

Indigo Care Services Limited

Eaton Court

Inspection report

Eaton Court
Grimsby
DN34 4UD

Tel: 01472341846

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19 February 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 16 and 19 of February 2018.

At the last inspection of this service in January 2017 we rated this service as requires improvement in safe and well-led, which meant the quality rating of the service was requires improvement overall. We found two breaches of legal requirements because staff were not completing monitoring charts which showed the amount of fluids and support people were receiving and there was a failure to ensure documents were up to date and showed a full and contemporaneous account of people's needs and how their welfare was being monitored. There was a lack of an effective auditing system to ensure people's need were met. These issues were breaches of Regulation 9, Person-Centred Care and Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made to meet the relevant requirements.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. We found at this inspection people were receiving appropriate care and support and this was documented. We found the service was monitored appropriately and effective auditing and monitoring was in place to help staff assess if people's need were met.

Eaton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Accommodation was provided for up to 45 people over two floors. Eaton Court is close to a bus route, and local facilities are within walking distance. During our inspection there were 35 people using the service.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff protected people from harm and abuse and understood how to report concerns to the management team, local authority and to the Care Quality Commission. This helped to protect people.

Staffing levels were monitored daily to make sure there was enough skilled and experienced staff to meet people's needs. Staff undertook training in a variety of subjects to maintain and develop their skills. Supervisions and appraisals were provided to support staff and to identify any further training needs. Staff recruitment procedures were robust.

There were adequate infection prevention and control measures in place at the service. General maintenance was undertaken. Accidents and incidents were monitored and emergency plans were in place

to help to protect people's health and safety.

Medicines were effectively managed. People received their prescribed medicine in a timely way from staff who undertook this safely.

People's preferences for their care and support were recorded. People were treated with dignity and respect. Care records were personalised and people's communication needs were known by staff. Risks to people's wellbeing were monitored and staff encouraged people to maintain their independence, where possible. Staff contacted health care professionals for help and advice to maintain people's wellbeing.

People's mental capacity was assessed. We found care and support was provided in line with the Mental Capacity Act 2005. Staff encouraged people to make choices about how they wished to live their life, where possible.

People were treated with kindness and their diversity was respected. There was a confidentiality policy in place for staff to follow. Care records were stored securely in line with current data protection legislation.

A complaints policy was provided to people and issues raised were dealt with. Information was provided about advocacy services so people could gain help to raise their views, if they wished.

Visiting was permitted at the service. People were encouraged to maintain contact with family and with friends. There was a programme of activities provided for people, which now occurred at the weekend.

The registered manager was open and transparent. Quality assurance checks and audits were taking place to maintain or improve the service. A new electronic care record system was being introduced to free up staff and to ensure care records were always kept up to date. The environment was being further enhanced for people living with dementia. Work was being undertaken to ensure people who preferred to spend their time in their bedroom from becoming socially isolated. The registered manager was looking at how the location of staff at the service could be indicated to people living there and to visitors.

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 safeguarded from abuse and harm. Accidents and incidents were monitored and corrective action was taken.

Recruitment systems at the service were robust.

Staffing levels were constantly monitored to ensure people's needs were met. New systems were being introduced to help to free up more of the staff's time.

Medicines management control systems and infection control promoted people's health and safety.

Audits and maintenance checks were undertaken to help to protect people's health and safety.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training, supervision and a yearly appraisal to maintain and develop their skills.

People's rights were respected and care was provided with consent or in people's best interests. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People's dietary needs were known and staff assisted people to eat and drink. Advice was sought from relevant health care professionals if there were concerns about people's dietary needs.

Is the service caring?

Good ●

The service was caring.

Staff provided caring support to people and their privacy and dignity was respected.

People confirmed staff were caring and kind.

Is the service responsive?

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Activities were provided based on people's interests and hobbies. Reminiscence for people living with dementia was encouraged.

People knew how to raise complaints. Issues raised were acted upon and the information was used to improve the service provided.

Good ●

Is the service well-led?

The service was well-led.

Audits and checks were undertaken to monitor the quality of service provided. Feedback received was acted upon.

The registered manager continued to identify areas of the service that could be improved and introduced changes with the support of staff.

Statutory notifications were sent to the Care Quality Commission, as required by law.

