

Sheffield Health and Social Care NHS Foundation Trust

Woodland View

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

At the last inspection on 9 February 2016 we found some improvements had been made to the service and the registered provider had achieved compliance with four breaches. However, we found continued breaches in three regulations: Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Following that inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan and to confirm that they now met all of the legal requirements. At this inspection on 28 February 2017 we found sufficient improvements had been made and the service had achieved compliance for Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Woodland view is a care home providing accommodation for older people who require nursing and personal care. It accommodates people who have a diagnosis of complex and enhanced dementia. Since the last inspection the registered provider had closed one of the units known as 'cottages' and reduced the number of people the service can accommodate to 45 people. At the time of the inspection there were 44 people living at the service. There are three units at the service called, Willow, Oak and Beech.

The service did not have a registered manager in post at the time of the inspection. One of the senior operational managers was applying to become the registered manager. 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.

People we spoke with told us they felt 'safe' and had no worries or concerns. Relatives we spoke with felt their family member was in a safe place.

At the last inspection in February 2016, we found issues relating to the management of medicines. At this inspection we found the service made sufficient improvements to ensure medicines were managed safely at the service.

Staff recruitment procedures ensured people's safety was promoted.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

We found there were satisfactory arrangements in place for people who had monies managed by the service.

People we spoke with made positive comments about the quality of care they had received. Relatives we spoke with were very satisfied with the quality of care their family member had received.

We did not receive any concerns from relatives or people living at the service regarding the staffing levels at the service. Our observations during the inspection told us people's needs were being met in a timely manner by staff.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. Care plans were detailed and person centred. Care plans were reviewed regularly and changed to reflect current needs. Care staff spoken with were able to tell us how they supported people who may have behaviour that could challenge others.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

There was evidence of involvement from other health care professionals where required and staff made referrals to ensure people's health needs were met.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Staff had received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

At the last inspection we found the meal time experience for some of the people living at the service was not pleasant. At this inspection we saw that sufficient improvements had been made to people's meal time experience. People we spoke with were satisfied with the quality of the food. Preferences and dietary needs were being met. We saw people's nutritional needs were monitored and actions taken where required.

We saw that people responded well to staff and they looked at ease and were confident with staff. Staff were respectful and treated people in a caring and supportive way.

People's privacy and dignity were respected and promoted. Staff understood how to support people in a sensitive way.

At the last inspection we saw that improvements could be made to the environment within the units of the service so it was more dementia friendly. We saw that improvements had been made and were ongoing.

There was a complaints procedure available to people and their relatives. Relatives we spoke with told us they would speak with a senior member of staff if they had any complaints or concerns. They told us they felt confident they would listen and take appropriate action to address their concerns.

Regular relatives meetings were held at the service. The service completed surveys on a regular basis with relatives and people living at the service.

At the last inspection we found that there were not effective systems in place to monitor and improve the quality of the service provided. At this inspection we saw there were effective systems in place to monitor and improve the quality and the safety of the service provided. Regular checks and audits were undertaken

to make sure full and safe procedures were adhered to.

Accidents and untoward occurrences were monitored by senior managers to ensure any trends were identified.

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 we spoke with did not express any concerns about their safety.

Sufficient levels of staff were provided to meet people's needs.

Medicines were managed safely at the service.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

Is the service effective?

Good 

The service was effective.

Relatives we spoke with made positive comments about the care their family member had received.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. We saw staff received appropriate support to enable them to carry out their duties

People were supported to enjoy a varied diet that respected their choices.

Is the service caring?

Good 

The service was caring.

Relatives and people we spoke with made positive comments about the staff.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes and their personal care needs.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Is the service responsive?

Good 

The service was responsive.

Care plans were person centred; they were reviewed regularly and changed to reflect current needs.

Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.

There was a robust complaints process in place.

Is the service well-led?

Good 

The service was well led.

Accidents and untoward occurrences were monitored by senior managers to ensure any trends were identified.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so that they had access to important information.

