Z.A.K. Healthcare Limited

Queens Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15 November 2017 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

Queens Care Centre is a purpose built home with accommodation situated on three floors. The home accommodates up to 67 older people that require assistance with their personal care needs. It is situated near Maltby town centre close to local shops and amenities. On the day of our inspection there were 46 people living in the home.

There was no registered manager in place for the service. The home had a manager who was in the process of registering with the Care Quality Commission (CQC). 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.

Our last inspection at Queens Care Centre took place on 12 and 13 April 2017. The home was rated as 'Inadequate' and the service was therefore put in 'special measures'. Services that are in 'special measures' are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

At the last inspection we found the home to be in breach of six regulations and requirements notices were issued. The registered provider was also issued with a warning notice telling them urgent improvement must be made.

Following the last inspection the registered provider sent us an action plan which detailed the actions they were taking to ensure they were meeting the requirements of the Health and Social Care Act 2008 and associated Regulations.

During this inspection the service demonstrated to us that improvements had been made and the service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 'special measures'. We found sufficient improvements had been made to meet all regulations. Although we found areas where further improvements are needed to be made and embedded into practice to ensure these are sustained.

Risks to people were being managed effectively so that people were protected.

There was a system in place to assess staffing levels against people's needs. This meant there were enough staff on duty at all times.

In staff files we found some small gaps in the information required to ensure people being employed were of

good character.

Staff were trained to give people their medicines in a safe way. Medicines were administered, stored and recorded as per recommended guidelines.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People said they enjoyed the meals provided to them and that there was plenty of choice. The service had arrangements in place to ensure people received good nutrition and hydration and we found these arrangements were followed.

There were sufficient staff to meet people's care needs and staff worked together in a friendly and supportive way. The manager supported staff to undertake their core training requirements and encouraged them to study for further qualifications.

Although staff told us they could speak to the manager at any time, a regular and planned programme of supervision and appraisal needed to be embedded into practice.

There was a warm, homely atmosphere and staff had a welcoming approach to visitors. Staff knew people as individuals and provided care in a kind and patient way.

Staff and people who used the service were mutually respectful. People were seen enjoying the company of staff and staff spoke with people in a polite and caring way.

Work had started to re-write all care plans. This was to ensure people's needs were recorded and understood by everyone.

People told us they enjoyed the programme of activities, but would like to go on outings outside the home.

The registered provider had a complaints policy and procedure. People told us they felt able to raise any concerns and were confident these would be dealt with by the managers.

There was a new manager in place who was working in partnership with other professionals to improve the quality of the service. The manager demonstrated an extremely open and responsive management style, providing a positive role model for other staff.

Systems in place to assess and monitor the quality of the service needed to be maintained and fully embedded into practice so that improvements were sustained.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The storage and administration of people's medicines were in line with good practice and national guidance.

There were individual risk assessments for each person and these were understood and followed by staff.

There were sufficient staff to meet people's care needs.

Further checks of staff personal information needed to be carried out to ensure there was a safe system in place for the recruitment of new staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were provided with food and drink of good quality that met their individual needs and preferences.

The service was working within the principles of the MCA and some people had a DoLS authorisations in place.

Further work was needed to ensure all staff were receiving regular supervision and appraisal.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

Is the service caring?

Good

The service was caring.

Staff knew people as individuals and provided person-centred care in a warm and patient way.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were being re-written to ensure they included all aspects of people's care and support.

Activities were taking place within the home. There were plans for these to be extended to include trips outside the home.

People knew how to raise concerns and did not have any hesitation in voicing their opinion if they had concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

New audit processes in place needed to be embedded and robust to ensure risks were identified and quickly rectified.

There was no registered manager, however the new manager was well thought of and respected.

People who used the service, relatives and staff said the service was improving and they had confidence in the manager.

Queens Care Centre

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 registered 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 15 November 2017 and was unannounced. The inspection team consisted of one adult social care inspector and two experts 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. The experts by experience had experience in caring for older people and people living with dementia.

Prior to our inspection we did not ask the provider to complete 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. However we reviewed all the information we held about the home. We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch (Rotherham) and other stakeholders for any relevant information they held about Queens Care Centre. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Rotherham local authority contract officers, commissioners and the safeguarding team and Healthwatch (Rotherham).

In order to understand what people's experience was of living in the home we carried out a Short Observational Framework for Inspection (SOFI) in a lounge/dining room area of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us.

