HC-One Limited

Dingle Meadow

Inspection report

Golden Crest Drive
Oldbury
West Midlands
B69 2DQ

Tel: 01215529355
Website: www.hc-one.co.uk/homes/dingle-meadow/

Date of inspection visit:
04 July 2016

Date of publication:
24 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 and 23 September 2015. At which a breach of legal requirements was found. This was because the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff in the home deployed to meet the needs of the people living there.

After this comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focussed inspection on the 22 and 23 March 2016 to check that the provider had made and sustained the improvements they had told us they would make. At that inspection, we found that some improvements had been made in terms of staffing levels, but the provider remained in breach of the regulations. We also found in a breach relating to the management of risks to ensure the health, safety and welfare of people living in the home.

After the focussed inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches that were found. We undertook this fully comprehensive inspection on the 4 July 2016 to check that the provider had made and sustained the improvements they had told us they would make.

Dingle Meadow provides accommodation and personal care for up to 46 older people. Some people lived with dementia. On the day of the inspection, 34 people were living at the home and there was a registered manager in post. On the day of the inspection the registered manager was on extended leave and we spoke with the acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were supported by staff who had received training in how to recognise different types of abuse. Staff were confident that if they raised any concerns then the appropriate action would be taken.

People who used the service and staff told us that they thought there were enough staff in post to meet their needs in a timely manner. People told us that they received their medicines on time. Our observations confirmed this to be the case.

Staff felt supported and well trained to do their job. They were encouraged to access training that was made available to them.

Staff interacted well with people. People's consent was sought before they were supported and where they lacked capacity their human rights were protected as required within the Mental Capacity Act (2005).

People were supported to have a nutritionally balanced diet and adequate fluids throughout the day and were offered a choice at mealtimes. People were supported to access a number of healthcare services such as their GP, the dentist and optician.

People were supported by staff who were caring and kind but people's privacy and dignity was not always consistently met.

People were involved in their care plans and asked how they wished to be supported. Staff understood people's preferences and choices and what was important to them.

People and their relatives were invited to meetings to provide to discuss the service and the quality of care provided. Visitors were encouraged to complete an electronic feedback survey at every visit. There were plans in place to send out surveys to people and their families, later in the year.

Activities were available for people to participate in and efforts were made to provide people with the opportunity to mix with people on other units to engage in activities they enjoyed.

There was a system in place for people to raise complaints and for those that had, we saw that they had been investigated and recorded appropriately.

People, their relatives and staff described the manager as supportive and approachable. The manager undertook a number of regular checks on the quality of the service and action plans were in place to follow up any areas of improvement.

You can read the report from our last comprehensive inspection, by selection 'all reports' link for Dingle Meadow on our website at www.cqc.org.uk.

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 supported by sufficient numbers of staff who were aware of the risks to them on a daily basis and how to manage those risks.

People felt safe and confident that staff were able to protect them from abuse and harm.

People's medicines were administered, stored and handled in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the skills and knowledge to support people appropriately.

People were supported to have enough food and drink and staff understood people's nutritional needs

The manager and staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and their relatives were complimentary about the staff and the care they received.

We observed that people's privacy and dignity was not consistently met.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were aware of their likes and dislikes, and efforts were in place to develop this information

further.

A number of activities were available to people in the home and people were encouraged to participate in activities that they personally enjoyed.

Where people had raised a complaint, they were investigated and actions taken where necessary.

Is the service well-led?

Good

The service was well led.

People and staff all spoke positively about the manager and the support she provided.

People had recognised the changes that the manager had introduced into the home and the positive effect this had on the people living there.

There were a number of quality audits in place that identified shortfalls and all staff were engaged in the driving of improvement in the home.

Dingle Meadow

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.

The inspection took place on 4 July 2016 and was unannounced.

The inspection was carried out by three inspectors, a pharmacy 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted representatives from the Local Authority to ask them for their feedback on the care provided by this home. At the time of the inspection, the provider had an agreed with the Local Authority, to self-impose a suspension on placements at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As the registered manager was currently on extended leave, we spoke with the acting manager who had been bought into the home to oversee the improvements that were required following previous inspections. We also spoke with the deputy manager, the operations director, five care staff, the chef, the activities co-ordinator, ten people living at the home and three relatives.

