, or tell the manager. If I was not happy I would tell the CQC." The service had a policy for staff to follow on 'whistle blowing' which included a phone line staff could call and leave concerns anonymously if they wanted to. The manager also made sure staff knew that they could contact agencies outside of the service such as the CQC or local authority. One member of staff said, "The manager tells us not to be afraid to whistle blow and feel free to say what you want and it would be treated confidentially."

We saw that where safeguarding concerns had been raised the manager and provider were working with the local authority to investigate these and take action where necessary to safeguard people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. We saw that the new documentation was being implemented across the service and that staff were keeping the documents up to date. For example where one person had recently had a fall, there documentation had been updated to make staff were aware of the risk and for the need for the person to wear 'well-fitting shoes'.

The service continued to use wound care folders and monitoring records. We saw that staff checked daily that mattresses were on the correct settings for people's weight; although this had improved we found two mattresses to be set incorrectly. This was corrected immediately by the nurse. We also found one mattress being used on the residential unit had been checked as being on static when the mattress should be set on dynamic. The person using the mattress was being monitored and receiving treatment from the district nurse, we asked the manager to check with the district nurse to ensure the setting was correct. On checking the mattress should have been set at dynamic, however when this was done the mattress returned itself to static. Rather than wait for the district nursing service to replace the mattress, the manager arranged for another mattress owned by the service to be used in the interim, to ensure the person was not placed at further risk.

Where people had repositioning charts for staff to complete to demonstrate that people had been assisted to move, we found these were mostly all completed however we did note there were still some gaps with recording. The manager was addressing this was staff and was completing regular spot checks.

People received their medications as prescribed. Staff who had received training in medication administration and management dispensed the medication to people. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by

talking to the person. We observed the staff checked with the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had mainly been correctly recorded on the medication administration cards, however on the residential unit a pain patch had not been recorded as administered in the controlled drugs book, but had been signed for on the medication card and was administered. People and relatives we spoke with said they received their medication on time and when they needed it. One person said, "I have my medication twice a day, the staff give it to me."

Over the last few months the quality manager and manager has been working with the pharmacy provider and staff to improve medicine practices at the service. This has included updating staff training and continuously monitoring medication practices. The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on the 6, 7, 8, October 2015 we identified concerns relating to staff training. People were being placed at risk of being supported by staff who did not have the correct skills or training to support their needs. In response the provider sent us an action plan on the 24 December 2015 outlining what they had done to address these issues and how they intended to continue to maintain improvements. Since this time they have kept us regularly updated with actions they have taken to meet the regulatory requirements.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Since our last inspection the provider has supported staff to receive the correct skills and training they need to fulfil their role. The provider now has two care managers in post who could deliver training directly to staff and support their practice. For example staff have received training in moving and handling techniques, with the care manager who is able to supervise their practice whilst working with people. In addition the provider arranged for the qualified nurses working at the unit to have their skills revalidated. This meant the qualified nurses were supported to enhance their skills in giving physical care such as taking bloods and catheterisation.

Staff told us that they received a mixture of e-learning and face to face training. The provider in addition to having trainers on site has also employed a training consultant who delivered face to face training to the staff. Staff said that training had improved and that they felt more supported to do their role. One member of staff said, "I have recently done training on dementia awareness, food handling, infection control and manual handling." Another member of staff said, "The trainer [person's name] is very good, she comes in and does face to face training with us, it's much better than e-learning." Previously staff had found it difficult to complete their computer based training at the service as they were expected to do this learning at home and not all staff had computers. Staff told us that a lap top was now provided for staff to use at the service and if they had any issues with logging on for the training, they could ask the admin assistant to help them.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The manager told us that before staff started working on the units they were first invited in to complete initial training and e-learning. Following this they were allocated to a senior member of staff to support and mentor them. A nurse told us, "I was supported working with another member of staff for my first three shifts. If I need any support now I ask [nurses name] or the manager and they support me."

Staff told us that they now received regular supervision every two months and had staff meetings monthly. We saw there was a supervision matrix showing when staff were due supervision on all the units. Minutes of staff meetings and agenda for the next meeting were also on display. One member of staff said, "I have supervision every two months with a senior. We talk about residents care needs, any incidents, things happening at the home and if we have done anything wrong." The manager has also planned all staff appraisals for 2016 and showed us a matrix of dates booked to complete these for all staff. This demonstrated that people were being cared for by staff who were well supported in performing their role.

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. 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.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and how these applied to the people they supported. Records showed that where appropriate people who used the service had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with, and the reason as to why it was in the person's best interests had been clearly recorded. Where significant decisions were required in their best interests, meetings had been held so as to consult openly with all relevant parties, prior to decisions being taken. Where people were deprived of their liberty, for example, due to living with dementia, or brain injury the appropriate applications had been made to the local authority for DoLS assessments to be considered for approval. We found that although applications had been made some had not yet been processed or followed up, so we asked the manager to address this to ensure the provider had acted in accordance with legal requirements.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. Staff knew people well, for example who preferred to stay in their room and who preferred to socialise. One member of staff said, "[person name] prefers to stay in their room, it is their choice, we go in regularly to check they are okay." A relative said, "[Person name] likes to wear all matching outfits, the staff will lay out the clothes she likes to wear each night ready for her to put on the next day."

