Mauricare Limited

A S Care

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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on the 30 September 2015 and was unannounced.

A S Care provides residential care for up to 25 people many of whom are living with dementia. At the time of our inspection there were 23 people in residence. Accommodation is provided over three floors with access via a stairwell or passenger lift. Communal living areas are located on the ground floor. The service provides both single and shared bedrooms, with some having en-suite facilities. There is a garden which is accessible and provides areas of interest to the rear of the service.

A S Care had a registered manager in post at the service at the time of our inspection. 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.

Summary of findings

People told us they felt safe in the home and staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service.

Where risk to people's health had been identified, staff had the information they needed to help keep them safe. However, we observed one occasion where staff potentially put someone at risk by not using the appropriate support to assist someone when moving them from their chair into a wheelchair. This was addressed by the registered manager.

There were enough staff on duty to meet people's needs; however staff had limited time to spend with people socially or to provide opportunities for people to take part in activities.

People said they thought the staff were well-trained. Records showed staff had an induction and introductory and on-going training.

People's safety was promoted by systems and processes that audited and monitored the maintenance of the building and its equipment.

People's plans of care contained information about the medicine they were prescribed. We found people received their medication as prescribed and that their medication was stored safely.

Staff were supported to provide effective care though training and their on-going supervision that was provided by the registered manager. People told us staff were caring and kind and that they had confidence in them to provide the care and support they needed.

People were protected under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA 2005 DoLS). We found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions themselves about receiving personal care and leaving the service without support.

People we spoke with were in the main complimentary about the meals provided at the service, however they along with visitors commented on the lack of variety and choice. Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed.

People told us that if they needed to see a GP or other health care professional staff organised this for them or their relative. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, and referred them to the appropriate health care service.

People told us they made decisions as to their day to day lives, deciding what time they got up or went to bed and that staff respected their decisions. People's plans of care included information about people's preferences with regards to their care, however people we spoke with and visiting relatives, all had limited awareness of their plans of care. The registered manager told us they would promote people's involvement in the plans of care.

People we spoke with told us that staff did respect them, however our observations were mixed. We observed examples of where staff missed opportunities to engage people in conversation and instances where staff entered people's rooms without being invited in. We also saw where staff actively promoted people's dignity and responded to people in a caring and sensitive manner.

People's needs were assessed prior to them moving into the service and the information gathered was used in the development of plans of care. Plans of care included information as to people's preferences, likes and dislikes and focused on the promotion of people's independence, health and welfare.

The registered manager told us that they were currently advertising for an activity co-ordinator as the previous person had left. We found during our inspection that people had minimal opportunity to take part in meaningful activities or recreational interests. People we spoke with and their visitors expressed concern about the lack of activities within the service; this had been discussed in meetings and had been identified as an area for improvement within the registered manager's monthly audits. A key part of people's ability to take part in meaningful activities was the development of the environment to support in particular those people living with dementia.

People using the service and relatives said that if they had any concerns or complaints they would tell the registered manager or the staff.

We found the practice of seeking people's views about the service to be inconsistent and found that the

Summary of findings

outcome of the process was not always, shared known or acted upon. People using the service and their relatives had the opportunity to comment on the service they received, however we found people's awareness of this to be mixed. Meetings of residents took place regularly and minutes of these were available, however the people we spoke with were unaware that these meetings took place. Visitors also gave mixed responses as to their ability to influence the service.

We found audits were carried out by the registered manager, however where shortfalls were identified these were not always acted upon. The provider needs to ensure systems are in place that are effective and that improvements where identified are addressed to ensure the service is well-led.

Summary of findings

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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines correctly and at the right time.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard. However the environment had not been decorated and adapted with consideration to the needs of people living with dementia.

People's consent to care and treatment was sought in line with legislation and guidance.

People were served food and drinks regularly and specialist diets and needs were catered for. People's views about the variety of meals available was mixed.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Is the service caring?

Requires improvement

The service was not consistently caring.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring approach.

People's plans of care included people's preferences with regards to their care. However people's awareness of their plans of care was limited.

People's wishes were listened to and respected by staff; however staff were not consistent in their approach in the promotion of people's privacy and dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People's needs were assessed prior to then moving into the service. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

There was limited opportunity for people to engage in social activities.

