

Veecare Ltd

The Laleham

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?	Good ●

Summary of findings

Overall summary

This inspection took place on 15 and 17 August 2017 and was unannounced on the first day and announced on the second.

The Laleham provides accommodation and personal care for up to 60 people. Some people may be living with dementia. Bedrooms are on three separate floors and are accessed by a passenger lift. There are various communal rooms, including lounges and dining rooms. The service faces the sea and has parking at the front. There were 51 people using the service when we inspected.

There was a registered manager working at the service. 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 of the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not available on the first day of the inspection; we were supported by the head of care, senior carer and administrator. We met with the registered manager on the second day of the inspection.

We last inspected the service in August 2016. We found significant shortfalls in the service. The provider had failed to make sure care plans were person centred. The registered persons had not given staff detailed guidance to ensure people were supported safely with their mobility and behaviours that may challenge. The registered persons did not have effective systems in place to monitor and mitigate the risks to people's health, safety and welfare. The registered persons had not kept accurate and complete records in respect of each person. The registered persons had failed to ensure there were enough staff on duty at all times to meet people's needs.

We asked the provider to provide an action plan to explain how they were going to make improvements to the service. At this inspection we found that improvements had been made.

At the last inspection, potential risks had been identified but the measures to reduce these risks were not detailed enough to keep people safe. At this inspection, there was detailed guidance for staff to follow to mitigate potential risks and keep people safe including how to move people safely.

At the last inspection, there were not sufficient staff on duty at night to meet people's needs. Staffing levels had been increased and there were sufficient staff on duty. Staff were recruited safely. Staff were supported by the registered manager through one to one supervisions and yearly appraisals.

Staff received training to make sure they had the skills and knowledge to carry out their roles. At the last inspection, specialist training such as diabetes and challenging behaviour had not been completed by staff. At this inspection, senior staff had received training in diabetes and further training sessions were booked. Staff had received training in how to manage behaviour that might challenge.

At the last inspection, medicines were not always stored at the recommended temperature to ensure medicines were effective. At this inspection, medicines were stored safely, people received their medicines when they needed them.

People's care plans at the last inspection, were not always accurate. Details about people's healthcare needs had not been recorded consistently. At this inspection, care plans were detailed and had been reviewed regularly and up dated to reflect people's changing needs. People had signed to say they had discussed their care plan and attended reviews with healthcare professionals.

Audits were in place to monitor the quality of the service people received. When shortfalls were identified action plans were put in place to ensure the shortfalls was rectified. Accident and incidents were recorded and reviewed by the registered manager. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future.

Checks had been made on the environment to ensure the service was safe. Equipment to support people with their mobility, such as hoists had been checked to ensure people were safe.

Staff knew how to keep people safe from abuse. Staff were confident that if they had any concerns they would be addressed quickly by the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

Staff understood their responsibilities under MCA, people's capacity had been assessed and when required best interests meetings had been held and recorded. Staff encouraged people to make decisions about their day to day care and remain as independent as possible.

People told us that they enjoyed the food. People had a choice of meals and were supported to maintain a healthy diet in line with their choices, preferences and any healthcare needs. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

People's dignity and privacy was maintained by staff. People told us staff were kind and caring. Staff spent time with people and seemed to be genuinely interested in them and what they wanted to say. Staff explained how they maintained people's dignity and how they encouraged choice.

There was a programme of activities available for people to enjoy. Some people living with dementia found it difficult to join in some activities. We have made a recommendation that the registered manager ensures that activities are appropriate for people living with dementia.

Information about how to complain was on display in the service. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on.

Staff told us that they felt supported by the registered manager and that the service had improved since the last inspection. Staff understood their roles and responsibilities and the vision of the service by treating

people with dignity, respect and ensuring people had a voice.