We looked at the care records of ten people living at the home, two staff files, training records, complaints, accident and incident recordings, safeguarding records, eight medication records, home rotas, and quality audits.

Good

Is the service safe?

Our findings

At our focussed inspection on 22 and 23 March 2016, we found that the provider had failed to ensure that all staff had the skills and competencies to meet people's care needs and keep them safe at all times. We found that no inductions had been put in place for agency staff and there was no clear guidance for them to follow. This meant that people did not receive the support they required as staff were not suitably skilled and aware of their responsibilities, resulting in medication not being dispensed to people the previous evening.

At our comprehensive inspection of 4 July 2016, we found that the provider had taken a number of actions to ensure agency staff received an induction and clear guidance regarding their roles and responsibilities. We spoke with a member of agency staff who confirmed a member of staff had gone through the induction booklet with them. They told us, "It takes time to familiarise yourself with everything. At first I didn't do anything unless I asked if it was ok. I have had plenty of support here and the staff are very supportive". We spoke with the manager who told us that following feedback from an agency member of staff who worked nights, a checklist had been developed as a guide to staff, providing greater detail of what was expected from the senior staff on duty at night.

At our focussed inspection on 22 and 23 March 2016, we looked to see what actions had been taken in response to an incident involving the use of a sensor mat (sensor mats are used to alert staff as to when people get out of bed). We were told that in response to the incident, lessons had been learnt and a checklist would be completed to ensure each person's room was 'fit for purpose' and that sensor mats were operating correctly before people retired to bed. At that inspection we found that these checks were being completed inconsistently and staff told us they were not confident that they were taking place regularly.

At our comprehensive inspection of 4 July 2016, we found that the provider had taken a number of actions to ensure these checks were taking place and that staff were fully aware of their responsibilities regarding this. We looked at the records of five people who had sensor mats in place. We saw that sensor observation records were in place for each person and were completed every time the sensor was triggered, including actions taken. A member of staff described to us the actions they took to check the sensor mats were working correctly and showed us how the paperwork was filled in every time the alarm was triggered. They told us, "You can see it tells a story". Staff spoken with confirmed they had received in house training regarding this and the manager had produced an example of a completed sensor observation record which had helped them to complete them properly.

People told us they felt safe in the home and when supported by staff. One person told us, "I feel safe because I have my walker and staff will walk alongside me to make sure I don't trip over" and another person said, "I feel safe and well cared for so there's nothing I would want to have changed". A relative said, "I have no concerns or worries about my relative as the carers are good at their job".

People were supported by staff who understood their responsibilities with regard to raising any safeguarding concerns. Staff told us they had received training in how to keep people safe from harm and were able to describe the different signs they would look out for that would alert them to any concerns. One

member of staff told us, "If I had concerns, I would go to the manager, write down what I had seen and document everything". Staff told us they were confident that if they did raise concerns, that they would be dealt with appropriately. We saw where safeguarding concerns had been raised; they were investigated and acted upon, the necessary authorities alerted and where necessary, disciplinary procedures were followed. The manager told us, "To prove the service is safe, we need to pass information on".

Staff were able to provide us with a good account of the risks to people on a daily basis and how to manage those risks. For example, a member of staff told us, "[Person's name] sometimes is not steady on her feet, so someone has to be with her to go to the toilet, you have to be aware she can't do too much so it's important to offer the option of using a wheelchair". Staff were clear on their responsibilities with regard to reporting, recording and acting on any accidents and incidents that may occur. Where accidents had taken place, we saw that body maps were in place identifying any injuries and what actions staff should take.

People told us that there were enough staff available to support them. One person told us, "I rarely use my call button but when I have staff came straight away to see what I wanted". One member of staff told us, "I think there is enough staff now, we have time for the residents" and another member of staff said, "It really makes a difference having four staff on in the mornings". We observed that people's needs were responded to in a timely manner. We saw that each person living at the home had their dependency levels assessed and this information was used to assess the number of staff required to support people living in the home.

