

Albury Care Home Limited

# Albury Care Homes Limited

## Inspection report

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Date of inspection visit:  
05 October 2017

Date of publication:  
03 November 2017

### 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

Albury Care Home is a large home registered to provide accommodation for up to 33 older people who require personal care. The service specialises in supporting older people who have dementia. At the time of the inspection there were 15 people using the service.

The service had a registered manager in post. 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.

The service was inspected previously on 26 July 2016 and placed in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. The registered provider sent us action plans and regular reports about the steps that were being taken to make the required improvements.

Another inspection was carried out on 24 January 2017 and although improvements were found, the service was in breach of the regulations. The service was given an overall rating of 'requires improvement' with an 'inadequate' rating in relation to the 'well-led' key question. This was because the service had failed to implement robust recruitment processes to ensure staff were safe to support people. The service had also failed to ensure the environment and facilities were safe for people who lived at the service and dependency tools did not consider the aspects of the lay out of the home, ancillary staff and hours for activities.

At this comprehensive inspection we found the provider had made improvements in relation to the safety of the environment, employment of ancillary staff, staff suitability to work with people living at Albury Care Home, care records, audits and the registration of a permanent manager.

Procedures in place protected people from harm and abuse. Staff had sufficient knowledge of how to identify, report and escalate suspected abuse and received on-going safeguarding training to keep people safe. Risk management plans in place gave staff clear guidance on how to support and respond to identified risks. Risk management plans were reviewed regularly and amendments shared with staff.

The service carried out regular checks of the environment to keep people safe. Records confirmed that issues identified were documented and action taken to address them in a timely manner. Emergency plans identified people's needs and how staff should support them in the event of a fire. The service had a schedule to monitor and make improvements to the environment which was on-going.

People received support from suitable numbers of staff to keep them safe. Staffing levels were determined around the needs of people and, where those needs changed, staffing ratios were increased to keep people safe. The service had systems in place to ensure suitable staff were employed and vetted in line with good

practice. Staff received on-going training to effectively meet people's needs. Training included fire safety, safeguarding, medicines management and Mental Capacity Act 2005 (MCA).

People's medicine was managed safely and in line with good practice. Medicine administration records (MAR) were completed correctly with no omissions or errors noted. Stocks and balances indicated people had received their medicines as prescribed.

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. We checked whether the service were supporting people in line with the MCA and found their policies followed the legislation.

The service ensured people's consent was sought prior to care and support being delivered. People were encouraged to make decisions and were given information in a manner they understood to make informed decisions. People's decisions were respected and where possible implemented into the delivery of care.

People's health and wellbeing was monitored and action taken to address concerns identified were taken in a timely manner. People were supported to access food and drink that met both their dietary needs and requirements.

People described staff members as, 'great', 'kind' and 'compassionate'. Staff were observed as treating people with dignity and respect and encouraging them to be as independent as possible. People had their privacy maintained.

People's confidentiality was maintained. Records were stored securely in locked cupboards with only authorised persons having the code. Staff spoke in quietened voices when talking about people, ensuring confidential information could not be overheard.

People received personalised care, where people and their relatives were encouraged to participate in the development of their care plans. Care plans were comprehensive, reviewed regularly and gave staff guidance on how to deliver care in a way that met their needs.

People were supported to participate in planned activities, both in the home and in the local community. An activity schedule was located in the communal areas whereby people could choose to participate or not.

The service had a complaints procedure that gave people and staff guidance on how to raise their concerns, what to expect and how to escalate their complaint if they were dissatisfied with the outcome.

People spoke positively about the registered manager confirming she was approachable, supportive and had made positive changes to the service since the last inspection.

The service devised regular audits to monitor and drive improvements within the home. Audits were detailed and issues identified were acted on in a timely manner. The registered manager then reviewed all audits and where appropriate an action plan was implemented and timeframe for work to be completed in place.

The registered manager actively sought partnership working from other healthcare professionals. Feedback

from healthcare professionals, people and their relatives were sought and where appropriate implemented into the delivery of care.

## 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 against the risk of harm and abuse because staff were able to identify, report and escalate suspected abuse. Risk management plans in place gave staff clear guidance on how to support people when faced with identified risks.