Staff supported people to maintain friendships and relationships. People's friends and family could visit when they wanted and there were no restrictions on the time of day. People, staff and relatives received an annual survey to enable them to voice their opinions of the service and these were acted on. Staff and resident meetings were held regularly.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

Potential risks to people were assessed and there was guidance for staff on how to reduce risks. Staff knew how to keep people safe and how to recognise and respond to abuse.

People received their medicines safely and on time. Medicines were stored and managed safely.

There were enough staff to meet people's needs. Staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff completed regular training, had one to one meetings and an annual appraisal to discuss their personal development.

People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

People had enough to eat and drink and enjoyed a choice of meals.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate and kind. They promoted people's dignity and treated them with respect.

Staff knew people well and knew how people preferred to be supported.

People's confidentiality was respected and their records were

stored securely.

Is the service responsive?

Good ●

The service was responsive.

Each person had a care plan which centred on them and their wishes. People told us they had been involved in planning their care. Care plans were reviewed regularly.

There was a choice of activities on offer for people to enjoy.

People knew how to complain. Complaints received had been responded to and resolved in a timely manner.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff were asked their views on the service provided.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Regular and effective audits were completed. Actions were taken when shortfalls were identified.

Notifications had been submitted to the Care Quality Commission in line with guidance.

The Laleham

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 with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 17 August 2017 and was unannounced on the first day and announced on the second. This inspection was carried out by two inspectors and an expert by experience who spoke with people who used the service, families and relatives. Our expert by experience had knowledge and understanding of residential services or caring for someone who uses this type of care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications. Notification are information we receive from the service when significant events happen, like a serious injury.

We spoke with 11 people who live at the service, two relatives, eight members of staff, the registered manager and one visiting professional.

We looked at how people were supported throughout the day with their daily routines and activities. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to talk to us about their care. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was managed. We reviewed six care plans and associated risk assessments.

We last inspected the service in August 2016. There were four breaches of regulations identified at that inspection that have now been met.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "I feel safe and well looked after." Another commented, "There are always enough carers. Help comes quickly. At night, it is as if someone is waiting outside the door."

At the last inspection in August 2016, the provider did not have sufficient guidance for staff to follow to mitigate risk and support people safely. In the lounge walking frames were stacked together behind the chairs and were not suitably place for people to use. There was a risk that people would try to stand up and fall as their frame was not available.

At this inspection, improvements had been made. People who spent time in the lounge and used a walking frame were identified and an occupational therapy assessment requested. These assessments identified people who were safe to use their frames without staff support. When people were not safe and at risk of falling who did not have capacity to understand the assessment, a best interests meeting was held to identify how to manage the risk. It was agreed that the person would ask staff to assist them to use their frame, and the frame to be kept away from them. People who were able to use their frame without support had access to them at all times.

People's mobility had been assessed. Moving and handling risk assessments were in place. The risk assessment contained step by step guidance for staff about how to move people including the type of hoist, size of sling to use and how to position the person. The risk assessments were personalised, one person had stiff joints that could not be straightened, there was guidance for staff about how to position the person in the sling to keep them safe.

Some people had catheters (a catheter is a tube that goes into the bladder to drain urine) and required catheter care. At the last inspection, staff did have guidelines in place for staff to follow, for example to change the catheter bag every Wednesday, but records showed that the guidance had not been consistently followed. At this inspection, records showed that staff were following the guidelines consistently, catheter bags had been changed weekly. Staff were able to explain how they supported people with catheters and knew when the bags needed to be changed.

Some people were living with diabetes. At the last inspection, there were no personalised guidelines in people's care plans. At this inspection, there were details of the symptoms of high and low blood sugar and what actions to take if people displayed these symptoms. Staff were able to describe how they supported people with diabetes.

Accidents and incidents had been recorded and analysed. When trends and patterns had been identified action had been taken to reduce the risk of them happening again. The registered manager followed a checklist to ensure that the cause could be identified. For example, one person had fallen several times, they had been referred to the occupational therapist and their advice had not helped. The GP was contacted to review the person's medicines, their medicines were reduced gradually and the person stopped falling.