We saw where agency staff were employed to cover vacancies, efforts were made to ensure the same agency staff were used to ensure consistency of care. One member of staff told us, "99.9% of the time we have the same agency, it's much better and better for the residents". We saw that in response to recent concerns, nurses had been brought into the home in order to lead night shifts and administer medication. This continuity and provision of trained nursing staff meant the manager could be assured that people living in the home received their medication at night time.

We looked at staff recruitment records and confirmed that the appropriate pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring service (DBS). These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. Staff spoken with confirmed that these checks had been undertaken for them before they were allowed to start work. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the home.

People were supported by staff who had received training in how to administer medicines safely and effectively. One person told us, "Staff give me my medication every day and they stop with me until I have taken it", another person said, "If I'm in pain I tell the staff and they give me paracetamol or something like that to help me". We observed a medicine round taking place and people being supported appropriately to take their medicines. We observed one person asking why they were not taking one of their medicines at a particular time and the member of staff explained, "You need to take the medicine earlier, as it needs to work on an empty stomach".

Staff took care to ensure the correct medicine was administered to the right person. People's allergies were always, clearly recorded. Where one person who was prescribed medicines that required regular monitoring, those tests were taking place. For those people who required their medicines at a specific time, this was done correctly. Guidance for the administration of 'as and when required' medicines were always available. We saw that medicines in stock correlated with the Medication Administration Records (MAR) charts and balances were accurate.All medicines were stored safely and securely.

Good

Is the service effective?

Our findings

People told us that they were cared for by staff who were well trained to do their job. One person told us, "The carers are good to me and look after me nicely. If I'm worried or concerned about something I tell the carers and they sort it out for me". A relative commented, "As a family we are pleased with the staff and carers and what they do for our relative".

Staff told us they benefitted from an induction which prepared them for their role. They told us they were given numerous shadowing opportunities which enabled them to observe more experience staff in the home. One member of staff told us, "Once I'd done my induction, I was ready to go on shift". We saw that new staff were given a comprehensive booklet to accompany their induction and for them to reference. The provider told us in their provider information return (PIR) that they plan to introduce a role of mentor for each new starter. A new member of staff confirmed to us that she had been allocated a mentor to support her through her induction.

Staff confirmed, and records showed, that they received regular training to equip them with the skills they needed to do their job. The provider had told us in their PIR, how they assessed and monitored the training levels of staff. We saw that this work was ongoing and the targets the manager had set herself had been met and she was currently reviewing this. The manager explained that she assessed staff learning by ensuring staff completed 'evidence sheets' at the end of every module studied. The manager told us, "We assess if staff have a good understanding [of the subject]". We saw that where the provider's in house quality inspector had highlighted some staff might not understand some aspects of safeguarding, the manager had put in place a noticeboard providing additional information for staff to refer to regarding this and staff spoken with were knowledgeable on this subject.

Staff told us they felt fully supported in their role and were in receipt of regular supervision, which gave them the opportunity to discuss their learning or any concerns they may have. One member of staff told us they had been supported to access additional training, at their own request. They told us, "I asked for dignity training. It was arranged for three of us and I really enjoyed it". They went on to describe their learning and the difference this had made to their practice on a daily basis. They told us they were planning to study for an access to nursing course and described how they had been supported by the manager to do this. They told us, "I feel very supported, I've been given a mentor now and if I get stuck on anything she helps me". They went on to tell us that the manager was supporting them to take on the role of a senior carer and was providing the additional training she required to enable her to do this.

All staff spoken with told us that communication in the home had improved and was 'getting better'. We saw that handover sheets detailing information were passed between shifts. There were daily heads of department meetings that were also used to pass on any relevant information. The provider told us in their PIR, that each day they identified a particular 'resident of the day'. The manager explained, "We will discuss the resident of the day in the heads of the department meeting. It's important for everyone to be involved. If someone was identified at risk of falls, for example, we would need to look at the environment to see if it could be improved for them".

We saw good evidence of information being passed on to staff in a timely manner. We also saw an incident where information was not passed on correctly. For example, there was a medication transcription error found on a person's specific medication record. Staff spoken with were aware of this but had failed to amend the record. The error was only rectified when it was brought to a staff member's attention.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 received 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were met.