During the visit we spoke with 16 people who used the service, 14 of their relatives and the manager. We also spoke with 10 staff including the deputy manager, senior care workers, care workers, a volunteer and ancillary staff. We looked at three care plans, three staff files and records associated with the monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

We checked the progress the registered provider had made following our inspection on 12 and 13 April 2017 when we found a breach of Regulation 12 (Safe care and treatment) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive safe care and treatment and were not protected against the risks associated with the management of medications and infection control. Also the registered provider had failed to deploy sufficient suitably competent staff to meet the needs of people who used the service. We found improvements had been made in this area.

People told us they were well cared for and had no worries or concerns. Their comments included, "Yes I feel safe with the people I know," "Safe? Yes, I'm alright," "My security means everything to me. I certainly feel safe here," "I can relax in the knowledge that the staff team do all they can to keep me safe and secure," "The more I settle here, the safer I feel" and "They come straight away if you call for help."

Relatives spoken with confirmed they felt the same. Their comments included, "I know [name] is safe here," "Without a doubt, mum is safer here than at home," "I cannot thank the staff enough for offering our whole family the peace of mind that [family member] is safe and well cared for" and "Since mum came here our whole family feel much better."

Staff were clear about who they would report any concerns relating to people's welfare to and were confident that any allegations would be investigated fully by the manager. Staff said that, if required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary.

The manager told us about the work they had carried out with the safeguarding authority to look at the lessons learned following a recent safeguarding concern. The manager demonstrated how the actions taken following this had helped to ensure people who used the service were not put at risk of a reoccurrence of this issue.

We looked at people's care records and saw a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example skin care, mobility and nutrition. Each person's care record detailed the action taken to prevent any identified risks. For example, we saw that some people had been assessed as being at risk of falling. Specialist advice had been obtained and preventive measures put in place to address the risk. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work.

We spoke with one person who said they had asked if they could self administer their medicines. The manager had completed a risk assessment so this could be managed safely and appropriately. The person and their relative told us they had been involved in making this decision and looking at ways to keep both themself and other people in the home safe from harm.

Since the last inspection staff who were responsible for administering medication had received further updated and refresher training to update their knowledge and skills. We found periodic competency checks were carried out to make sure staff were working to expected standards. When staff were administering medicines they wore an apron which alerted people that they were giving medicines and should not be disturbed. We found all medicines were safely kept in a locked medicine trolley.

We saw medicines were administered to people at the correct time and intervals. People told us, "I get my medication just when I need it" and "They are pretty good at giving you your medication. I always get mine on time."

Medicines were administered either prior to meals or after meals depending on their instructions. We saw staff using protective gloves, placing medicines in pots and offering people a drink. Staff stayed with people until they were sure they had taken it. The Medication Administration Record (MAR) showed all medicines had been signed for at the time of administration. Where someone hadn't taken their medicine there was a code to explain the reason for this. MAR charts had a photograph of each person and showed if anyone had any allergies.

We checked controlled drugs (CD's); these are drugs that come under the requirements of the Misuse of Drugs Act. We found these were administered and recorded appropriately. We found where people were prescribed medication to be taken as and when required (known as PRN), a PRN protocol was in place. This provided details to staff of the medicine dose, route, reason for administration, special instructions and how the person might present if they needed the medicine.

People told us there were enough staff available to meet their needs in a timely manner. Relatives spoken with all agreed that staffing numbers had much improved since the last inspection. One relative said, "There didn't seem to be [enough staff] but there is now."

We looked at the number of staff that were on duty on the day of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. We saw staffing numbers were being maintained above the required number of staff identified as needed by the 'staffing dependency tool'. The last dependency review report completed on 23 October 2017 showed the minimum care hours required were 921. We saw care hours provided for that week were 1001. We checked a sample of other weeks and found care hours provided had always been above the minimum required.

The registered provider had a policy and procedure for the recruitment of staff. We looked at three staff files. We saw checks had been carried out prior to people being offered posts. These included identity checks, past employment history, references from previous employers and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. We found two small gaps in the information provided in two staff files. The manager took immediate action to rectify this and told us she would carry out an audit of all staff files to make sure there were no further gaps.

We found the home was clean, bright and well presented. We saw infection prevention and control schedules and audits had been completed. The manager told us additional ancillary staff hours had been provided to maintain high standards of cleanliness throughout the home. Where they had shown signs of wear and tear such things as mattresses and floor coverings had been replaced.

We saw cleaning schedules for bedrooms in the home as well as the communal areas. Records were kept of

when bed linen was changed and this was displayed in every bedroom. We saw full bed changes were recorded as having been undertaken on a weekly basis. We looked at mattresses and sheets in three people's rooms and all were dry and clean, however, one room had an unpleasant odour. We discussed this with the head housekeeper who said the carpet had not been cleaned since the beginning of October, but they would ensure this was done.