At the last inspection, there were not always enough staff on duty at night and there had been an increase in the number of unwitnessed falls. At this inspection, staffing numbers had been revised. The registered manager had reviewed the staffing at night, following the increased number of falls. There were now three awake staff on duty between 8pm and 8am, the number of falls and incidents had reduced. People told us there were enough staff on duty, some comments included, "The staff are always around", "There are enough staff".

There were enough staff on duty during the day to keep people safe. There were arrangements in place to make sure there were extra staff available in an emergency or to cover staff sickness. When there were not enough permanent staff, agency staff were used to cover any shortfalls. The registered manager told us that they requested the same agency staff, when possible, so that staff were familiar with people. Agency staff were given an induction when they first went to the service and worked with another member of staff at all times. Agency staff confirmed this during the inspection.

Staff were recruited safely. The registered manager had followed safe recruitment practices. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history and interviews took place. Disclosure and Barring Service (DBS) criminal records check had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were policies and procedures in place for staff to follow. If staff practice did not meet the required standard there were clear staff disciplinary procedures that would be followed.

People received their medicines on time and when they needed them. At the last inspection, the room on the ground floor where medicines were stored was too hot with temperatures exceeding the recommended 25 degrees. At this inspection, an air conditioner had been placed in the room and the temperature had remained below 25 degrees, ensuring that the medicines remained effective.

People's medicines were ordered, recorded and administered safely. Staff were trained in how to manage medicines safely and their competence to do so was regularly checked. Some people had been prescribed medicines on an 'as and when' basis, such as pain relief. There were guidelines in place for each medicine, to ensure staff knew how and when to give these medicines. One person told us, "The carers help with my medicines. They bring me my tablets and I take them." People's medicines were reviewed by the GP regularly to ensure that they remained effective and appropriate for the person.

People were protected from the risks of abuse. Staff knew what to do if they suspected any incidents of abuse. Staff told us that they were confident they could speak to the registered manager if they had a concern and that they would be listened to and action would be taken. Staff understood how to report concerns to outside agencies if they felt that they were not being dealt with appropriately. Staff told us, "If I wasn't happy I could report my concern to Kent County Council or CQC, but I know the manager would deal with it." The registered manager had raised safeguarding alerts with the appropriate agencies, such as the local authority safeguarding team, in a timely manner.

People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in the event of an emergency. Regular fire safety checks had been completed including smoke detectors and fire extinguishers. There was a fire risk assessment in place and records showed that staff had received training in fire safety awareness.

Checks were completed to ensure the safety of the premises and equipment such as the lift, gas and electrical appliances. Environmental risk assessments were in place for all areas of the service. When shortfalls had been identified, action was taken to rectify the issue.

There was on-going maintenance to improve the environment of the service for people. There had been areas of the premises re-decorated and new carpet, new furniture and new bathroom equipment had been supplied since the last inspection.

Is the service effective?

Our findings

People told us that staff supported them when they needed them. One person told us, "If I am poorly, the staff get the doctor for me," another person commented, "I am very well looked after. I always get help when I need it."

At the last inspection in August 2016, staff had not received training in specialist subjects such as diabetes and behaviours that might be challenging. At this inspection improvements had been made. Senior staff had received training in diabetes. The registered manager ensured that there was a member of staff who was trained on duty at all times including at night to support people if their diabetes became unstable, duty rotas supported this. Further training had been booked to include all care staff. Staff were able to describe the signs and symptoms of what they would look for if people's condition changed. Staff had received training on how to manage behaviours that may challenge and were able to describe how they would support people, for example, one person liked to shown pictures of their family.

Staff received regular updates of their training to ensure that they continued to support people safely, these included moving and handling, first aid and fire safety. Before starting work at the service, staff completed an induction programme. New staff shadowed more experienced staff to get to know people and their choices and preferences. One new member of staff told us that they felt that the induction had been relevant and given them the confidence to support people in the way they preferred. Staff completed training in subjects such as moving and handling, mental capacity act and dementia. Staff told us that they completed an induction and that more experienced staff had supported them.