People told us they would have no hesitation in raising concerns if they had any. Records showed complaints were investigated and responded to.

Is the service well-led?

Requires improvement

The service was not consistently well-led

The service had an open and friendly culture and people told us the staff were approachable and helpful. However people's understanding of their opportunities to develop and comment upon the service were not communicated well.

The service had a registered manager in post that had a good understanding as to their role and responsibilities and worked well with the provider and staff.

The registered manager undertook a range of audits to check the quality and safety of the service; however issues identified were not always followed through.

A S Care

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 30 September 2015 and was unannounced.

The inspection was carried out by an inspector, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in caring for older people living with dementia. The specialist advisor had experience in managing a service for people living with dementia.

We contacted commissioners for social care, responsible for funding some of the people that live at the service, and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with eight people who used the service and six visiting relatives. We spoke with the registered manager, two senior care staff, two care staff and a cook. We looked at the records of three people, which included their plans of care, risk assessments and medication records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

We asked the provider to send us additional information, which included information on staff recruitment records and training, the outcome of complaint investigations and internal quality assurance audits. These were provided.

Good

Is the service safe?

Our findings

We spoke with people and asked them whether they felt safe within the service. People told us, "I feel quite happy here, quite safe" and "Don't get abuse here. It's not been mentioned to me." Another person told us, "Yes I do feel safe." Whilst someone else said, "Don't know anything about abuse. Not sure who I would speak to, I've never had any trouble here, I feel quite safe."

We spoke with people's relatives who were visiting and asked them for their views as to the safety of people. They told us, "She is safe here; they meet her needs, yes." And, "[name] is quite safe, no problems ever. Abuse was explained to my sister, [family member] it was quite clear."

We raised with the registered manager people's lack of awareness of abuse and what they would need to do. They told us they would use the next resident meeting to discuss the issue and increase people's awareness and knowledge about promoting their safety and well-being.

Staff were trained to keep people safe and understood the signs of abuse and were aware of their role in reporting any incidents to the registered manger. Staff told us staff meetings and handovers were used to discuss incidents in order that lessons could be learnt to minimise future incidents and promote the safety of those using the service.

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. Risk assessments identified the potential risk and the action staff were to take to minimise these.

People where appropriate, had been assessed as being at risk of falling when walking around, or moving from place to place. Risk assessments had been completed and information provided within the person's plan of care detailed how people's health, safety and welfare was to be promoted. For instance, the use of equipment to manage risks, and through staff monitoring and by observing people. We observed staff using equipment to move people safely. However, we saw one incident where staff member did not assist someone consistently in line with good practice guidelines, when assisting them from an armchair into a wheelchair. The person was not hurt on this occasion. We brought this to the attention of the registered manager who managed the situation by speaking with staff involved, to ensure safe practices would be followed.

Risk assessments were in place for those at risk of needing additional care to ensure their skin did not become red or sore. Equipment such as pressure relieving cushions or mattresses had been identified for some, whilst for other people, their plans of care directed staff to ensure necessary prescription creams were applied.

There were systems in place for the maintenance of the building and its equipment and records confirmed this. That meant people were accommodated in a well maintained building with equipment that was checked for its safety.

People we spoke with provided us with their views as to whether there were sufficient staff to meet their needs. They told us, "Staff seem alright, quite enough of them I reckon" and, "I keep myself to myself, always enough staff, no complaints whatsoever. I have a call bell in my room never used it. They come and check me regularly." Whilst another person said, "There's always lots of staff around."

We found there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager advised us that there were four members of care staff on duty throughout the day who were supported by laundry and catering staff in the morning. Whilst at night there were three care staff on duty. People who have been assessed as requiring additional support receive one to one staffing during the day. The registered manager told us that the staffing numbers were agreed with the provider and increased where necessary.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff worked unsupervised at the service. Records showed that the provider followed its staff disciplinary policy and procedures. This ensured that any unsafe practice was investigated and that staff received the appropriate support and training to improve their practices for the benefit of those using the service.

People's plans of care included information about the medicines they were prescribed, which included guidance for staff as to the level of support people needed to ensure they took their medicines safely.