On the third floor of the building, where some people had their bedrooms, there was a door to the lift mechanism, this clearly stated the door should be locked and secured at all times. On the day of our inspection the door was unlocked. When we raised this with the manager the door was locked immediately. The manager told us she would raise this at the next staff meeting and carry out regular checks of the door to ensure it was being kept locked.

Requires Improvement

Is the service effective?

Our findings

We checked the progress the registered provider had made following our inspection on 12 and 13 April 2017 when we found a breach of Regulation 14 (Meeting nutritional and hydration needs) and Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's nutritional and hydration needs were not well managed and where people lacked mental capacity legal requirements were not always followed. We found improvements had been made in both areas.

People told us they enjoyed the food and they were given enough to eat. Their comments included, "Yes, I don't like it [the plate] to be loaded," "What's on the plate is sufficient," "Everything I'm given I eat," "Yes, it's always alright," "The cooks know how we like our food cooking. It's good home cooking," "Everything we eat is fresh" and "I have a diabetic diet. This is never a problem." One person said they couldn't remember what they had for breakfast but it, "Must have been something nice."

We observed breakfast and lunch being served in three dining rooms. We found people's dining experience varied. The dining tables (in the main dining room) were neatly set out and looked welcoming with matching linen tablecloths and napkins and flowers and a range of condiments. The chef took the lead on serving food from an open display station. We saw people were offered an alternative choice of meal if they did not like what was on the menu. We saw people were gently encouraged to eat their food and finish their drinks. Observation showed staff ensured people were sat or positioned correctly and were comfortable to eat their meal. Where people required assistance with eating this was provided in a dignified and sensitive manner.

In one smaller dining room we saw most people ate their meals whilst remaining in their lounge chairs. The menu was not displayed in a 'dementia friendly' manner as it was in small type on a small sheet of paper, making it very difficult to read. When people, or their relatives, in this dining room were asked what was for lunch, no one knew. During lunch we also saw one member of staff who was supporting someone with their meal leave the person on two occasions to assist someone else. This meant there was no continuity of eating for this person. We reported this back to the manager who said they would address this.

Staff told us some people were monitored to ensure their fluid and food intake was maintained so they received healthy and sufficient nutrition. We looked at two food and fluid charts and could see these were completed on a regular basis, this helped to ensure people received sufficient nutrition.

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 manager was aware of the need to use best interests processes to assist in the support of people who lacked capacity to make significant decisions for themselves.

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). Some people living in the home were subject to a DoLS authorisation and others had applications pending. The manager had a clear record of all decisions made and when these decisions needed to be reviewed.

Staff had received training on the MCA and understood the importance of obtaining consent before providing people with care and support. Describing their approach to helping people exercise as much choice as possible, one staff member told us, "We ask people what they would like to wear and where they would like to sit. We give people options and help them to decide if they can't make a decision."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their experience one member of staff told us, "I shadowed until I felt confident enough to work alone. This took a couple of weeks but it didn't matter how long it took the manager said people learn at different paces."

The manager had embraced the national 'Care Certificate' which sets out common induction standards for social care staff. The manager maintained a detailed record of staff training requirements and organised regular training sessions to ensure their needs were met. One member of staff said, "The trainer comes in. We've had some good ones recently." The manager also encouraged staff to study for nationally recognised qualifications in both care and management. A relative told us, "The manager has informed us of all the training the staff undertake, it's quite impressive. The staff do a whole range of training, it's good to know that."

Staff were aware of supervisions and appraisals and were able to recall having these, although they were unclear about the frequency. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We saw there was a plan in place to ensure all staff were receiving supervision and appraisal as per the registered providers policy. The manager told us although there was some work to do to catch up they were confident they would be on target to achieve this within the next few months. Staff told us that they could voice any concerns they had at any time and would not wait until a formal supervision if there was something they needed to discuss.

The manager ensured people had the support of local healthcare services whenever this was necessary. From looking at people's care plans and by talking to them, their relatives and staff, we could see their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and social workers.

People told us they received appointments with healthcare professionals when this was required. One person told us they saw the doctor when they were unwell but it, "All depends how poorly you are, sometimes they just put me to bed for an hour." Another person told us the staff, "Know what to do when I'm not feeling well." Other comments included, "My quality of life has vastly improved," "With the help of the staff, my mobility is better. That's a real achievement for me" and
"The physio staff have made all the difference to my life." A relative told us, "The staff never hesitate to call the doctor if necessary and they always keep me informed."