The registered manager and head of care were available to support staff on a day to day basis. Staff told us that they met with their line manager on a one to one basis regularly to discuss any concerns they may have. Staff received a yearly appraisal where they discussed their training needs and development. Staff told us that they felt supported and could approach the registered manager at any time. Staff told us, "Management team is supportive and they will sort anything out, you can discuss anything."

The Mental Capacity Act 2005 (MCA), provides a legal framework for making particular decisions on behalf of people who may lack 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 possible.

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 MCA. The application procedures for this in a care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had been trained in the principles of MCA and DoLS, and were able to explain how they ensured people were given choice and encouraged to make decisions. Staff sought people's consent before providing support, people were encouraged to choose where they wanted to sit, what they wanted to do, eat or drink.

Staff knew people well, when someone was unable to verbally communicate their consent, staff maintained eye contact and understood non-verbal signs of consent.

The registered manager and staff knew people's level of capacity. When people lacked capacity staff followed the principles of the MCA and made sure any decision made was in the person's best interests. People's capacity to consent to care and support had been assessed and where possible, people had signed to say they agreed with their care plan. The registered manager had applied, when required, to local authorities for DoLS to be granted for people who were under constant supervision. Some applications had been granted, others were still being assessed by the local authority.

People told us that the food was good. They said, "It is nourishing, quality food" "If there is something I do not like they get something different for me" "I enjoy the food. There is a good choice." People were given a choice of meals, including a cooked breakfast each day. The cook knew people's choices and preferences, and the menu's reflected this.

People were able to choose where they wanted to eat their meals. Some people wanted to eat in their rooms while others chose to eat in the dining rooms. The lunch time meal was a social occasion, people sat with their friends to chat while they were eating. One person decided to sit by themselves and this was respected by staff. The food looked appetising and was hot, people told us they enjoyed the meal. The main meal and puddings were served separately, choices of drinks were offered throughout the meal.

When people who required specialist diets like soft or pureed diets, the cook was aware of this and where possible ensured that they were given the same choice as other people. People who needed support to eat their meal were supported discreetly. Staff gave people time to eat at their own pace, and chatted to them during the meal. The meals for two people who needed support were brought out at the same time, though they ate their meals one at a time, this meant that one meal was no longer hot when the person started eating. The registered manager said that the meals would be brought out separately in future. This was an area for improvement.

People's health needs were being monitored. Staff monitored people's weights to make sure they remained as healthy as possible. When staff had a concern they contacted health professionals, such as dieticians for advice and followed any guidance given. For example, some people had their meals fortified with full fat milk and butter to help them maintain a healthy weight.

People had access to specialist health professionals when they needed it. People told us when they needed a doctor the staff supported them to see one. People had regular visits from the optician, dentist and chiropodist to help people stay as healthy as possible. Staff took prompt action when they noticed any changes in people's health. One health professional told us, "Staff know the people and are aware of their health needs. Staff follow the guidance that they are given and tell us of any changes."

Is the service caring?

Our findings

People told us staff were kind and caring. People said, "The carers are kind and provide good care". "The staff are good. I am well looked after". "They look after you very well. They care about you very much."

Staff spoke to people in a kind and compassionate way. They showed a genuine interest in people and what they had to say. Staff were patient with people when supporting them, and knew them well. Staff were motivated and confident in the way they supported people.

People appeared to be relaxed and content in the company of staff, one person told us, "I am able to sit and chat with a carer if I want to." Staff anticipated the needs of people who were unable to verbally communicate. Staff interacted with them in a positive manner with eye contact and smiles. Staff supported people in a discreet and dignified way when giving support in communal areas.

Staff were seen knocking on people's doors and waiting to be invited in. People told us, "The staff treat me with respect. They knock on the door before they come into my room." Staff told us how they ensured people were supported in the way they prefer, "We make sure they have care the way that they want it." Staff were able to describe the care they gave to people and knew when people liked to get up and go to bed. Staff respected people's decisions, some people had requested that they were supported by only female carers, the person told us that this had always been respected.