People said they had enough food and choice about what they liked to eat. One person said, "We get too much food." We saw throughout the day people were provided with food and drinks. The majority of comments we received about the food was complimentary. We saw that the menu was displayed on the dining tables for two days at a time. If people did not like the choice they could ask for an alternative to be provided. One person told us, "I had scampi and chips." which was an alternative to what was on the menu. The chef is encouraged by the manager to meet with people and receive direct feedback on the meals provided. In addition to the main meals we saw people were frequently offered drinks and snacks. The manager told us that they would be developing the menu further to be more diverse for those people who preferred for example Caribbean or spicy food. The manager had also started a new initiative of providing snack boxes for people who requested it at night.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate. We noted where advice was given for example to provide fortified diets or additional milk shake drinks and snacks this was recorded in care plans. Staff were aware of special dietary requirements people had and were for able to tell us when they provided these to people. We noted that records were kept where appropriate of fluid intake and that there were pictures of different cup sizes to help staff to identify how much fluid was being consumed. Charts were also being totalled to show the amount taken. This told us people were receiving adequate hydration.

People were supported to access healthcare as required. The service had good links with other healthcare professionals and the quality manager told us that they had been receiving support and advice from

continuing healthcare to provide the correct support to people, especially around pressure area care. The service had good links with the district nursing service and had a GP who visited weekly. The manager had also appointed a new chiropodist to support people with their nail care.

We noted the service had improved in making referrals to other healthcare professionals, such as the dietitian and tissue viability nurse and were keeping better records to follow their advice. However we did find that the recording of some information on the nursing units was confusing. For example where a trachea tube was due to be changed monthly this had not always been signed as completed. There were also gaps on the recording charts of people who were having their blood sugar levels monitored weekly. We noted one care plan for the management of a peg feed site was confusing and stated it was to be turned twice weekly and then twice daily. We asked the nurse which was correct and they told us twice daily. We discussed these issues with the new regional manager and quality manager, they were able to show us specialist care plans that they had developed for the nursing units that were being implemented at the time of our inspection. The purpose of these care plans was to give guidance for specific nursing needs of people such as diabetic care, trachea care and catheter care. In addition to this the manager told us that they will be developing the newly employed nursing staff with specialist skills so that they had champions at the service to give advice and support on specialist care.

Good

Is the service caring?

Our findings

At our last inspection on the 6, 7, 8, October 2015 we identified concerns relating to people not always being treated with dignity and respect. In response the provider sent us an action plan on the 24 December 2015 outlining what they had done to address these issues and how they intended to continue to maintain improvements. Since this time they have kept us regularly updated with actions they have taken to meet the regulatory requirements.

The staff provided a caring environment. We received many comments from people and relatives on how good the staff were. One person told us, "The staff are very good, they all work hard." A relative told us, "The team spirit has improved and they [staff] all accept they need to work together".

Staff had positive relationships with people. We saw on all the units staff laughing and joking with people. All interactions between staff and people were relaxed and friendly. Staff showed kindness and compassion when speaking with people. When assisting one person to change position we saw staff taking their time to explain to the person what they were doing, they also knew the name of the person's comfort toy and spoke with them about this. We saw another member of staff when assisting a person to eat, checking to see if the person was in pain and if they needed any pain relief. We observed on the dementia unit that when one person became frequently distressed the staff knew what to do to distract the person from their distress and how to refocus their attention.

Staff knew people well including their preferences for care and their personal histories. Staff knew people's preferences for carrying out everyday activities; for example when they liked to go to bed and when they liked to get up. One person told us, "I like to get ready for bed after supper before the day staff finish, they help me and I like to sit in my chair watching television until I am ready for bed." We saw from one person's care plan it was detailed how they liked to wear matching clothes, and have their hair done or to wear a hat. We observed this person in the lounge in afternoon, wearing colour coordinated clothing a hat and nail varnish.

People and their relatives were actively involved in making decisions about their care. Care plans were individualised to people's need and preferences. The service had gone through a process to update people's care plans and in addition to full care plans each person had a smaller 'At a glance' care plan. This was a quick reference care plan detailing people's individual needs. People and relatives told us they were involved with planning their care. One relative told us, "I helped to do the care plan, the last one was about seven weeks ago. If I have any queries with the care plans I write a note." One member of staff told us," We have a resident of the day [based on room numbers] and we ask relatives if they want to come in. On resident of the day we update care plans, deep clean rooms, do maintenance checks and try and pamper the person like preparing their favourite meals." We saw this was working well on the residential unit and the manager told us this was being implemented on the other units as well.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions

with people. One member of staff told us, "We treat everyone equally and don't treat people differently. We ask their choices and respect their decisions. We knock on doors and when personal care takes place ensure windows are closed."