Woodland View

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 28 February 2017 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by a medicines inspector, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who was experienced in the care of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home. We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the service. During the inspection we were not able to speak with some people living at the service because we were unable to communicate verbally with them in a meaningful way. We spent time observing the daily life in the service including the care and support being delivered. We spoke with seven people living at the service, three relatives, the assistant clinical director, two senior operational managers, two clinical educators, three nurses, three care staff, two housekeeping staff and an administrator. After the inspection we spoke with one of the chairs of the relatives support group. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: four people's care records, ten people's medication administration records, three staff recruitment files, three staff training and supervision files and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 9 February 2016, we found issues relating to the management of medicines. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked to see if sufficient improvements had been made. We looked at ten people's electronic Medication Administration Records (eMARs) and spoke with three nurses and the assistant clinical director. We found that sufficient improvements had been made to achieve compliance in Regulation 12.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the service's policy.

Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found they were stored appropriately and temperature records maintained in accordance with national guidance.

Since the last inspection the registered provider had introduced an electronic medication administration record (eMAR) system at the service. At the time of the inspection the service had been using the electronic system for approximately 13 days. Electronic medication administration records contained photographs of people to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to.

We checked the quantities and stocks of medicines for seven people on two units and found the stock balances to be incorrect for four of them. This meant we were unable to determine if medicines had been given when they were signed for. Senior management staff spoken with told us they were aware there had been some issues in relation to the stock balances on the new electronic system and the service's stock balances. They assured us that this issue was being addressed and a full stock control of people's medicines would be completed.

We looked at the guidance in place 'a protocol' to enable staff to administer medicines to be given only as and when people required them, known as 'when required' or 'PRN'. We reviewed a sample of people's PRN protocols on the eMAR system. We saw that some people's protocols could be more personalised. For example, we saw two people were prescribed a medicine used to treat agitation or anxiety, but there was no guidance to indicate what signs the person might display to indicate this medicine may be required. We shared this information with senior managers at the service; they assured us that people's PRN protocols would be reviewed to ensure this guidance was in place. We saw there was documentation available to support staff to give people their medicines according to their preferences.

We saw that instructions for medicines which should be given at specific times were not always available. For example, one person was prescribed a medicine to be taken with food and another person was prescribed a medicine which should be taken 30 minutes before breakfast when the stomach is empty. However, these instructions were not always recorded on people's eMARs. Not administering medicines as directed by the prescriber increases the risk of the service user experiencing adverse effects from the medicine, or the medicine not working as intended. We spoke with senior managers at the service; they assured us that this information would be recorded on people's electronic medication administration records, to ensure people received their medicines at the right time.

Some people were being given their medicines covertly (disguised in food or drink). We checked care records and found appropriate assessments had been undertaken and decisions made in accordance with The Mental Capacity Act 2005.

We saw there were robust systems in place to ensure people who were prescribed thickeners to aid swallowing food and liquids including liquid medicines were appropriately supported.

Improvements to medicines audits (checks) had been made since our last inspection. These now included daily, weekly and monthly checks by staff and managers. Issues identified had been acted upon and improvements made. Following the inspection the registered provider sent us details of the immediate action taken in response to our feedback at the inspection.

People we spoke with did not express any concerns or worries about their safety. People comments included: "Aye it's safe here, we are all safe" and "Lovely here, I feel safe [a thumbs up signal]." Relatives we spoke with felt their family member was in a safe place. One relative commented: "It's got to be one of the toughest calls on anybody, but I feel he's [family member] very safe here."

During the inspection we were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. From our observations we did not identify any concerns regarding the safeguarding of people who used the service.

People and relatives we spoke with did not express any concerns regarding the staffing levels at the service. Staff we spoke with did not express any concerns about the staffing levels at the service. Our observations during the inspection told us people's needs were being met in a timely manner by staff. The senior operational manager told us the number of agency staff providing care at the service had been reduced since the last inspection. We saw this was reflected in the service's staff rotas.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. Care plans gave guidance to staff on how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety.

We reviewed three staff members' recruitment records. We saw that a range of records were retained for staff which included the following: application, references, employment contract and Disclosure and Barring Service (DBS) check information. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This showed that people were cared for by staff who had been assessed as safe to work with people.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We reviewed three people's financial transaction records and saw regular balance checks had been undertaken by staff.