People lived in an environment that was homely and sociable. People's rooms were personalised, they were comfortable and people had brought in personal items. One person told us, "I'm lucky. I brought things from my old house." Another person had brought their piano from home. Staff encouraged them to play the piano as often as they wanted, other people enjoyed listening to them and it encouraged people to talk about the type of music they liked. The person told us, "They let me play the piano if I want to and I have sessions playing records."

Staff encouraged and supported people to remain as independent as possible for as long as possible. Care plans gave details of what people were able to do for themselves and their choices and preferences. Staff were able to describe what people were able to do for themselves, staff told us, "We help some people to stand up and then they can go off by themselves. They like to be independent."

People maintained friendships and relationships and told us their loved ones were able to visit when they wanted to and there were no restrictions. One relative told us, "I visit about five times a week. Staff help get my (relative) into a wheelchair so I can take them out along the seafront. I am able to have quality time with them."

People's religious and cultural needs and preferences were recorded and respected. Regular church services were held and people could follow their chosen beliefs.

People's information was treated confidentially. Personal records were stored securely. Staff had a good

understanding of privacy and confidentiality and there were policies and procedures in place to underpin this.

Is the service responsive?

Our findings

People told us they received care and support when they needed it and staff were responsive to their needs. One person told us, "They do their best. They bend over backwards to help you and if they can't help, they get someone who can."

At the last inspection, the provider had failed to ensure that care plans were person centred. The care plans had not contained sufficient guidance and information to ensure people's needs were met. At this inspection, improvements had been made.

The registered manager or head of care met with people before they moved into the service. An assessment of the person's health care needs was completed to decide if the service could meet the person's needs. Care plans were developed from assessments and discussions with people and their relatives.

Each person had a care plan that contained information about their needs and preferences. Care plans included details about people's health needs and risk assessments were in place and applicable to each person. Care plans included details about their personal care needs, mental health, communication, nutrition, medicines and health care needs.

Staff knew people well and told us about people's individual needs and preferences. Care plans gave details of people's choices about what they liked to wear and when they wanted to get up or go to bed. People had been involved in planning their care, where possible people had signed to confirm this. People told us that they had been involved in deciding on their care. One person told us, "I asked for only female carers to help me and this is respected, I don't have to remind them." A relative told us, "If there are any problems, they let me know."

Care plans were reviewed monthly or sooner if required. When people's needs changed the care plan was amended to reflect the person's changing needs. For example, one person's moving and handling needs had changed, they now required a full hoist instead of a standard hoist. The care plan had been changed and the risk assessment reviewed to give staff guidance on how to move the person safely.

Staff were responsive to changes in people's health. One relative told us, "My (relative) had her medicine changed and this made them sleepy in the afternoon. I discussed it with the manager and the medicines were reviewed and changed. My (relative) is now more alert." Some people had health conditions that required close monitoring. Staff reported immediately to specialist healthcare professionals if any changes occurred. The care plans gave details of what staff were to look out for and what to do if these changes were noted.

There was a programme of activities for people to enjoy. For two hours each morning there was a dedicated activities member of staff, they took people for walks along the seafront and organised activities in the communal lounges. During the afternoon staff completed one to one activities with people who preferred to stay in their rooms and activities in the communal lounges. People told us that they enjoyed the activities on

offer, "I enjoy the quiz, I enjoy most things we do."

Some people who were living with dementia appeared to have difficulty joining in all the activities. During the inspection, a quiz was held in the main lounge, not everyone was able to join in as some people did not understand the questions. People were asked if they wanted to play board games such as draughts or chess, some people said yes but then were unable to understand the rules and became frustrated, and a new activity was found for them to take part in. The activities provided were not always suitable for people living with dementia.