Medicines were stored safely in a designated locked room. The senior carer on shift was responsible for the administration of medicines. The registered manager showed through discussions a good understanding of the

Good

Is the service safe?

need for safe and appropriate storage of medicines. Records of the medicines given were kept and those we saw had been completed accurately and consistently. Where PRN (medicine that is taken as and when needed) had been prescribed protocols for its administration were in place. Photographs were kept on each record to ensure staff could correctly identify the person receiving the medicine. Information about people's allergies was recorded.

Audits of medicine were undertaken daily by the senior carer to ensure all medicines had been administered. The registered manager and a senior carer undertook monthly audits of medicines to ensure the management system was working safely and well.

Requires improvement

Is the service effective?

Our findings

People we spoke with shared with us their views about the quality of care and support they received from staff. They told us, "They [staff] are alright, fine, meet my needs alright, can't say the care is all good." A second person told us, "I think so, I have never wanted for anything. A lot of things are good, it you want anything they get it for you." Whilst another person said, "Yes, they [staff] are quite good actually."

We spoke with people's relatives who were visiting and asked them for their views as to the awareness of staffs understanding as to the needs of people they support and care for. They told us, "I believe they do have the skills," and, "The staff seem to know what they are doing."

Records showed staff had an induction and received on-going training. They undertook a range of courses in general care, health and safety. These were recorded on the service's training matrix and updated as necessary. We spoke with a recently recruited member of staff who told us they had completed an initial three day induction prior to starting at the service and were now working alongside senior care staff. This enabled staff to spend time with experienced staff to enable them to provide effective care and support.

Staff told us about the training they had undertaken which included qualifications in health and social care, dementia awareness, medicine management and topics related to people's health and safety. Staff told us, "I previously worked in a good care home and I am keen to share good practice, I am happy here it has a good feeling and is a friendly place." A second member of staff told us about their role, "I ensure safety and that residents are cared for correctly." They went on to tell us that they found their job to be "rewarding as it makes a difference."

We found there to be effective systems in place to support staff in the delivery of care. Records showed staff were supervised by the registered manager, following a consistent approach. Supervision focused on training, relationships with those using the service and colleagues, discussions as to the philosophy and aims of their role, the management of risk and any individual issues.

We found that the service whilst decorated to a good standard was not reflective of an environment with regards to those living with dementia. Bedroom doors had been painted in bright colours and signage had been used to help people identify bathing and toilet facilities. This is an area where significant improvements could be made to the benefit of those living with dementia if consideration to lighting, colour, reflective surfaces and décor was made. An interactive environment would support people's needs by creating opportunities for them to be engaged in meaningful activities. We spoke with the registered manager about the development of the environment, they told us they hoped to develop the environment with the needs of people living with dementia in mind.

We looked at how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was applied in the service. The MCA is legislation that protects people who are not able to consent to care and support. It ensures people do not have their freedom and liberty unlawfully restricted.

The legislation states that if people lack mental capacity to consent to their care and treatment, mental capacity assessments and best interest decisions should be formally completed and DoLS authorisations put in place for those who have restrictions placed on their freedom and liberty.

At the time of our inspection three people using the service had DoLS authorisations in place. We looked at two people's records that were subject to a DoLS and found that the provider was complying with the conditions where these had been applied by the 'Supervisory Body'. Records showed that one person who had a DoLS in place had regular meetings with a 'paid person's representative' (PPR). The PPR monitored the implementation of the DoLS and as part of their role spoke with staff and viewed the person's records which recorded how staff implemented the DoLS. This showed that the provider worked with outside agencies to ensure people's care was in line with legislation.

People were provided with a diet which met their cultural, individual preferences and health needs. Where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and dieticians. People's weight was monitored in accordance with their assessed needs. We saw that people were supported on a one to one basis by a member of staff at mealtimes where needed. This showed that people's nutritional needs were monitored and appropriate steps taken to ensure people's nutritional needs were met.

Requires improvement

Is the service effective?

People we spoke told us about the meals provided. "I just get my food, I don't choose it, it's quite hot. It's alright, quite nice to eat really. I sit in the same place usually, I prefer that." Whilst a second person said, "I don't have any food preferences. They give you a drink if you want it otherwise it's the usual times, twice a day. You don't really get food choices. If you don't like it they say 'try and eat a bit of it'. It's quite nice in the dining room; I chose where to sit with my friends when I first came here."