One person told us, "I get up and go to bed when I want, in fact there's very little that we can't do so we have a lot of freedom". We observed and heard staff seeking people's consent before they assisted them with their care. Staff spoken with had received training in respect of MCA and DoLS and were able to provide us with a good account of what this meant for the people they supported on a daily basis. For example, one member of staff told us, "If someone refuses care, we would talk to them, I wouldn't force them. I might say, 'let's go and have a cup of tea first' and then try again later".

We saw that where applications had been made to deprive a person of their liberty, the manager had followed the correct procedures [including notifying CQC one the decision was authorised] and documented the decision making process.

At lunchtime we observed that people were assisted to the dining room and encouraged to choose where they sat. We observed at mealtimes that people were shown the two choices that were on offer, so that they could decide what they would like to eat there and then. Once people had made their decision, a fresh meal of their choice was provided by the kitchen. If people didn't like what was on offer, they were asked what they would like instead and if possible, offered that alternative and we saw evidence of this. One person told us, "The food's quite good here and if there's nothing I like on the menu, they will find something else for me to have, the sweets are very nice too", another person told us, "The food's good, hot and tasty, just as I like it".

We observed that drinks were offered throughout the day as well as regular snacks between meals such as fresh fruit and cakes. People were offered a choice of hot and cold drinks and staff explained to them what was on offer. We observed that staff were supporting people in line with their care plan and risk assessments in order to maintain nutrition and hydration. Staff gently encouraged people to eat their lunch. We spoke with the chef and the kitchen assistant. Both were knowledgeable about people's dietary needs and preferences. We saw that diet notification sheets were available for each person living in the home, providing staff with the information they required in respect of people's nutritional needs. People were weighed regularly to monitor for any signs of weight loss or weight gain. We saw where people had lost weight, referrals were made to the dietician and the guidance offered was followed. This information was passed onto kitchen staff and their diet was amended accordingly.

We saw that people were supported to access a variety of services to meet their health care needs, including

opticians, dentists and chiropodists. One person told us, "If I need to see the doctor staff will arrange this for me". We observed that one person had complained of severe pain following a visit from their GP. An ambulance was called and reassurance and support was given to the person whilst they were examined.

Requires Improvement

Is the service caring?

Our findings

We observed one person call out to staff continuously asking to be moved. One member of staff said, "Give me five minutes" and the other member of staff present ignored the person, despite them continually calling out. Another member of staff then entered the lounge and observed the person calling out and continually asking to be moved. This member of staff told the person they couldn't move them due to them being at risk of falling and the conversation then turned into an argument, with the person becoming more distressed and upset. It was only at this point did staff then help the person to move to a different chair and once this was done, the person appeared more content and relaxed.

We observed another person being escorted to the bathroom. The member of staff left the person in the bathroom and shut the door behind them, but failed to change the sign on the door that would indicate that the bathroom was in use. The member of staff then went into the lounge and the person had to shout out when they needed the member of staff's assistance. This meant that if someone walked into the bathroom, the person's dignity would be compromised.

On a number of other occasions, we observed that staff responded to people with kindness. People told us that staff were kind and caring. One person told us, "It's home from home here, I like it very much and the staff are nice and kind to me", another person said, "The staff are lovely and caring and will do anything for you". A relative told us, "The staff are friendly, caring and compassionate and treat my relative with dignity and respect".

Staff spoken with were able to explain to us how they maintained people's dignity and respect when supporting them with their personal care, for example by closing doors and covering people with a towel. One member of staff told us, "It's the silly little things, like if a lady is wearing a skirt, ask if she would like a blanket over her legs". They went on to tell us, "I took it upon myself to contact the Alzheimer's Society and get some booklets and put them out for families, not everyone understands about dementia and it all helps".