Good ●

Eaton Court

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 checked 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.

The inspection took place on 16 and 19 February 2018. On the first day the inspection was unannounced and was undertaken by one inspector and an 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. Our expert had experience of older people and dementia care. We told the registered manager at the end of the first day of the inspection we would return to the service on 19 February 2018 to finish the inspection.

Before the inspection, the provider was asked 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. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We asked the local authority for their views about the service prior to our visit. We reviewed all of this information to help us to make a judgement about the service.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During the inspection we spoke with six people who used the service, two relatives, two visitors and 12 staff, which included the activities co-ordinator and cook. We also spent time observing the interactions between people, relatives and staff whilst in the communal areas of the service.

We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment files, three staff supervision records, staff training records and rotas. It also included four people's care records and four medicine administration charts, minutes of meetings held with people who lived at the service and relatives, quality assurance checks and audits, policies and procedures,

maintenance records and complaints and compliments. We undertook a tour of the building. We also asked the local authority for their views about this service.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

Is the service safe?

Our findings

At the last inspection of this service in January 2017 we rated this domain as required improvement. We made two recommendations, one asking the provider to re-evaluate the use of monitoring charts and the second for the provider to refer to good practise guidelines about the deployment of staff at the service.

During this inspection we found monitoring charts were used only for people who needed this level of observation to help to maintain their wellbeing. We sampled ten charts at random and found they reflected the care and support provided. However, we were informed one person's chart may have had one entry which was incorrect. This was discussed with the registered manager who looked into this and they assured us further monitoring of the completion of fluid intake charts would continue to take place.

We saw people's dependency levels were monitored. The registered manager told us staffing levels were flexible and were reviewed every day to help to ensure staff were deployed to meet people's needs. During our inspection we observed people received timely care and support. We observed when emergency call bells were activated staff attended immediately to assist people. This helped to protect people's wellbeing.

We spoke with people about the staffing levels provided. We received the following comments, "The staff are very good, but sometimes they are a bit short of time" and "No, there's not enough [staff], it's not fair on them; they try to chat whilst doing their job, we have a laugh but they are so busy." The management team informed us a new electronic care record system was about to be introduced at the service, which would free up more time for staff to be able to spend with people because less time was required for completing people's care records.

We looked at the staff rotas to see how staff were deployed at the service and spoke with registered manager and staff about the staffing levels currently in place. Staff we spoke with confirmed there were enough staff provided to meet people's needs. We saw the layout of the building meant that sometimes staff were not easily visible to people. The registered manager was looking at how this could be addressed. We saw the nurse call system was monitored and people were not buzzing for help for long periods of time. This helped to assure us that people were receiving timely care and support.

People we spoke with told they felt safe and listened to, and had no issues with the safety of the service. People we spoke with said they had regular fire drills, with the last one being held a few days ago. One person told us, "Yes, I always feel my personal property is safe and respected. I feel safe. I have my door open, then can see people coming and going; they [staff] speak to me as they go past."

We found the provider had effective procedures in place for protecting people from harm and abuse. Staff could name the different types of abuse that may occur and had undertaken safeguarding training. Safeguarding and whistleblowing policies were in place to guide staff about how to report issues or concerns to the relevant agencies, including the Care Quality Commission (CQC). The registered manager understood their responsibilities in relation to this. All the staff we spoke with told us they would report any issues straight away.

We saw people's care files had information present about potential and known risks to people's health and wellbeing. For example, the risk of falls, choking, or pressure damage to skin due to immobility. People's risk assessments were personalised and were detailed to inform the staff and these records were reviewed regularly to promote people's wellbeing. We found where equipment had been assessed as being required to help maintain people's safety, for example hoists for transfers or walking sticks or frames to aid mobility staff were aware of this and were trained in the use of the equipment. We saw staff encouraged people to remain as independent as possible and they provided assistance to help support people.

During our inspection we looked at how staff were recruited. We saw staff completed application forms, provided references, and a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults. When this information was received and if it was satisfactory staff started their induction at the service. Compulsory training and supervision was provided to help develop the new staff's skills so they were able to deliver safe care to people.

Monthly audits of accidents and incidents occurred, the results were monitored to look for any patterns and trends. Advice was sought from relevant health care professionals to help prevent further re-occurrence of issues. We saw people had personal emergency evacuation plans in place (PEEPs). These contained information for the staff and the emergency services about the support people needed to receive in the event of an emergency.

We saw systems were in place to maintain and monitor the safety of the premises. Checks were undertaken on the moving and handling equipment; hoists, slings and wheelchairs. Fire equipment was checked including fire doors and emergency lighting. Environmental checks on water temperatures, window restrictors and the nurse call system were in place. The senior management team undertook a daily walk round and there were environmental audits in place to help to ensure the service remained a safe and pleasant place for people to live. We found one bath had a small rough area on the back top edge. This was discussed with the registered manager and corrective action was taken to address this.

There were infection control policies and procedures in place for staff to follow. Senior staff undertook infection control audits to help identify any potential issues. During our inspection we found two sluices required cleaning. This work was undertaken straight away and cleaning rotas were changed to ensure this cleaning was undertaken daily. Hand washing facilities and sanitising hand gel was available for staff and visitors to use. Personal protective equipment including gloves and aprons were available to staff to help maintain infection control. People we spoke with told us, "It is very clean and tidy here" and "My room is cleaned every day, they even change my bed every day; it is very clean."

The provider had a business continuity plan in place to inform the staff about what to do if the routine delivery of the service was affected by issues such as a flood or power failure. Contact phone numbers for utility companies and tradesmen were available for staff in the event of this type of emergency.

We inspected the medicine systems in operation at the service. An electronic medicine management system was in operation. This helped the staff to monitor people's medicines were given as prescribed. Staff we spoke with confirmed it was not possible for errors to occur with this system. We looked at the ordering, storing, administration, recording and disposing of medicines, which we found were robust. Photographs of people were present to help staff identify them. People's allergies to medicines were recorded on their medication administration records (MAR) to inform staff and health care professionals of any potential hazards. We checked random balances of controlled medicines, these were correct. The temperature of the treatment room used for storing medicines and the medicine fridge were monitored to ensure medicines'

were stored at the correct temperatures to remain effective. We observed part of a medicine round, the member of staff undertaking this was competent and carried this out safely.

Is the service effective?

Our findings

People said they thought the staff were trained and said the staff supported them effectively. People confirmed they made their own choices about how they lived their lives. One person said, "The staff look after us well." Another person said, "I can choose what I want in my room, I don't get bored, I get visitors every day. I only have to ask [staff] and they would do their best for me." A relative we spoke with said the staff were relevantly trained and whenever their relation needed medical help it was arranged very promptly.

We saw a staff training table was in place, which helped the registered manager identify when staff were due to receive training to maintain or develop their skills. Staff had completed 83 percent of their training needs. New staff had to complete a period of induction where they undertook training and worked alongside more experienced staff. They were provided with the care certificate (a nationally recognised care qualification used to promote and develop the staffs care skills). A member of staff who had worked at the service for a short time told us, "The training is second to none with excellent support from the manager provided, everyone is happy to help, if I need it".

Mandatory training was undertaken by staff in subjects such as, emergency first aid, dementia care, infection control, moving and handling, food hygiene, equality and diversity and the Mental Capacity Act 2005, fire safety, safeguarding and customer care. Equality and diversity training was provided for staff which helped them encourage people to live their lives with no restrictions and to support people's diversity. The registered manager told us they encouraged equality and diversity for their residents, relatives and staff. Staff we spoke with told us there was plenty of training provided. One said, "I have completed moving and handling and safeguarding training and training about the six C's, care, compassion, courage, communication, commitment and competency."

Agency staff who worked at the service had checks undertaken to make sure they were suitably skilled and had undertaken relevant training to be able to look after people safely. They completed an induction at the service which covered areas such as the provider's policies and procedures, how to maintain people's health and safety and how they could gain assistance from on call staff. They were provided with a summary of people's care so they understood people's needs, this helped them to deliver effective care and support whilst working at the service.

Nursing staff had to keep their skills and knowledge up to date to keep their registration current with the Nursing and Midwifery Council (NMC). Regular competency checks of their skills were undertaken. The registered manager checked that the nurses remained fit to practice and that they were registered with the NMC.