The service had a process in place for staff to record accidents and untoward occurrences. The senior operational manager told us these occurrences were monitored to identify any trends and prevent recurrences where possible. The NHS trust [registered provider] also reviewed these records to ensure appropriate action had been taken.

We looked at the safety of the building. We found the registered provider had up to date certificates for all aspects of the building and equipment. We saw that regular fire risk assessments had been completed at the service. We saw people had a personal emergency evacuation plan in place. The senior operational manager told us the fire officer was due to visit the service shortly to complete another fire risk assessment.

People and relatives we spoke with did not express any concerns regarding the cleanliness of the service. The service was clean and had a pleasant aroma. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas. The NHS infection and prevention and control department had completed an infection control environmental audit in January 2017.

During the inspection we saw some food been stored in some of the refrigerators and freezers had not been labelled appropriately and did not display an expiry date. We were informed that cooked food was temperature probed on arrival at each unit from the main kitchen. We asked to see the records of probe readings of food prior to it being served. We saw these readings were not being consistently recorded in two of the units. We shared this information with a senior operational manager at the service; they assured us that appropriate action would be taken.

Is the service effective?

Our findings

At the last inspection on 9 February 2016 we found a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person centred care. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked to see if sufficient improvements had been made. We found sufficient improvements had been made to achieve compliance in Regulation 9.

At the last inspection we found the meal time experience was not a pleasant experience for some of the people who lived at the service as it was task orientated not person centred. Since the last inspection the registered provider had implemented a number of changes. For example, staff have been supported to introduce and maintain a person centred focus whilst supporting people in all aspects of their care including meal times. New menus had been developed replacing the pre-made cook freeze/cooked chilled meals with freshly prepared dishes made in the main kitchen. More finger food was now available for people who had difficulty remaining seated at meal times. People's likes and dislikes were recorded and displayed in the kitchen to help staff offer the most appropriate foods for people who have difficulty communicating.

People we spoke with were satisfied with the quality of the food provided at the service. Their comments included: "Grubs good, we get to choose, I've had sandwiches and some chips" and "Mince meats alright but tha gets fed up of it." Relatives spoken with did not raise any concerns regarding the quality of the food provided at the service. The chair of relatives support group told us relatives had been actively involved in the development of the new menus at the service.

We observed lunch being served in two of the units. During the observations we saw that people were offered a choice of what they would like to eat. There was a pictorial menu in each of the units which informed people of the day's menus. This ensured people were empowered to make choices and decisions about what they would like to eat. Finger foods which could be eaten while people were moving around were available. We saw the presentation of a few dining tables would benefit from improvement. For example, some of the tablecloths were creased and did not fit the tables appropriately. We also noticed that people were not always provided with condiments where able to use them.

We saw that people who needed assistance to eat and/or required a specialist meal were provided with a meal at the beginning of the meal time. People who did not require as much support or could eat independently were then provided with a meal. We saw that some people were supported with their meal in the area they had been sitting over the morning and not actively encouraged to have their meal at the dining room with other people. Although the atmosphere at meal times was calm and conducive to eating, we saw that it may enhance some people's meal time experience by sitting at a dining table with other people. This would give them an opportunity to socially interact with other people. During one of the observations we saw one person push their meal onto the floor. We saw the care worker efficiently and discreetly clear this up and asked the person if they wanted to have some soup and bread instead.

In people's care plans, we saw there was guidance in place for staff to follow if people displayed behaviour that may challenge others during meal times. For example, the guidance in place for one person was they should be left to calm until more approachable if they refused to eat, and started throwing food on the floor. If staff engaged the person this could cause further agitation.

At the last inspection we found the environment within the service required improvement so it was more dementia friendly. One of the senior operational managers showed us the environmental improvements that had been made on each unit since the last inspection. We saw the service had increased the amount of dementia friendly signage since the last inspection. People living with dementia may need such signs every time they move around a building. We noted that some of the signage was not placed at the recommended height and shared this feedback with the senior operational manager. We saw pictures had been obtained and put in place in each unit. We also saw examples where people had personalised their rooms, so they reflected their interests and hobbies. The senior operational manager showed us the areas where stud walls had been removed in each unit. This had increased the available space in each unit to develop separate and distinct dining and sitting areas. There were designated rooms to store equipment. The senior operational manager told us there were planned further improvements to the environment within the service. For example, the purchase of new furniture.