We found within communal areas that snacks were not available for people to serve themselves, however water was provided. We saw hot drinks and biscuits being served during the day.

Relatives of those using the service told us, "Sometimes they have sandwiches at lunchtime and a meal in the afternoon. Dinner there's always two choices, vegetarian and another. Sometimes [relative] eats it sometimes doesn't. I think there should be more variety." Another visitor said, "The food seems quite reasonable. There doesn't seem much choice though."

People were not provided with a choice as to the main course when it was served at lunchtime. We asked a member of staff why everyone had had the same meal of cottage pie, carrots, brussel sprouts and mashed potato. We were told that people had expressed the same choice when asked earlier in the day. For dessert there were three choices and we saw people choose from a selection of rice pudding, trifle and cheese cake.

We spoke with the cook who told us menus were on a four weekly rota. The cook was responsible for serving the meals and directed staff as to the specific meals for individuals who required a tailored diet. The cook advised us they had liaised with relatives to ensure they met people's cultural needs with regards to diet. They said they had spoken with family and those using the service to discuss specific needs due to allergies or personal preferences.

We observed the lunchtime meal and found that the dining room atmosphere was relaxed and people were not hurried to eat their meal. People were served their meals promptly and those requiring support were assisted by staff.

People's relatives who were visiting told us about access to health care. "She has her own GP, the carers make the appointments. We arrange the rest. The staff keep us informed of her health changes we are on good terms with them." And, "They keep me in the loop about any changes to her health." Whilst another visitor said, "It's a little bit of both, we get a GP if needed or the staff get him. Chiropodist comes monthly I think, the staff are good at notifying us of any health changes." Another visitor told us, "They [staff] appear quite efficient in looking after her health care needs."

One person who uses the service said, "The staff see to my doctor when I need it. A chiropodist comes in every month." People's plans of care recorded specific issues that staff were to look out for with regards to people's health and the action they should take including the contact detail for the appropriate health care professional.

Records showed that staff worked closely with health care professionals to ensure people received the health care they needed. People had access to a range of health care professionals including GPs, district nurses, chiropodists, opticians, and dentists. People's health care needs were identified and plans of care put in place to assist staff in meeting them in conjunction with health care professionals.

Requires improvement

Is the service caring?

Our findings

People we spoke with told us, "I did choose this home. I like it; the people are friendly and sociable." Another person told us, "Yes, they [staff] do listen actually, very caring and supportive to me." Whilst another said, "I can get up when I want and wash and dress myself. I like to stay up and read sometimes in the lounge or in my room." This demonstrated people were positive about the care they received and were able to influence their daily lives.

We observed the dining experience of people for the lunchtime meal and found that the dining atmosphere was relaxed. There was music playing in the background and it was a quiet and calm. The dining experience for people was not used as an opportunity for socialisation as staff did not sit with people, unless they were supporting them, therefore conversation between themselves and those eating a meal was limited.

We identified staff had limited time to spend with people socially. People were supported to go outside for a walk in the garden accompanied by a member of staff, this was something clearly enjoyed by those involved. We also noted that people very much enjoyed the conversation from the visiting hairdresser who spent time talking with them.

People using the service had the opportunity to attend a 'bible group', which was facilitated by two people who visit the service weekly. We saw them encourage and support people to take part in prayer and to sing hymns. They told us, "Staff sit in with the bible group, the atmosphere of the home is positive."

People we spoke with told us they were able to influence the support they received on a day to day basis. People told us, "They [staff] get me up in the morning it's usually around the same time. I could stay in bed I think. I get myself to bed at night." And, "I can get up and go to bed when I like. Breakfast comes when I want it, not before 7am." Whilst another person said, "I can stay in bed to a degree, at night I go to bed when I want."

People we spoke with and their relatives told us they had not been involved in the development or on-going review of their plans of care. This meant people's preferences and wishes may not be catered for. They told us, "Care plan, what's that?" Another person said, "I haven't seen a care plan." Whilst someone else said, "No I haven't got a care plan." However we found people's views had been recorded within their plans of care in that their preferences had been recorded and people we spoke with told us they made decisions about their day to day lives.