People's diverse needs were respected. People also had access to individual religious support should they require this. The service held a multi-faith religious service monthly. One person said, "I can go to church if I want to but I chose not to go."

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that visitors could attend at any time, one member of staff said, "This is their home they can have visitors when they like." One person told us, "I am lucky I have visitors every day, even my great granddaughter comes to see me." A relative told us, "There are no restrictions as to when I can visit."

Requires Improvement

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning their care needs, people were supported as individuals.

People living at the service had care plans in place outlining what support they required. In the last six months the quality manager has over seen a change in the care planning documentation. Previously care plans had been generic and had not adequately reflected people's needs; with the new documentation we found this had improved. The new documentation was person centred and clearly explained people's preferences for how they wished to be supported. For example their likes and dislikes, what time they preferred to be assisted with personal care and how they preferred to spend their time. The manager had reintroduced the key worker system, this meant people had identified staff members who could support their needs. One member of staff said, "I key work three people, I make sure they have everything they need, that they are looked after, their rooms are tidy and their care plans are up to date." We found the service was responsive to people's changing physical needs with evidence of referrals to other health professionals recorded in people's notes.

People were not always supported or encouraged to follow their own interests at the service. Throughout our inspection we found there was a lack of activities on offer at the service. Staff did engage with people on a social level through talking with them, but there was not any structured activities offered. This meant most people's only stimulation was the television or radio. Up until recently the service did have an activities person in place, however they were currently unavailable. The manager told us that they had recruited to this post and were waiting on recruitment checks to clear before they started. A relative told us that there had been recent activities and added, "There's been about three or four activities in the last two months, petting zoo, singer, play your cards right. There's going to be a garden party soon, weather permitting." We noted some future activities were advertised on noticeboards. Although some people told us they were happy to occupy their time reading the newspaper or doing crosswords, we saw people mainly on the dementia unit lacked any stimulation other than having the television or music on in the lounge. We discussed this with the manager who advised that there was usually more activities than we had observed.

The service had a complaints procedure and policy for people and relatives to follow if they wished to raise any concerns. A relative told us, "The manager is always around and anything you bring up they address straight away now." We reviewed the service's complaint folder and policy. We saw that any complaints were now being clearly recorded with actions taken and the time taken to address concerns was recorded. Although the service had a 28 day turn around for complaints to be addressed we noted that all had been addressed well within this timeframe. We saw there were no underlying themes to the complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider has now recruited a manager who is in the process of being registered with the CQC. The new manager has been in post since February and has been supported in their role by the quality manager and regional manager.

We received many positive comments about the new manager from people, staff and relatives. A relative told us, "[Managers name] is approachable and they do listen, they go around the home and deal with things, they don't ignore things." A member of staff said, "It's much better now new staff are coming in. [managers name] is good, morning to night they walk around and ask residents how they are. Things are better managed." Another member of staff said, "Things have improved, the new manager is making a difference."

The new manager had a vision for the service to become a centre of excellence to care for older people. Staff shared in this vision, one member of staff said, "We are like family, we want to see people happy and safe." Another member of staff said, "We want people to be happy and to know they are safe with you."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We all work together as a team now and support each other." A relative told us, "Staff morale has improved, they all seem happier now, and the nurses support the carers." Staff had regular supervision and meetings to discuss people's care and the running of the service. One member of staff said, "There are regular staff meetings and supervision. We have unit meetings and we are kept informed of changes. There is a 11 at 11 meeting every morning and the regional manager attends." The manager told us that the 11 at 11 meetings were held every day including weekends and was an opportunity to discuss any immediate issues within the service on a daily basis. Staff felt the manager was very supportive to their roles and listened to their opinions. Staff told us that the manager was always around that they were very approachable. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a handover sheet to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager's gathered people's views on the service by talking to them and through the use of questionnaires. The regional manager told us that they had recently sent out more questionnaires and were waiting for the feedback. The manager spent time every day out on the units talking to people and gaining direct feedback from them and staff. In addition the manager was holding regular meetings with people and relatives to discuss the running of the service and to keep them informed of any developments at the service. One relative told us, "Management is a lot more approachable than in the past. There are more meetings, monthly, we are kept informed. There's a resident meeting downstairs tonight and one for this floor tomorrow." The manager told us that the meetings use to be held in the evenings, but at the request of relatives this was changed to the afternoon to fit in with their visits to the service. This showed that the management listened to people's views to improve their experience at the service.

The manager's had a number of quality monitoring systems in place to continually review and improve the

quality of the service provided to people. For example the manager completed audits on call bell response times, with the aim of all call bells being answered within a minute. From the evidence shown and from feedback given by people call bells were answered quickly. The manager was also frequently monitoring care records and paperwork to ensure people were receiving the care they needed. In addition to the managers audits the provider had appointed a new quality manager to the organisation. The quality manager was attending the service weekly to complete audits on the care being given. These audits had become part of the services overall action plan to make and maintain improvements. The audits were very thorough and identified issues that needed to be addressing, for example they had identified when care plans were not being followed and this had been addressed.