We observed that when staff spent time talking with people they were caring and supportive. At mealtimes we observed staff checking with people if they were ok. People were asked if they would like to wear a protector over their clothes whilst eating and when they responded to this the member of staff thanked them. We observed a member of staff offer reassurance and support to someone who had walked along a corridor and became concerned because they couldn't find their room. The member of staff immediately distracted the person by engaging them in conversation and then showed them where their room was and offered to make them a cup of tea. We observed another incident where someone became upset and staff immediately offered reassurance and distracted the person by taking them for a walk.

People told us they were supported to maintain their independence and encouraged to do what they could for themselves. One person told us, "I'm fairly independent, sometimes they [staff] help me have a shower and they will do the parts I can't reach, like my back and feet and it's done in a most dignified way respecting my privacy". A member of staff told us, "[Person's name] is on 30 minutes close observations, she

is very independent and we don't want to take her independence away from her, but she was assessed for a frame and that has helped".

People told us they were supported to make their own choices and decisions regarding their daily routines, one person told us, "I get up and go to bed when I want, just like I did when I was at home, so that's good". Staff were able to describe to us how people liked to be supported, their daily routines and what was important to them. One member of staff told us, "[Person's name] doesn't like male carers to help wash and dress her, so only women go in and that's her choice".

We saw that visiting was not restricted and people told us they could have visitors at any time, one relative told us, "I can visit my relative at any reasonable time so there's no restrictors there".

We saw that regular meetings took place with people who lived at the home, providing them with the opportunity to voice their opinions. We saw that people's comments were taken on board and action points noted for the next meeting.

Not all staff were aware of how to access advocacy services for people, but information was on display in the reception area of the home, should people wish to have someone act on their behalf.

Good

Is the service responsive?

Our findings

People told us that they had been involved in their care plans and had been asked how they would like to be supported and records seen confirmed this. One person told us, "Staff recently talked to me about the care that they provide and did I want it to change but it's fine so I think it's written down somewhere", another person said, "Sometimes the staff will talk to me about my care and was it what I still wanted or did it need changing".

Staff were able to provide us with a good account of the people they supported, their daily routines, likes and dislikes and what was important to them. For example, one member of staff told us, "[Person's name] likes reminiscing about her children and grandchild and getting her photos out" and another member of staff was able to tell us about another person's family history and how they had got to know the person by completing the 'Remembering together' paperwork in the person's care plan.

We saw that new care plan paperwork was being introduced for each person living at the home. Staff spoken with told us they preferred the new format, which enabled them to quickly obtain a clear picture of people's care needs. A member of staff told us, "We complete the daily folders now, not the seniors. It makes sense that we do this, we're with the residents all the time. If there are any issues we'll report it to the senior". We saw that care plans held pre-assessment information detailing people's personal history, their daily routine, likes and dislikes and healthcare needs. We saw that care plans asked what activities people enjoyed. One person's care plan documented the activities they enjoyed taking part in, including playing dominoes, games and reading the newspapers and this person confirmed to us they enjoyed taking part in these activities in the home.

We observed that people were responded to appropriately by staff. For example, we saw a number of instances where people living at the home thought they were elsewhere and mentioned this to staff. Staff went along with this, didn't correct people and people were content at this response. Staff realised the importance to people's wellbeing that to respond to them in this fashion, was the right thing to do and alleviate any stress they may experience. We observed a person with breathing difficulties receive good reassurance from a member of staff who spoke to them in a calm and reassuring manner. Staff continued to monitor the person appropriately for any re-occurrence of the issue.

One person told us, "There's activities that happen to stop me from getting bored which is very nice but I don't do bingo". We saw there were a variety of activities planned and notices on display in the home telling people about this, such as coffee mornings, library visit dates and a visit from a travelling theatre group. We spoke with the activities co-ordinator who had recently been appointed to the home. They told us they were working on finding out what people enjoyed doing and worked over both floors of the home. We saw that they were encouraging people from both floors to come together for activities. We observed a small group of people playing bingo around the table, there was lots of chatter and discussion going on and people were seen to be enjoying their drinks and each other's company. We also observed four people playing a board game in the quiet lounge, with the activity co-ordinator. We observed all were encouraged to take part and enjoyed good conversations and lots of laughter and jokes. People were in tears they were laughing so

much. We saw the activity co-ordinator made sure everyone was involved and enjoyed themselves.