Relatives of those using the service when asked about their involvement with plans of care said, "As far as I am aware [person] had a discussion with the social worker about care, I haven't had a copy of a care plan or signed it." Another relative told us, "I'm not sure about a care plan I assume [person] has but I've not actually seen it."

We shared people's views with the registered manager who told us they would ensure plans of care were discussed with those using the service or their representative and would record their discussions.

Some people's care records showed they had made an advanced decision about their care with regards to emergency treatment and resuscitation. This had been done with the involvement of relatives and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed.

People's comments and our observations provided a mixed picture as to the experience people had with regards to the promotion of their privacy and dignity. One person told us, "They [staff] are quite respectful as a whole." Whilst another person said, "They do respect me."

The shared rooms we viewed had privacy curtains to promote people's dignity and privacy. We observed that when staff entered a person's bedroom, who had visitors that the member of staff knocked on the door, but didn't wait to be invited in. On another occasion we saw staff completing paperwork in a room where four people were sitting, however staff spoke with each other and did not interact with those using the service. We also saw an occasion when a member of staff entered a person's room twice and didn't knock or ask permission to come in. The person commented that their tea was too strong so the member of staff took it away, sighing as though it was too much trouble. The staff member then returned saying 'is that better' without using the person's name when speaking with them.

We saw a member of staff in the morning asking everyone in the lounge whether they were warm enough and wanted a blanket to cover their legs, several people said they wanted a blanket and this was provided. The member of

Requires improvement

Is the service caring?

staff tucked the blankets around people's legs and spoke with them in a reassuring and caring manner. We saw a member of staff sit with someone in the afternoon, sharing an orange with them and talking with them.

During the lunchtime meal we observed that someone requested support with their personal care, a member of staff was quick to respond to the person and sought the assistance of other staff to provide the necessary support. The member of staff did this sensitively, promoting the person's privacy and dignity.

Requires improvement

Is the service responsive?

Our findings

People had an assessment of their needs prior to admission and this formed the basis for their plans of care. This included information about people's health and social care needs likes and dislikes, and cultural needs. People's preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were included. This helped staff to provide care in the way people wanted it and we observed this practice.

People's plans of care contained information about things which were important to them or that they enjoyed. An example being that one person liked for staff to sit with them and talk about their photographs whilst another person's plan stated they enjoyed going for a walk outside.

People's plans of care focused on the promotion of people's independence with regards to their personal care and mobility and advised staff what assistance was needed and their role in encouraging people's independence.

The registered manager had the responsibility for completing people's plans of care, with involvement from staff. Plans of care were reviewed monthly and in addition the registered manager wrote a monthly overall report as to the person's health and well-being drawing all aspects of their care and support together. Staff we spoke with told us that they included people who use the service and their relatives in the development and reviewing of plans of care, however discussions with people and their relatives found they had very limited awareness, if any.

Staff we spoke with were asked about the needs of the people whose records we had read. Staff were able to tell us about their needs and how they supported people on a daily basis. Staff were aware of specific issues, which included where people had a DoLS in place. This meant staff were able to respond and provide the care people required.

We observed that there was limited opportunity for people to take part in day to day activities of living, such as household chores and social activities both within and outside of the service. We saw a few people being supported to take a stroll in the garden, in the main people sat with the television on, however very few people were watching the programme. The board that was used to display the activities available was blank.

Where an opportunity for people to entertain themselves presented itself, this was taken up when we saw one person reading the newspapers that had been left on the coffee table in the lounge. We also saw that two people visited the service who represented a local church organisation visited and spent time talking with people and encouraging them sing hymns. They told us they visited every week to encourage people to share a prayer and a hymn.

Our observations were supported by people's comments that included, "I don't remember doing any activities." Whilst someone else said, "We don't do any activities unless we start it such as singing. Nothing is organised here. The family take me out the staff don't. I do go out in the garden." And, "There's no activities here. I only watch DVD's. I've been out once with the manager a few months ago."

Relatives visiting the service told us, "No activities for around seven months now. Before that [person's name] did it regularly. Another said, "We have never seen any activities here. [person's name] does her own thing with her DVD's."

We spoke with the registered manager who told us they were in the process of advertising for an activity organiser. Staff spoken with said they hoped that an activity co-ordinator would be in post soon, care staff told us they attempted to provide activities but there was nothing properly organised and they don't always have the time.