Good

Is the service caring?

Our findings

People told us they felt well cared for in Queens Care Centre. Their comments included, "The care is so kind and loving," "I am so well looked after here," "I am so happy here," "The staff are so happy," "I love living here," "My relative absolutely loves the staff" and "Without exception, the staff are kind to me."

When we asked people if they felt respected and if their dignity was maintained they all said "Yes." One person told us, "The staff provide me with lovely care and respect." One relative said, "Mum is handled with such dignity."

Other comments from relatives included, "The thoughtfulness and professionalism of staff is second to none," "I am always impressed how well the staff know [family member]. [Name] is a challenge and they notice any small changes in behaviour that might be due to distress," "Staff are so welcoming," "The staff offer [name] tender loving care," "The staff show such patience and understanding," "The staff are always smiling when I visit," "I cannot express my utmost gratitude for the care given to our loved one" and "The staff know [family member] so well they can second guess their needs."

Throughout our observations we saw staff treat people with respect and dignity. Staff took time to explain things to people, for example, when they were choosing what to eat staff showed them the options and explained what it was. We also saw staff provided care to people privately. Bedroom doors were closed when personal care was being met and curtains and blinds were positioned so that people outside could not see into bedrooms.

We saw people were appropriately dressed in clean, suitable clothes. However a small number of people had unclean finger nails and hair that looked unkempt. We brought this to the attention of the manager who dealt with this and told us this would be addressed with the staff.

Meeting people's spiritual, religious and cultural needs was a key focus of the staff team. The staff supported people with whatever spirituality meant to the individual. Outside 'religious' groups regularly supported people who used the service and also responded to specific requests from staff. There were good links with the local church, which meant people could attend a variety of events as and when they choose. One person told us, "I love it that the staff support me in my church activities. It means so much."

We saw information was provided to people about how to access local 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. There was also information on display around the home about such things as the last inspection, the complaints procedure and what actions were being taken to improve the service.

Everyone spoken with told us communication within the home had improved greatly since the new manager started. One relative told us, "Communication is excellent. The new manager keeps us informed of any changes." Another relative said "This home has come on in leaps and bounds since the new manager came". They went on to talk about improvements saying, "It's the communication I think."

We observed staff showing sensitivity in keeping confidentiality. Staff did not speak about people within earshot of others and when we asked staff questions they made sure no one was able to overhear our conversations. During the administration of medicines we observed staff sitting with people, asking questions in a quiet manner, listening carefully to what people said and then responding kindly and appropriately.

Requires Improvement

Is the service responsive?

Our findings

We checked the progress the registered provider had made following our inspection on 12 and 13 April 2017 when we found a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive person-centred care that met their assessed needs and preferences.

The manager showed us the plan in place to re-write all care plans to ensure they were person centred. Rotherham local authority staff were working with the manager to complete this. We saw new care plans were being written in a format that was person centred and addressed all areas of risk, including risk associated with the environment, nutrition, weight loss, skin integrity and falls. New care plans were being completed in conjunction with people who used the service, their families and healthcare professionals.

We reviewed three people's care plans and saw they covered a wide range of care needs including personal care, medicines and nutrition. The plans described each person's individual preferences and requirements. We saw examples of people's care reflecting the clear wishes set out in their care plan. For example, one person's care plan stated they preferred to spend time in their own room rather than in communal areas. A plan of care and risk assessment had been completed to ensure this person was regularly checked by staff. The person told us, "The staff are always popping in to check I'm okay. They spend time with me, they don't just run in and out. They also keep asking if I'd like to do anything different, like join an activity."

One staff member told us, "I read the care plans all the time. And if we get a new person, the first job is to read the care plan to find out what they like and don't like." Another staff member said, "As a key worker I am expected to be fully involved in the reviewing of care. It is really important to get feedback from people and their relatives. We need to know if we are getting things right for people."

Staff reviewed and updated people's care plans on a regular basis to reflect changes in their needs. People using the service and their relatives were also involved in annual reviews of their plan, although the manager agreed to improve the recording of this process to make it clear what changes, if any, had been identified in these meetings.

The home employed an activity worker, who was assisted by a volunteer. On the day of the inspection the activity worker was not on duty, however we saw good examples of the care workers actively sitting with people and chatting. During the morning people were seen laughing and chatting as they enjoyed doing jigsaws. One person was heard to say, "I love jigsaws."