People we spoke with told us they were satisfied with the quality of care they had received. Their comments included: "It's lovely here," "I like it here, it's cold sometimes so I put me jacket on," "Nurse always brings my tablets to me," "Got me own room and I like it, some of them [people] get on your nerves but I'm happy here," "They [staff] look after us they help us out" and "Course they [staff] look after us, we all look after each other and all." The relatives we spoke with were satisfied with the quality of care their family member had received.

In people's records we found evidence of involvement from other professionals such as doctors, dentists, optician and speech and language practitioners.

The registered provider had a robust induction programme in place to prepare staff for their role. We saw that staff were provided with a range of training to enable them to carry out the duties they were employed to perform. One staff member commented: "You never forget your training, but I've been here xx years, so the refreshers are great to keep reminding you what's important." Staff who administered medication had received medicines management training and their competencies were assessed regularly to make sure they had the necessary skills.

Staff told us they felt supported by senior managers working at the service. We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was participating in the 'React to Red' skin campaign. This is the latest pressure ulcer prevention campaign to be held by NHS Trust tissue viability nurses.

Throughout the inspection there was a calm atmosphere within the service. People were able to navigate through the service independently or by using a walker. Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

In the reception area of the service there was a range of information available for people and/or their representatives. This included: Alzheimer's Society, bereavement and details of advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

People we spoke with made positive comments about the staff and told us they were treated with dignity and respect. One person said, "The staff are gorgeous."

Relatives we spoke with made positive comments about the staff and told us their family member was treated with dignity and respect. Their comments included: "I think they [staff] are extremely caring. I don't think I've seen anyone [staff] grumpy with a resident even when a resident gets violent, they [staff] manage to remain pleasant" and "Care staff make me feel welcome, they always make me a cuppa and are very nice."

Staff we spoke with were able to describe people's individual needs and people's likes and dislikes. We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. We also observed that staff adapted their communication style to meet the needs of the person they were supporting. For example, crouching down to the same level of the person. It was clear from our discussions with staff that they enjoyed caring for people living at the service.

People where able could have a key to their room. People were able to leave their rooms when they wished. We saw that people's doors would automatically lock when they left their room. The assistant clinical director told us staff used three indicators to support people to access their room; the person could ask, the person may physically indicate they wanted to go in their room and the person may find it beneficial to be given the option to go to their room. The senior operational manager told us that when the garden improvements were completed, people would be able to access the gardens safely with support if they wish to do so.

There was a chaplain who regularly visited the service to provide pastoral support. The chaplain was also available to provide pastoral care to Woodland View carers and families in their own homes at time to best suit them.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Is the service responsive?

Our findings

Relatives we spoke with told us they were fully involved in their family member's care planning. One relative said, "They've [staff] always considered my input."

People's care records showed that people had a written plan in place with details of their planned care. Care plans demonstrated risks assessments formed the foundation upon which the care plan was constructed. We saw that personal preferences were reflected throughout people's care plan. People's care plans were person centred. Care plans and risk assessments were reviewed regularly and in response to any change in needs.

The service had a written and verbal process in place for the staff handover between shifts. This gave staff an overview of the care provided on the previous shift and people's health needs and wellbeing. This helped staff to identify and respond effectively to people's changing needs. Some people living at the service were unable to use a call bell to call for assistance from staff. We saw that regular checks on people's wellbeing were completed by staff.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. The service employed two activities coordinators at the service. At the time of the inspection one of the activities coordinators was absent from work. There was a programme of activities provided at the service including: singing, music and movement, a reading group, a cinema club and reminiscence. Nellie the dog visited regularly to spend her day with people living at the service. The service also held themed activities, the most recent being valentine's day. On the morning of the inspection the activities coordinator supported one person to go swimming. The person told us they had really enjoyed their swimming session. The senior operational manager told us they were aiming for this to become a group activity. On the morning of the inspection we saw people listening to music. During the afternoon there was a poetry reading session in one unit and an arts and crafts session in another unit. The activities coordinator told us people were invited to attend all the activities whichever unit they were in. An art therapist and occupational health therapist also regularly visited the service.

There were a number of activities planned for the future which people could chose to attend including: dementia tea dances held at the lyceum theatre, a 1940's event for people living at the service, their families and staff and a duck race in a local park.

The service was piloting a project called 'Woody', a communication bear (teddy bear). The aim was Woody the bear would help maintain relationships with grandparents and grandchildren. The service was also involved in a life story project being completed by the Sheffield University.

At the last inspection we saw the access to the garden area could be improved to enable all the people living at the service to have direct access. The registered provider was in the process of improving the access to the garden areas and enhancing their therapeutic value for people living at the service. The garden project had been a joint project between the service's relative support group and registered provider [the NHS

Trust]. We saw contractors had started work in the garden, we could see that paths were in the process of being laid. A gardening club was planned for the service, so people could be actively involved in the garden.

The registered provider had a complaint's process in place. A copy of this was available in the reception area of the service. We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns. Relatives we spoke with told us they would speak with a senior member of staff if they had any concerns or complaints. They felt their concerns and/or complaints would be taken seriously and responded to in good time.

Is the service well-led?

Our findings

At the last inspection on 9 February 2016, we found the registered provider did not have effective systems in place to monitor the quality of service delivery. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good Governance. The registered provider sent us an action plan detailing how they were going to make improvements. This included providing senior operational and clinical support dedicated to supporting the service in implementing actions required to address the continued breaches. At this inspection we checked to see if sufficient improvements had been made. We found sufficient improvements had been made at the service to achieve compliance in Regulation 17.

At this inspection we found the systems in place to monitor the quality and safety of service delivery had been improved. There were planned and regular checks completed by the senior staff and the registered provider to check the quality and safety of the service provided. The checks completed at the service included: medication audits, equipment audits, infection control audits, health and safety audits. We also saw examples that people's individual care plans had been audited. These checks were used to identify action to continuously improve the service.

We reviewed the service's resident accident and incident review record completed for November 2016, December 2016 and January 2017. We saw there was a robust process in place to ensure incidents were monitored to identify any trends and prevent recurrences where possible.

Staff we spoke with felt that positive improvements had been made in the staffing; in the building itself and those improvements were ongoing. We saw there was a range of staff meetings undertaken at the service including, senior staff meetings, team meetings, qualified staff meetings and quarterly performance review meetings. Staff meetings were held to discuss the quality of care being provided and to identify where improvements could be made. We reviewed the minutes of a senior staff meeting held in December 2016. We saw that a range of topics had been discussed including: the staff rota, respect, building works, incidents, night shift, people's meal time experience and the introduction of the new eMAR system. We reviewed the minutes of the quarterly performance review meeting held in January 2017. There was a range of topics discussed including: laundry, staff training, incidents reported, medication audits, relatives meetings, risk register, best interest and capacity assessments, complaints, safeguarding and staffing levels.

At the last inspection we identified that agency nursing staff did not have access to the service's electronic care planning service. Therefore, they were not able to look at information about people's care needs or record changes in people's care records. At this inspection we found the registered provider had taken action to address these concerns which included the following: training was booked prior to the agency worker's shift, when this training was completed the agency staff member would have read and write access.

Relatives we spoke with made positive comments about the senior managers at the service and how the service was run. One relative we spoke with valued the new management structure and they made positive

comments about a clinical educator and a senior nurse practitioner. We also received positive comments from the chair of relatives support group about the two senior operational managers working at the service and the improvements they had made to the service.

We saw the registered provider actively sought the views of people and their relatives. Relatives and people had been asked to complete a survey in 2016. We saw the results of the surveys and the action taken in response were displayed at the service. The registered provider also sent out a staff survey in 2016 to obtain their views.

The relatives support group held regular meetings at the service. This was a collection of relatives, friends and staff who helped and supported people living at the service. We spoke with a chair of the group; they told us the registered provider actively encouraged relatives to feedback about the quality of care being provided to continuously improve the service. Relative's views were listened to, recorded and responded to as appropriate. We reviewed the minutes of the meetings held in October and November 2016. We saw that a range of topics had been discussed including staffing levels and vacancies, staff training, incidents, complaints and compliments and the meal time experience for people living at the service.