Staff attended regular supervision so they could discuss their practice and any training needs they may have. Yearly appraisals were in place. Staff told us this supported their practice and professional development. We saw the registered manager spoke with staff about performance issues to ensure people received effective care.

We found best practice guidance was used and was embedded in the provider's policies and procedures, for example the Health and Safety Executives information about promoting Health and Safety in Care Homes, and the Care Quality Commissions Guidance on medicine management. This helped to ensure care and support provided to people was in line with current good practice guidelines.

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 to 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 Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. The DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our inspection eight DoLS applications had been granted and one was pending for people living at the service. Staff undertook training in this subject and were able to demonstrate how they supported people to make their own decisions. One member of staff said, "We chat with people and tell them what we are doing, we ask people what they would like to wear, and for their views."

Where people lacked capacity, care was provided in their best interests and people were asked for their input, which helped to protect people's rights. A member of staff said, "We always empower people, whilst they have the capabilities we encourage them to wash themselves and have a drink."

We saw people who required help and encouragement to eat and drink were supported by patient attentive staff. Staff were aware of people's dietary needs, and these were provided for. We observed lunch and saw it was a sociable occasion, different sized portions of food were offered and there was a choice of meals provided. The food served looked appetising and nutritious. Adapted crockery, cutlery, plate guards and beakers were used to help people maintain their independence with eating and drinking. Coloured plates were not used, which may have helped people living with dementia to define the food on their plate and which could help to encourage them to eat. We discussed this with the registered manager who told us they were going to re-introduce this. We saw people were encouraged to make healthy choices of food, where this was appropriate. A member of staff said, "The food is really good. There is breakfast, dinner, tea and snacks. We make sure people have enough to eat, that is really important."

We found staff assessed people's dietary needs on a daily basis. Relevant health care professionals were involved in people's care if they were experiencing weight loss or swallowing problems to help maintain their wellbeing.

Staff promoted people's independence and choice. People made decisions for themselves, where this was possible. The registered manager was currently looking at how staff could promote people to undertake different experiences, for example they were encouraging people to consider using the communal areas of the service especially for people who mainly stayed in their bedroom. Staff were looking at how they could promote the benefits of people that spent time sat in their easy chair in their bedroom rather than staying in

bed to provide a different experience and outlook for them.

If people required medical equipment such as wheelchairs to aid independence or mobility, or pressure relieving mattresses and cushions to prevent pressure damage to their skin, this was provided. Staff told us they contacted relevant health care professionals as required, for example GP's and district nurses to gain help and advice to ensure people's wellbeing was maintained.

We found the service was still developing the communal space to enhance people's reminiscence. Pictorial signage was provided to help people living with dementia to find their way around, more was ordered and was to be fitted. Pictures to help stimulate people's conversations and memories were on the walls, and more was hung upstairs. There was a sensory lounge upstairs with special lighting and relaxation music for people living with dementia. The communal space upstairs was being reviewed by the registered manager to encourage people to use it more often. People were able to spend time together or were able to have quiet time in the communal areas of the service or in their bedrooms. The service had secure gardens and patio areas for people to use; garden furniture was provided.

The service had a 50's lounge with items and notices to stimulate people's memories. There was a guinea pig in a cage at the service for people to enjoy watching. Questions were displayed so people could remember specific events they could share with people, for example memories about their wedding day.

Is the service caring?

Our findings

People told us the staff were kind and caring. We received the following comments, "Oh yes, The staff are always caring", "They [staff] listen well and if they say they will do something then they always do it", "I am very well cared for", "The carers are so good" and "My daughter told me I always look nice in here and well cared for." Relatives told us the staff were caring to people using the service.

Staff we spoke with told us they loved working at the service one said, "I just love my job, it's like family here". Another said, "I work 12 hour shifts but it goes so quick I just love it. 100% a great place to work, I am very happy." Staff we spoke with said their relationships with the people they supported were meaningful and positive. One said that whilst it wasn't their own home, staff wanted people to feel like it was, and they treated people like they were their own relatives.

We saw people were treated with dignity and respect. We observed staff supporting people in the communal areas of the service. Staff were attentive and asked people if they required anything and acted upon what was said. They reminisced with people, talking about their home life and work they used to do, which people were seen to enjoy.

Staff observed people's body language and monitored if they looked comfortable, if staff were unsure they went to check to make sure people were alright. We saw staff addressed people by their preferred names. One person we spoke with told us, "Staff knock before entering my room." People's privacy and dignity was protected by staff delivering personal care to people behind closed doors. Training was provided to all staff in this area and about delivering person-centred care to people.

Information about people's communication needs was known by staff and it was documented in their care records. Staff informed visiting health care professionals about people's communication needs so they could engage effectively with them.

Staff used gentle and appropriate touch to let people know they were there and to give calm reassurance to people if they become upset. Staff observed and monitored people to ensure they were not in pain or discomfort, advice was sought from health care professionals if staff were concerned people may be uncomfortable.

We found information was provided to people and their relatives about the service, activities and events which helped to keep all parties informed. Local advocates were made available to people to help them raise their views about the service.

The registered manager told us they provided continuity of care to people because staff covered each other's absence and annual leave. Certain agency staff were regularly used to help staff the service because they understood the people's care and support needs.

People we spoke with told us they were satisfied with the care provided and confirmed they were involved in

making decisions about their care along with their relatives, if necessary. People's relatives were invited to care reviews and best interest meetings, where appropriate.

There was an equality and diversity policy in place. Staff recognised the importance of respecting people's diversity and treating everyone as equals. People's faith and religious needs were recorded and staff supported people to practice their religion within the service or in the community.

People's personal information and information held at the service was stored in line with the Data Protection Act. Staff told us they understood they must maintain people's confidentiality and follow the provider's policy about this.

Is the service responsive?

Our findings

People we spoke with told us the staff were responsive to their needs. One person said, "Staff help me to do whatever I want." Another person said, "I am just happy with everything." A relative told us they discussed their relations care and asked questions, then that information would be updated in the care plan.

People had an assessment of their needs undertaken. This allowed them and their relatives to ask questions about what the service could offer them. Staff asked people about their needs and information was gained from relevant health care professionals, from local authority care records and from discharging hospitals. This informed staff about people's care and support needs. The registered manager reviewed this information before offering people a place at the service and only accepted those whose needs could be met. Staff used this information to create individualised care plans and risk assessments for people.

We found people's care records were personalised and detailed their needs and preferences for their care and support. They included specific information about people's skin care, nutrition, mobility and methods of communication. People's care files contained information about their next of kin, health professionals involved in their care, past medical history, life history and people's goals. Staff said this information helped them provide the care people wanted to receive. Staff reviewed people's care periodically and as their needs changed. People were supported by health care professionals such as, GP's, hospital consultants, chiropodists, dentist and opticians to maintain people's wellbeing.

We found a high proportion of people were cared for in their bedrooms. We discussed this with the registered manager. This was people's preference or due to their care needs. The registered manager had considered if people were being deprived of their liberty and had taken appropriate action. There was a review taking place at the service of all people in this category about how they were supported. Staff were encouraging and re-assessing people's needs to ensure they were not at risk of social isolation. We saw information that confirmed the activities co-ordinators spent time with people in their bedrooms and staff told us they spent time with people, when they could.

There were activities provided Monday to Friday, during our inspection the programme of activities was extended to weekends. The activities available were displayed on pictorial notice boards which helped people living with dementia understand what was available for them. People we spoke with said, "I used to stay in my own room, it's my own choice but they [staff] do still tell me about any activities and let me choose what I want to go to" and, "Oh yes, we have activities in the morning and quizzes and reminisces, it keeps my mind active, love it". People's hobbies and interests were known by staff and provided for this including, arts and crafts, board games, film events and visits from local entertainers and a gardening club. There was a weekly bus trip provided on a Wednesday. Everyone at the service was included and outings occurred to places such as the coast, to Brigg Garden Centre and to The Deep, in Hull.

We observed people who were living with dementia making 'memory boxes'. These were brightly coloured and decorated with pictures or items that meant something to the person. There were personal items in the box, such as small ornaments, cards or photographs that stimulated people's memories and aided

reminiscence.

We saw photographs of events that had taken place. There had been a Summer Fair where people's relatives had been invited to attend. Staff we spoke with told us visitors were welcome but preferably not at mealtimes as they may distract people from eating. Local clergy were invited to provide religious support to people. A hairdresser attended so people were able to get their hair done without venturing out.

A complaints policy and procedure was provided to people. It advised how to make a complaint and how issues raised would be investigated and the timescales for the response. People we spoke with told us they had no complaints to raise, but would make a complaint if they needed too. One person said, "If I had a complaint I would feel able to approach the manager or any of the other staff". Another person said, "I would go to any one of the staff; there's not one I wouldn't be able to talk to". We looked at the complaints that had been received. We saw the registered manager and provider took action to address the issues raised and used this information to help improve the service.

End of life care was provided at the service. We saw compliments had been received from people's family about the care and support they and their loved one had received. People's wishes for their end of life care were recorded and staff were aware of this information. The registered manager told us the staff worked with health care professionals to make sure people had a comfortable and dignified death.

Is the service well-led?

Our findings

People we spoke with said the service was well-led and confirmed their views were asked for, they told us they were happy living at the service. One person said, "The manager is very open and straightforward, I can approach them at any time." Another said, "I had to see the manager once my issue which was sorted very quickly and has not happened again." We asked people what they felt was good about the service, comments received were positive, one person said, "Everything."

The registered manager was supported by senior staff at the service and provider's senior management visited regular to support the manager and review the service provided to people. Managers meetings took place in other homes within the group to enable the registered managers to share good practice ideas and discuss any challenges.

The registered manager understood their responsibilities and had an 'open door' policy in place so people, relatives, staff or visitors could speak with them at any time. Staff at the service understood the management structure in place. We found the management team were open and transparent with us during the inspection.

Staff told us the registered manager was always looking at how the service could be improved, for example a 'resident of the day' scheme had been introduced. This was where the heads of department and care staff spent time with the person and reviewed their care and support with the nominated person. The person's bedroom was also spring cleaned.

There were champions in place for fluid intake, dignity and respect, health and safety and end of life care. The champions monitored these areas of the service and promoted these subjects within the staff team.

The registered manager was undertaking a full review of the environment to see how it could be enhanced further for people, especially those living with dementia and for people who stayed in their rooms. They told us work was being undertaken by a tree surgeon to help improve the lighting in some of the bedrooms at the service.

A new electronic care monitoring system was about to be introduced in March 2018 at the service. Staff were undertaking training about this. The management team told us the new system, once introduced would give the staff more quality time to spend with people and tis system helped staff to maintain people's care records to ensure they were up to date.

We saw a programme of checks and audits were in place to monitor people's care files, medicine administration and management, the activities provided, food and fluids taken by people, infection control, admissions to accident and emergency and analysis of pressure sores which occurred. Information gathered was reviewed and corrective action was undertaken.

Staff meetings were held every day for all heads of department. People's changing care needs and any

issues were discussed and addressed. A member of staff said, "The manager acts to improve things, we are all passionate and all want the best for our residents." The registered manager told us, "We tell the staff about plans to improve the service, where we think we can make a difference we actively encourage staff participation." Staff told us the meetings were helpful.

Staff meetings took place so staff could raise their views about the service provided. Policies and procedures, good practice ideas, staffing levels and audit results were shared and discussed. Minutes of the meetings were produced for those who were unable to attend, to keep them informed.

There was a 'staff member of the day' scheme in operation, where the administrator checked the named staff's file to ensure it was in good order and to check supervisions and appraisals were up to date. The registered manager also spent time with the member of staff to ensure they felt supported. There was a policy of the week scheme where staff were provided with the policy and discussions were held to make sure staff understood it.

Resident and relatives meetings took place. We looked at the minutes from the last meeting and saw activities, meals and suggestions and complaints were discussed. The registered manager was about to send people living at the service the yearly survey to complete. Each month the registered manager carried out surveys. We looked at the results received for the hairdressing service, activities, chiropody services, invoicing and beauty therapy. Positive comments had been received such as 'everything is okay' and 'the tea room has been provided so we can make drinks'. We saw people were given information in a form that met their needs so they were kept informed. The registered manager was looking at how they could build more links with the local community to promote the service.

Services that provide health and social care to people are, as part of their registration, are required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur. The registered manager was aware of this and provided us with this information. We found good practice guidance was used at the service to help to maintain people's health and wellbeing.