People told us staff planned activities such as, board games, various entertainers and parties. People said they were currently involved in planning the Christmas events and were looking forward to the Christmas Party. The manager told us she had arranged for the activity worker to attend further training called 'Activity, Motivation and Creativity for Dementia'. This was delivered via the Rotherham local authority training budget to care providers within the locality.

Other comments about the activity programme included, "They give you a poster that's called, 'You said - We did'. It's really good. It shows you what people have been asking for. It makes you get involved," "I love having my nails done. It is such a relaxing experience," "I love the singers and entertainers. We can have a little dance. I love that," "I am very happy with what the staff do with me" and "[Name] joins in all the activities. She enjoys the staffs company. They do make her laugh."

We saw a staff member was talking to one person who was living with advanced dementia and holding their hand. They gave us information about the person's likes and dislikes which helped to show they were aware of people's preferences, even when they cannot voice these. The staff member was using a piece of equipment which made a sound to help stimulate the senses of the person living with dementia. There was also another piece equipment which was tactile and made sounds which another person was holding. We could see this person was getting pleasure from this piece of equipment as they held it very close to themselves and had an animated facial expression.

Two people told us they would like to go on trips outside the home. They told us previous trips had been planned but had been cancelled, which they felt was due to previous staffing issues. The manager told us the last outing was cancelled due to bad weather and there were plans in place to arrange outings outside the home.

People who lived in the home were not able to tell us about any complaints they made, but when we spoke with relatives they said they always felt listened to by the manager and deputy manager. One relative told us there was an incident that occurred in the home they witnessed and said of staff, "They [staff] were straight on the ball with it." Other comments included, "I would be the first to complain if I was not happy with anything" and "If I had a problem I would go straight to the manager. She is so easy to talk to."

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. This provided details of the options available to people if they were unhappy about their care. It also gave the timescales whereby people could expect to hear what was being done in response to their concern.

The manager kept a record of any complaints that had been received and we could see these had been managed effectively.

Requires Improvement

Is the service well-led?

Our findings

We checked the progress the registered provider had made following our inspection on 12 and 13 April 2017 when we issued a warning notice. This was because the registered provider was failing to comply with Regulation 17 of the Health and Social Care Act 2008 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection a new manager was in post and was in the process of registering with CQC. Both people living in the home and their relatives were clear that the care and support received by people had improved over the last six months and particularly since the start of the new manager.

People told us, "I've seen a lot of differences since the manager came. She is always ready to have a word," "The staff do a good job and since the manager came they're brilliant," "This is the best place I could live. I have such confidence in the manager" and "Both managers are great. There is nothing they will not do for you."

Relatives spoken with said they had approached the manager's about various matters and felt they were listened to. Their comments included, "The manager's make a great team. You can discuss anything with them. They certainly reassured us when we chose to come here," "The manager's have taken a great deal of time and effort in reassuring us following the previous CQC report. We can see a real difference for the better here," "Time is always given willingly" and "The manager always takes your worries and concerns very seriously."

People who used the service and their relatives were particularly complementary about the various systems the manager had put in place to make sure they're opinions were heard and acted upon. During the inspection we saw many people, and relatives, going to see the manager and the manager taking time out to listen to what they had to say and then take action.

People's comments included, "I go to all the engagement meetings. It's the best way to get your views heard. They [manager's] are good at listening to relatives," "We get questionnaires about the service regularly," "All the results from surveys are shared with clients and families. They are on display in the entrance hall too" and "All our thoughts and ideas are taken on board. We are well informed following any meetings with the management."

Staff spoken with were also very positive and proud of the improvements made at the service since the last inspection. Their comments included, "This is a great place to work. I couldn't be more supported," "I absolutely love my job. I get all the support I need" and "We make changes immediately, usually as a result of the residents meetings."

From looking at staff, resident and relative meeting minutes, and speaking with relatives and friends it was clear that peoples thoughts and ideas were acted upon. This showed the service was committed to continuous improvement.

The manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. Auditing and monitoring of the service was also undertaken by other senior staff. We looked at audits and found they were completed either daily, weekly or monthly. The audits were completed to assist managers to identify any trends or themes occurring, so that reoccurrences of such things as accident's, could be reduced or eliminated.

A service improvement plan was in place which provided timescales by which improvements would be implemented. We found the manager was on target to meet all the requirements of the action plan. We found systems in place to assess and monitor the quality of the service needed to be maintained and fully embedded into practice so that improvements were sustained.

The registered provider had policies and procedures in place which covered all aspects of the service. The policies were regularly reviewed and updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The manager and senior staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this.