We recommend that the provider reviews the activities provided to ensure activities are suitable for people living with dementia.

There was a procedure in place to record and investigate any complaints received. The complaints procedure was displayed in the front hall. There was a copy of the complaints procedure given to people when they moved into the service. There were comments and suggestion boxes in the hallway for people to use if they had any complaints.

People told us that they knew how to complain, they said, "If I wasn't happy I would speak to (head of care) they would sort it" "I would speak to the boss, I would speak to (senior carer). They are very responsive to any complaint." People told us they did not have any complaints about the service. Relatives and people told us that they felt confident that any complaints would be listened to and action would be taken to resolve the issue. One person told us, "I did complain to the registered manager about my laundry coming back creased. They saw to it that someone else did my laundry." They confirmed that they were happy with the outcome of their complaint.

The registered manager kept a log of any complaints received. They recorded what action had been taken, what the outcome was, and if any changes had been made in light of the concerns raised to continually improve the service.

Is the service well-led?

Our findings

Staff, people and relatives told us that they thought there had been improvements at the service. One relative told us that they visited their relative every day and was always happy with what they saw when they came in. Staff told us that they felt supported and that they now worked as a team.

At the last inspection the provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of people. Accurate and complete records in respect of each person were not always maintained. At this inspection improvements had been made.

Records relating to people's care and support were now accurate and contained detailed guidance from healthcare professionals. Care plans were person centred contained detailed guidance for staff to support people and keep them safe.

There were now effective systems in place to monitor and mitigate the risks relating to the health and welfare of people. Accidents and incidents were analysed to identify patterns or trends and action had been taken to prevent them happening again.

The registered manager audited aspects of care monthly including infection control, medicines, care plans, pressure area care and the health and safety of the environment. Where it was identified there were shortfalls, action was taken to rectify the issue. The provider's representative completed checks on the service, an action plan was put in place for any shortfalls found.

Staff told us that they felt supported by the registered manager and head of care. The head of care worked closely with staff, providing support and guidance to staff. The staff were clear of the standards that were expected of them and would be challenged and supported if there was a shortfall. Staff understood their roles and responsibilities, they understood people's needs and responded quickly to any changes.

Staff understood the visions and values of the service, they were passionate about the care that they provided and ensuring that people were at the heart of the service. Staff told us, "We make sure that people have a voice, if they have an opinion they are heard" "They have the care as they want it".

The registered manager was visible at the service on a day to day basis and was available at weekends and in the evenings to offer advice and support to staff. The registered manager had an 'open door' policy, people and relatives were comfortable to go into the office and chat about anything that was of concern to them. Relatives knew the registered manager by name. Some people didn't remember who the manager was when asked, but recognised them when they saw them.

Senior management and staff communicated each day and discussed each person's care. Daily well-being sheets were completed, they recorded mood, health, fluids and appetite. This meant that the management team were able to monitor each person and check that the appropriate action had been taken if changes were seen.

There registered manager had sent quality assurance questionnaires to people, relatives, staff and stakeholders such as GP's and community nurses. There had been no response from stakeholders. The responses from people, relatives and staff had been analysed and an action plan put in place to address concerns raised. As a result of the surveys, the registered manager had employed an activities assistant for each morning as people wanted to be able to go out in the morning. The cook had met with people and changes had been made to the menu. A monthly newsletter had been started in response to the questionnaires returned.

Resident and relatives meetings were held every three months, these had been poorly attended. One person told us, "I went to a resident's meeting, there was me and another person. We were the only ones that attended. They were not supported." The registered manager told us that they were looking at ways to encourage people to come to meetings. Staff meetings were held regularly for all staff to discuss the service. Staff told us that they were encouraged to make suggestions to improve the service.

The provider had other services and managers met regularly for peer support and to discuss best practice and changes in regulations.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken. The registered manager notified CQC in line with guidance.

It is a legal requirement of all services that have been inspected by CQC and awarded a rating, to display the rating at the premises and on the services website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed.