Crabtree Care Homes

Sunningdale EMI Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

This inspection took place on 12 July 2016 and was unannounced.

During our last inspection which took place on 11 January 2016 we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued four warning notices in relation to person centred care, safe care and treatment, staffing and good governance. The warning notices stated that the registered provider and registered manager had to take action to ensure they became complaint with these legal requirements by 29 April 2016.

We also issued requirement notices for the breaches relating to consent, dignity and respect, and meeting nutritional and hydration needs. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Sunningdale EMI Care Home provides residential care for up to 41 people. On the day of our inspection 37 people were living at the home. The home specialises in providing care and support to people who live with dementia. The building is a large Victorian house which has been extended to provide additional single en-suite bedrooms. Accommodation is on two floors with passenger lift access. Some of the larger rooms in the older part of the house are shared between two people. There is a garden area with seating which people can access freely.

The home has a registered manager who has been in post for over six years. 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.

Since our last inspection significant improvements had been made to the environment and cleanliness of the home.

Systems were in place to make sure staff were recruited safely and staff knew how to raise any concerns they had about people's safety and wellbeing. Staffing levels had improved and new staff roles had been developed. Care staff received the training they needed to deliver person centred care safely and appropriately.

Improvements had been made to the way medicines were managed to make sure this was done safely.

The service was working in accordance with the requirements of the Mental Capacity Act but more robust procedures were needed to make sure DoLS authorisations were managed appropriately.

People had access to health and social care professionals and staff made timely referrals as and when the support of these professionals was needed to promote people's health and wellbeing.

People enjoyed the meals at the home and we saw significant improvements had been made in the way people were supported to enjoy good nutrition. Some improvements were still needed in the way mealtimes were managed and the monitoring of people's nutritional intake.

Staff had a good understanding of people's individual needs and used their knowledge to deliver person centred care. People were treated with respect, dignity and sensitivity.

People told us staff were responsive to their needs although more formal systems needed to be established to enable people to comment about their individual care needs.

A programme of activities was available although this needed some development to make sure it met with the needs and preferences of people living at the home.

A number of positive improvements had been made to the quality assurance systems and whilst further improvements were needed, the manager demonstrated a positive and committed attitude to ensure the changes which had been made were sustained and built upon.

People who used the service, staff and relatives told us there had been improvements in the management of the service.

We found the improvements made were sufficient to meet with the requirements of the warning notices and requirement notices made at the last inspection. Whilst further improvements are needed we found the service to be compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Sufficient staff were on duty to meet people's needs.

People told us they felt safe and staff knew how to raise any concerns they had about people's safety and wellbeing.

Improvements had been made to the environment and cleanliness of the home.

Medicines were being administered and managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was working in accordance with the requirements of the Mental Capacity Act but needed to improve systems to monitor DoLS authorisations.

Staff worked with other health and social care professionals to ensure people maintained good health

People enjoyed the meals but improvements were needed to the mealtime experience and monitoring of people's nutritional intake.

Staff received the training they needed to deliver effective person centred care safely.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's individual needs and used their knowledge to deliver person centred care.

People were treated with respect, dignity and sensitivity.

People said they received good care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were available but further work was needed to enhance the quality and appeal of the activities on offer.

Systems were in place for people to give their views of the service but there was no formal opportunity for people to comment about their individual care needs.

People knew who to speak to if they had any concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Whilst a significant number of improvements had been made to the quality monitoring of the service, some areas were in need of further improvement.

The registered manager and provider promoted an open and inclusive culture.

People who used the service, staff and relatives reported improvements in the management of the service.

Sunningdale EMI Care 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 12 July 2016 and was unannounced.

The inspection team consisted of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had experience of dementia care.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We reviewed the information on the 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.

During the inspection we spoke with seven people who lived at the home, four relatives, four care workers, a senior care worker, the cook, kitchen assistant, laundry assistant, activities coordinator, housekeeper, the administrator, the registered manager, the provider and three visiting healthcare professionals. We looked at five people's care records, medication records and other records relating to the management of the home such as duty rotas, three staff recruitment files, training records, surveys, audits and meeting notes.

We also observed people being cared for and supported in the communal areas and observed the meal service at breakfast and lunch. We looked around the home at a selection of bedrooms, bathrooms, toilets

and communal rooms.

Good

Is the service safe?

Our findings

Improvements had been made to ensure there were sufficient staff on duty to keep people safe and provide effective care and support. The number of staff on duty during the day had been increased since our last visit. The registered manager completed a monthly dependency tool which enabled them to review staffing levels and ensure they were appropriate to people's current needs. A senior carer had been promoted to the role of deputy manager. Our observations during the day showed the deputy manager provided effective leadership and oversight such as ensuring specific tasks were allocated and completed during the shift. A new housekeeper had been recruited which meant there was domestic staff on duty seven days a week. Staff were also in place to cover activities, laundry, maintenance, administration and cooking. This meant care staff could focus their time on providing care and support, rather than fulfilling ancillary duties. Our observations showed these improvements had a positive impact upon the quality of care provided. We saw staff attended to people's needs in a prompt manner and there was a visible staff presence in the communal areas throughout the day. Staff we spoke with told us staffing levels at the home had improved and they now felt that they had more time to spend with people.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. We spoke with a new member of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed. We saw when necessary the registered manager had used the service's disciplinary procedures to ensure staff were working safely and in line with policies and procedures.

We saw significant improvements had been made to the décor and environment of the home. People spoke positively about the improvements which had been made. One relative told us, "There have recently been some good changes , it's been redecorated, is nice and clean and well maintained." Most communal rooms, corridors and some bedrooms had been redecorated. The manager's office had been relocated which provided additional space to create a new sensory lounge which we saw people enjoyed during our visit. This provided an alternative quiet space but also meant the communal areas were now located on the same corridor, we saw this enabled staff to be more visible and monitor communal areas more effectively. A new summer house had been built in the garden area which provided a private space for people to meet with visitors. The provider and registered manager had an on-going refurbishment plan which included completing the redecoration of some bedrooms and creating a sensory garden. Maintenance and checks of equipment were in place to help keep people safe, such as fire alarms, the lift, and gas and electrical appliances.

Improvements had been made in relation to managing the risk of the spread of infection. We found the standard of cleanliness throughout the home had significantly improved. We checked a number of mattresses, pillows and bedding and found them all to be clean, dry and free from odours. The provider had purchased new machines to clean the floors and we saw these in use during our inspection. We spoke with a housekeeper who told us cleaning schedules were in place so specific duties could be allocated and it was

clear which staff held responsibility for required cleaning tasks. We also spoke with the laundry assistant who confidently spoke about the systems they followed to separate soiled and dirty items to reduce the risk of infection spreading. The registered manager performed regular spot checks to ensure a good standard of cleanliness was maintained and we saw examples where these checks had identified and addressed shortfalls with staff. We saw that the Bradford Infection Prevention Team had completed an infection control audit of the home on in June 2016. The home had scored 96%, which was an improvement on their last visit to the home. The registered manager showed us they had taken action to address the areas for improvement identified, such as implementing a new hand hygiene policy.

Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for falls, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress and cushion in place and they were having barrier creams applied to particular high risk areas. This meant staff were identifying risks to individuals and taking action to reduce those risks.

We asked people if they felt safe at Sunningdale Care Home. One person told us, "Yes I do it's home for me." Another person told us, "I am quite content here." A relative told us they could tell their family member was "Happy and content" because they always responded to staff with a smile. Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people, keep them safe and how to raise any concerns.

Medicines were stored safely and securely. We saw the temperatures of the treatment room and medicines fridge were recorded daily to make sure medicines were being stored at the right temperature. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These are called controlled drugs. We saw controlled drugs were stored securely and records were accurately maintained with the required signatures from two staff.

We found staff responsible for the administration of medicines had received training and the registered manager completed competency checks as part of their monthly audits. We observed medicines being administered and saw the senior care worker was patient and kind and took great care when administering medicines, explaining to people what the medicines were and staying with them until they had been taken.

We reviewed the medicine administration records (MAR) and found these were clearly completed. We saw there was information about allergies and any special instructions for how people liked to take their medicines was recorded. We saw there was a system in place for checking the MARs which ensured any recording errors were identified and action taken. The administration records for topical medicines such as creams and lotions were well completed Topical medicines administration records (TMAR) were kept in office and were completed by the care staff who applied the cream or lotion. We saw these records were consistently completed.

We found suitable arrangements were in place to make sure people received time-specific medicines at the right time. For example, medicines prescribed with particular instructions about when they should be taken in relation to food were being followed. We checked the stock balances for two medicines prescribed to be taken as needed (PRN) and found they were correct. We concluded medicines were being administered safely and in line with the prescribers instructions.

Requires Improvement

Is the service effective?

Our findings

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us five people were subject to DoLS authorisations and they were still waiting for information from the supervisory body to confirm whether any conditions were attached. We checked the paperwork for the authorised DoLS and saw information within care records to highlight that people had a DoLS in place. One person's authorised DoLS had expired on 23 April 2016. Our discussions with staff and the registered manager confirmed that this should have been reapplied for. The registered manager said they would review their monitoring arrangements to ensure this did not happen again. They told us a further 31 people required some restrictions to be in place to keep them safe and as such authorisations for DoLS had been submitted but they were still awaiting assessment by the supervisory body .

Our observations showed staff explained what they were proposing to do and asked people's permission before carrying out any task to ensure it was what the person wanted or needed. This showed staff ensured people were in agreement before any care was delivered.

The senior care worker told us no one received their medicines covertly. They explained if this was necessary they would involve the GP, pharmacist and family to make a best interest decision. The registered manager explained that any such decision would be periodically reviewed to ensure it remained in the person's best interests.

When we inspected the service in January 2015 we were concerned people's nutritional needs were not being met. On this inspection we found improvements had been made, however there were still some areas which needed further development.

We asked people using the service what they thought of the meals. One person said, "The food is very good here. There is always more if you want it." Another person told us, "The food's good, there's a reasonable choice and you can ask or an alternative." Staff told us meals at the home were good and there was always plenty of food available. Two members of staff also told us mealtimes were much calmer and more organised.

We saw the dining room had been redecorated and new furniture was in place. The meal time experience had also been improved. At breakfast time people were offered a choice of cereals, porridge, toast and

kippers. Some people had seconds and some thirds. Hot and cold drinks were also available.

After breakfast people were asked what they wanted for lunch. There was a choice of beef casserole or mushroom flan. The meal was 'home cooked' and was served with fortified mashed potato, carrots and onions followed by apple crumble. Again there was plenty of food so if someone changed their mind they could have the other choice.

We saw drinks and snacks were served mid-morning and mid-afternoon. We asked staff what snacks were available for people who required a soft diet and they told us there was Greek yogurt, angel whirl and homemade milkshakes. In the afternoon we saw care staff had a list of people who required the fortified milkshake to help ensure people at risk of losing weight were provided with an opportunity to consume additional calories. During our inspection we saw jugs of juice and glasses were left in one of the lounges together with a bowl of fresh fruit. We saw people had eaten the fruit. However, we did not see staff offer or encourage people to drink the cold drinks in between the set meal and drinks trolley times.

We saw lunchtime was very busy, particularly as some people required one to one assistance to eat their meal. We observed one person being supported to eat a soft diet. We saw their meal was provided in individual components so they could identify the individual flavours. The care worker took their time, explained what each component of the meal was and chatted to them throughout the meal, which the person finished and appeared to have enjoyed. We saw lunch time could have been more organised and the timings for some people going in to the dining room needed to be reviewed. Some people were left waiting at the dining table for a long time before the food was served and we saw this caused some people to become anxious and frustrated. One person commented, "We've been put at the tables too early." We saw that this led to some escalation in behaviour that challenged which could have been avoided.

We spoke with the registered manager and provider about this

Lunch time was very busy and staff seemed a little stretched due to the number of people needing one to one assistance. The meals were cooked on the premises and looked like good home cooked food. There was a choice for people which they make in advance of meals. The tables were well set with a cloth and condiments. Napkins were needed and these could have been placed on the tables rather than left on one of the serving tables. Meals were taken individually to each person and a check was made to ensure they were happy with this and changes were made on request. Encouragement was given and this felt like a personalised service. The cook talked with some people to ensure they were happy with their meals. People who lived at the home and their relatives told us they were satisfied overall with the food.

We saw people's weights were being monitored and records showed people were maintaining their weight, with the exception of one person whose recent weight loss had been raised with the GP and staff had requested a referral to the dietician and speech and language therapist. Staff explained this person had been in hospital and since returning they appeared to be having difficulties with their swallowing. A soft diet was being provided together with additional fortified drinks and snacks to try and help increase their weight.

We saw staff were monitoring some people's food and fluid intake, however, these records were not being regularly checked and a view taken as to the adequacy of each persons intake. We spoke to the registered manager about this. They told us they would introduce a system to make sure this was done as part of the senior in charge's duties. As weights were stable and we did not see anyone who looked dehydrated we concluded this was a recording issue.

The dietician visited during the inspection to see some of the people living at the home. They told us staff were using their knowledge to reduce people's nutritional risk. For example, weighing people weekly and providing additional fortified foods, such as milk shakes. They told us staff had made improvements, were proactive and they had no concerns about people's nutritional needs being met.

Care staff had attended a number of training courses since our last visit including infection control, deprivation of liberty safeguards (DoLS), dementia care and person centred care. A number of other courses were booked for staff to attend in the coming months such as first aid and fire safety training. An induction programme was in place to ensure new care workers gained the training and experience they needed to provide effective care. A care worker who had recently completed their induction told us they had worked with an experienced member of staff for four weeks until they felt confident to work independently. Staff we spoke with demonstrated a good knowledge of the subjects we asked them about which included safeguarding, Mental Capacity Act and people's individual needs. Our observations showed that staff had applied their recent training into practice to deliver more effective and person centred care.

Staff told us they felt well supported and said staff, at all levels, felt confident to challenge one another if they saw practices which needed correcting. The deputy manager had taken over responsibility for ensuring staff received regular supervisions and the registered manager completed observations of staff practice. One member of care staff gave an example where the registered manager had picked up something they had done in the wrong way and told them, in a positive and nice way, what they should be doing. This showed us systems were in place to ensure staff received on-going support and development to undertake their role.

We spoke with the district nurse who told us staff were vigilant and reported appropriately to them. For example, if they noted any problems with people's tissue viability they asked the district nurses to check their skin integrity. They also said staff were helpful, would offer appropriate assistance and would follow any instruction they were given.

We spoke with the registered manger who told us they had access to a range of healthcare professionals to provide support. These included, GP's, district nurses, optician, podiatrist and the community mental health team.

Good

Is the service caring?

Our findings

People told us staff were kind, caring and treated them well. One person said "The care is very good." Another person who used the service told us staff were "Helpful" and another person told us, "They never say they're too busy, they always make time for you." One relative told us, "There is a lot of love given here, though sometimes they talk of the 'shop floor' – which it isn't – it's a home." Another relative told us, "Staff are very good and really patient with people."

We saw warmth between staff and people living at the home and a positive welcome for families and visitors. Staff knew people well and knew how people preferred their care and support to be delivered. There was some information about people's likes and preferences within care records, for example, there was detail about one person preferring to sit somewhere quiet and enjoying Kippers for their breakfast. This information was due to be further enhanced through the life histories work which staff had started to complete with people and their relatives.

During our observations we saw some incidents where people's anxiety escalated and some people displayed behaviour that could challenge. We saw staff promptly responded to these incidents, showed sensitivity and took action to calm the situation and provide reassurance to people.

Our observations showed us staff were mindful to respect people's privacy and dignity. We also saw that staff's approach to privacy and dignity was monitored during staff observations and any issues were addressed with individual staff members. People told us staff treated them with respect. We saw people's bedrooms were personalised and many people had chosen the décor in their bedroom. We saw staff knocked and waited for permission to enter before going into people's bedrooms.

We saw people who were able to mobilise and lived with dementia were supervised discreetly, which enabled them to move safely around the home, outside in the gardens and access all communal areas freely. We saw people enjoying walking independently outside and sitting in the gardens. Another person was seen walking the registered manager's dog around the gardens and spent the day caring for the dog. Staff told us this was part of this person's usual routine and helped to reduce their anxiety.

We saw examples where staff explained care and support to people so the person could make informed decisions and understood potential risks. For example, we saw staff explaining to one person the importance of using their mobility aides to help reduce the risk of them falling. We also saw staff explaining choices and options to people such as what food and drinks were available. In some cases we saw people changed their mind several times, staff were patient, encouraging and accommodated people's requests and preferences.

Relatives told us staff were good at communicating any changes or issues and felt that staff listed to their views. One relative said staff were "Very accommodating" and would often phone or email if there had been a change or they wanted to update them about their family member. Another relative said, "They are always very helpful and answer my queries."

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their family members told us they felt staff listened to them and kept them informed of any changes. One person who used the service told us, "When I ask for something I get it, staff are very helpful." A relative told us, "They are aware of me and both ask for and listen to issues raised."

There were opportunities for people to express their views about the service, such as during monthly resident meetings and annual quality questionnaires. For example, we saw people who used the service had been consulted about the colour schemes they wanted for the communal areas and their bedrooms during residents meetings. We saw people's preferences had been respected. However, there was no formal opportunity for people to comment about their individual care needs. The registered manager said they spoke with people and their relatives on a regular basis and as part of their monthly reviews of care plans, however the records we saw did not always evidence these discussions. We spoke with the registered manager and provider about this and they said they would consider the arrangements in place to ensure everyone, particularly those without relatives, had the opportunity to formally feedback about the individual care they received.

We saw the care which staff provided was less task orientated and more person centred. Further work was being done to improve the information in care records such as completing individual life histories with people and their relatives. However, one relative explained that they had provided materials for this over a month ago and they were not aware this had been completed yet.

We saw from records and staff confirmed that people were assisted to the toilet on a regular basis to make sure they were comfortable and had their personal care needs met in a timely way. One care worker had become the 'Continence Champion' for the service. They explained how they worked with the continence nurse to make sure people had the right continence products to meet their needs. They told us 19 people's continence needs had been reviewed and the nurse had been very positive about the results and staff's proactive approach to ensuring people had the products which met their specific needs.

We saw the provider had a policy in place which detailed how people's complaints would be dealt with. Information about how to make a complaint was available to people in the entrance to the home. Records showed there had been no formal complaints since October 2013. The registered manager confirmed this was correct. People using the service told us they would tell the registered manager or provider if they had any concerns or complaints. The registered manager explained they operated an open door policy, whereby they encouraged people to come and discuss any concerns or issues with them at any time. They said this approach helped to resolve issues for people quickly which was successful in stopping issues escalating into a formal complaint. During our inspection we saw a number of people knocked on the registered manager's office to discuss issues with them. In all cases the registered manager responded with prompt and appropriate advice and guidance which appeared to help reduce people's anxiety and address their concerns.

The activities coordinator had been in post for around 5 months and had undertaken work to deliver a more

structured and varied activities programme. A number of events had been held such as a coffee morning and 60's, 70's and 80's themed events. Additional materials for activities had also been purchased. However, further work was needed to enhance the quality and appeal of the activities on offer such as using community initiatives and trips out. The activities coordinator was due to start a training programme which the registered manager explained was designed to develop their confidence and skills and add further value to the activities on offer.

Requires Improvement

Is the service well-led?

Our findings

We spoke with the registered manager about the improvements which had been made since our last inspection. We found they had a positive and committed attitude to ensure the changes which had been made were sustained and built upon. They said they felt well supported through their strong staff team, the support they received from the provider and the help they had received from the local authority commissioning team. They told us, "I have a great positive upbeat team. It's a nice place to come to work now and I walk around with a sense of pride."

We found the positive approach of the registered manager was echoed by the staff team. We asked staff what had improved since our visit in January 2016. These are some of the comments people made: "The changes are all for the good. It's an excellent staff team and we all muck in and the team spirit is much better.[Name of registered manager] is a good manager they are approachable and look after the staff." "We have a good staff team and [Name] is a nice manager. I would recommend it as a place to live or to work in." "[Name of registered manager] is an excellent manager and we have a good staff team, people know what they are doing." "The changes are all for the better for the residents."

We saw a number of positive improvements had been made to the quality assurance systems and processes in place. We saw the registered manager completed a range of audits which included unannounced night time spot checks, environment checks, infection control audits, observations of staff practices and staffing level reviews. Each audit had an action plan in place so there was a clear audit trail of the actions taken to improve the quality of care provided. A number of new systems had been introduced such as a clocking in system which helped reduce the amount of time spent on rota planning. The addition of the new deputy manager also meant that the registered manager had been able to delegate a number of tasks to them and other senior staff. They said this meant they had more time to spend ensuring the audits and checks they completed were robust and completed on time.

Whilst a significant number of improvements had been made, we found some areas which needed further improvement. For example, there was no overall planner in use. This meant it was difficult to build a picture of when key deadlines were due such as maintenance checks. Better oversight may have prevented the DoLS authorisation for one person expiring and would enable a more robust contingency in the event of unexpected absences of the management team.

We saw there were a low level of accidents with only ten reported since January 2016. However the analysis of accidents and incidents needed further improvement such as to include the time and location of incidents so that any trends and patterns could be identified. We spoke with the administrator who was responsible for logging information on the accidents log and they agreed this would be added in the future so that any issues could be escalated to the registered manager.

We saw medicine audits were being completed on both a weekly and monthly basis. We found medicines managements systems to be good, which showed these audits were effective. We saw there was a medicines management policy in place, however, this had not any changes made to it since 2010. We

recommend the policy is updated in line with current guidance 'The Handling of Medicines in Social Care' produced by The Royal Pharmaceutical Society.

The provider had recently sent out questionnaires to people who used the service and their relatives. The registered manager explained that these would be analysed by head office so that any trends and patterns could be identified. They said a plan would then be put in place to address any shortfalls.

We saw evidence that the registered manager and provider promoted an open and inclusive culture. The registered manager used staff meetings and supervisions to discuss lessons learned. For example, we saw the areas for improvement identified in the Commission's last inspection report had been discussed as part of staff meetings. We also saw they had begun to include staff in being 'resident for the day.' This provided staff with the opportunity to sit and observe what it is like to live in the home and to provide feedback about where improvements were needed to enhance the quality of care provided. Only two staff had completed this so far but the registered manager explained they planned to include this as part of the supervision process.

We saw people who used the service were kept informed of key changes and improvements being made through monthly resident's meetings. One relative also described how the provider had asked for their involvement in shaping the changes that were needed to improve the quality of care provided and the environment. They told us, "Only good has come out of the last CQC report. The improvements and changes started to come about very quickly which has been really good. They all listened and have taken action. They are very keen to do things, but don't always follow through. Continuous improvement is required and their attitude is right. I am very happy with the way things are going. More effective communication and engagement with relatives will help even more."