People we spoke with told us when asked about raising concerns. "I would obviously talk to a member of staff if I had a problem, I would speak to the lady manager. I've not complained." Another person said, "Never complained. I would complain to my [relative]." And, "Never made a complaint, never had to make one."

A visitor when asked about their awareness of how to raise concerns told us, "No complaints at all, I would recommend the home to anyone."

Records of complaints were kept and showed that people's concerns were investigated and responded to in a timely manner.

Requires improvement

Is the service well-led?

Our findings

We found people's opinion and opportunity to comment on the service they received and its development to be mixed. The provider's response to including and providing information about the service's development to be inconsistent, which was reflected in people's comments and views and the information we looked at.

We spoke with people who used the service and asked whether they were involved in the development of the service and were able to express their views about the quality of the care they received. People told us, "They don't ask our opinions, no meetings or anything. Survey, haven't seen one." Another person said, "Never had any meetings. Not seen a survey. Never made any opinions, it's all nice here." Whilst someone else said, "No, never been asked my opinion about my care, never thought about it. Never discussed my care or done a survey. We don't have meetings."

People's relatives who were visiting told us, "They do listen to our opinions but don't act on all of them, they have put something's right." Whilst a second person said, "Don't know about meetings. Never done a survey." Another person said, "There was a residents meeting last November. My sister went. We did a survey over a year ago. No feedback from it."

We found that meetings involving people who used the service regularly took place. The meeting minutes we looked showed who had attended the meeting and the issues discussed. People had discussed the menu options available and had been asked to comment on the meals and had discussed whether they wanted the main meal of the day to remain being served at lunchtime or to change it to the evening. People had commented about activities within the service, some saying they had become repetitive whilst others saying they wanted more activities to be provided.

We found evidence that some issues discussed had been addressed an example being that in an earlier meeting it had been requested that they would like music to be played during lunch and we found this had been acted upon.

We found surveys seeking the views of people's relatives had been completed. We asked the registered manager how the outcome of these were shared. They told us any issues were addressed individually. There was not a system in place that provided people with the findings of the surveys or the response from the provider. The registered manager told us that they had in the past produced newsletters to keep people who use the service and their relatives informed about events, however a newsletter had not been produced for some time. We saw newsletters that had been produced the previous year, which had been used to inform people about events such as Halloween, Christmas and a forthcoming relative's meetings.

A board was available for people to comment on the service and was used by the service to provide information to those using the service and visitors.

The registered manager told us they were supported by the provider and were able to approach them for resources to improve people's care. The registered manager had a good understanding of their responsibilities and good knowledge as to the needs of people at the service. The registered manager showed good knowledge around the importance of identifying unsafe practice and had allocated a 'Dignity Champion' and Diversity Champion to help staff to be mindful of maintaining high standards of care. A dignity champion is a member of staff who has received training which has provided them with additional skills, knowledge and understanding to provide care to people reflective of best practice. The dignity champion told us, that they felt able to speak up and attended meetings with other staff. They told us they were proud to be the service's Dignity Champion which meant they would speak up for those using the service and highlight issues to staff where improvements were needed.

Staff we spoke with told us they had the opportunity to meet regularly and talk about the service they provided and were confident that they could speak with the registered manager openly. One member of staff told us that the service had a "supportive staff team who are very understanding of resident's needs."

The registered manager sent us the quality audits following the inspection as we requested. We looked at these and found that audits were carried out by the registered manager on a daily and monthly basis. Daily audits focused on the cleanliness of the service, completion of paper records, accessibility of call bells and the well-being of those using the service. The monthly audit focused on people's care, activities, catering and housekeeping. Where improvements were identified action points were made.

Requires improvement

Is the service well-led?

However these were not always followed through. The audit carried out in August 2015 had identified that people's records of their day to day lives were limited in their content and staff had been asked to provide greater detail. The next month's audit recorded that this had been acted upon and the contents of people's daily notes had improved. However the August 2015 audit had identified the need for more 'dementia friendly' activities to take place, we found the following months audit had not followed up on this point, and people's comments reflected this.

The system of auditing needs to be effective to ensure that improvements are made and people's views acted upon.