One person told us, "There are residents meetings every now and again so we can have our say about the home. I know the manager and we often have a chat and I tell her what I think about the home. There's nothing I can think of to change about the home" and a relative said, "I have attended some relatives meetings and felt listened to and respected for what I was saying". People told us that they knew how to make a complaint if they needed to. One person said, "No complaints, and if I was worried I'd talk to one of the carers who would help me. No there's nothing to change as it's all right here". A relative told us, "If I needed to I would raise any concerns or complaints with the manager, who would I'm sure respond in a positive manner".

We saw that two complaints had been received. We saw evidence that both complaints had been recorded and investigated and the complainant written to detailing the actions taken in response to each issue.

Good

Is the service well-led?

Our findings

People spoken with talked positively about the manager and recognised the improvements that she had bought to the home. One person said, "I know the manager and the usual staff and I think they run the home very well so there's nothing I want to alter or change", another person said, "I think the home is well run, it's always clean, bright and tidy". A relative commented, "Overall the care is good and we feel our relative is kept safe and is well treated". We observed the atmosphere in the home was calm, warm and welcoming.

The manager had been brought into the home to ensure that the areas that required improvement that had been identified at previous inspections and following recent concerns, were acted upon. We saw and people told us, that the manager had brought about a number of positive changes to the running of the home, which had an impact on the people living there and the staff who supported them. We saw that there had been a recruitment drive to attract new staff into the home. The manager told us her biggest challenge was currently getting the new staff group to work together as a team but felt her biggest achievement was changing the way staff felt about their role. She told us, "The end result is the residents and their well-being. We're winning the team around".

Staff spoken with talked positively about the manager and the support she provided. They told us they attended regular staff meetings and felt listened to. One member of staff told us, "[Manager's name] is approachable, she definitely has an open door policy. She has made a big difference" adding, "The atmosphere is good, it's a home from home, like a family, everyone is pulling together as a team, it's lovely to work here". Staff told us they felt listened to and confident that if they raised any concerns with the manager then they would be taken seriously and acted upon. A member of staff told us, "[Manager's name] puts the resident first. Any problems, you can see her anytime and she will listen".

Staff told us they were aware of the whistle blowing policy and told us they had access to a number they could ring if they had any concerns. They told us they would have no hesitation raising concerns, if they felt the need to.

We saw that there were a number of audits in place to monitor the quality of the service provided, such as medicines, pressure care, infection control, weight loss, falls and accidents and incidents. The manager explained that any actions that had been identified from the audits fed into the home's action plan and or were raised at staff meetings. We saw that this action plan was updated on a weekly basis and sent to the operational director for monitoring. We saw where audits highlighted concerns around people's weight for example, these issues were followed up appropriately and closely monitored by staff.

The manager told us she had worked to maintain a good relationship with district nurses who visited the home on a daily basis. She told us, "The Community Matron came in to see if there were any problems or issues. It's working well".

The manager told us she had identified areas where she thought staff would benefit from additional training, but was encouraging staff to take responsibility for identifying any additional training they felt they

required. The manager explained how she monitored care delivery by observing staff practice and listening to how staff spoke to people. She also obtained feedback from people living at them about their experiences of their care, she told us, "We try and get their [people living at the home] perspective as well".

We saw that feedback was sought from people and their relatives. Residents and relatives meetings regularly took place and there was also an electronic touch screen system in the main hallway of the home that all people and visitors were encouraged to complete. We saw that surveys had been sent out in the past to families for completion and relatives spoken with confirmed this. The manager told us that she was waiting for the improvements in the home to 'bed down' and would then send out surveys again to assess the impact of the actions that had been taken.

The manager told us that they received regular support from the operation manager, who visited the home regularly. The manager also received support from the local authority quality team who offered training and guidance on a number of areas. The manager told us that staff had recently received training from the quality team regarding enhancing people's experience at mealtimes and felt that this had improved staff practice.

We found that the manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

Before the inspection, we asked the provider to complete a provider Information Return (PIR). The provider completed and returned this to us within the timescales given.

We saw that the provider had on display their ratings poster from their previous inspection, which they are required to do so by law.