People received support from adequate numbers of suitable staff to meet their needs safely.

People's medicines were managed safely and in-line with good practice. Stocks and balance checks confirmed people's medicines were administered as prescribed.

The service demonstrated good practice in-line with infection control guidance.

### Is the service effective?

Good ●

The service was effective. Staff received on-going training to meet people's needs. Staff reflected on their working practices through supervisions and appraisals.

The registered manager and staff knew their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

The service supported people to access food and drink that met their dietary needs and requirements.

### Is the service caring?

Good ●

The service was caring. People told us staff were compassionate and caring.

People's right to privacy and having their dignity maintained was advocated by staff.

People's independence was encouraged by staff in all aspects of their care.

### Is the service responsive?

Good ●

The service was responsive. People received person centred care that was reviewed regularly in conjunction with people and their relatives, to reflect their changing needs and encompass their choices.

People were supported to access a wide range of activities both in-house and in the community.

People were encouraged to raise their concerns and complaints. The provider had systems in place to respond to complaints in a timely manner.

**Is the service well-led?**

The service was well-led. The registered manager had an open and inclusive culture, where people, relatives and staff were encouraged to share their views and action taken to address any issues identified.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The registered manager completed regular audits of the service to drive improvements. Records confirmed issues identified were actioned in a timely manner.

**Good** ●

# Albury Care Homes Limited

## **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.

This unannounced comprehensive inspection took place on 5 October 2017. This inspection was carried out because we carry out comprehensive inspection of services which have been rated as 'Requires Improvement' annually.

This inspection was carried out by two inspectors 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.

Prior to the inspection we reviewed the information we held about the service. For example, information shared with us by members of the public, and the Provider Information Return (PIR). A PIR is a document the provider sends us, to share key information on how what the service does well and any areas of improvement they plan to make.

We also checked notifications sent to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the home and provider.

During the inspection we spoke with three people, five relatives, four staff members, the registered manager and the provider. We reviewed six care plans, four staff files, medicine administration records, the maintenance records, health and safety records and other records relating to the management of the service. We also reviewed the action plan the provider sent us, detailing improvements to the service they had planned to carry out since the last inspection.

After the inspection we contacted a healthcare professional to gather feedback on the service.

# Is the service safe?

## Our findings

At our last inspection of this service on 24 January 2017, we found that more work was needed to ensure all aspects of the environment were safe and that the requirement notice for staffing was not met. We found that the provider did not have enough staff to keep people safe and meet their needs in a timely manner, as care workers were also required to undertake cleaning and kitchen duties in addition to supporting people.

At this inspection on 5 October 2017, we found the service had continued to make improvements regarding the safety of the environment.

The service carried out regular audits of the fire safety management. Records confirmed audits covered regular fire evacuation drills, whereby people were supported to safely evacuate the building in a timely manner. Audits also included, fire safety equipment, call point checks, emergency lighting and fire exit checks. The service employed the services of an external company to carry out regular checks of the fire panel, extinguishers, emergency lighting and fire blankets.

Records confirmed the withdrawal of the Surrey Fire and Rescue Service's enforcement notice. The registered manager confirmed recommendations made in the withdrawal had now been completed.

The service had up-to-date personal emergency evacuation plans (PEEPs) in place which were reviewed regularly. PEEPs detailed people's location within the building, level of mobility and type of equipment that would need to be used in the event of an evacuation and the evacuation strategy required. For example, if the person could walk down the stairs and if they required verbal prompting to evacuate the building.

People received care and support from sufficient numbers of staff to keep them safe. Staffing ratios were devised by a dependency tool that ascertained people's level of needs and the amount of direct support required to meet those needs. We reviewed the rota and found that the service provided an additional 18 hours per day cover to ensure any additional needs could be met. People confirmed there were sufficient numbers of staff on duty to meet their needs in a timely manner. For example, one relative told us, "All the staff are regular [staff], they don't seem to have lots of changes of staff at grass roots level."

The registered manager had improved the recruitment processes to ensure the principles of safer recruitment were followed. Each staff member had a personnel record containing their application form outlining their previous experience in health and social care and explaining gaps in employment, a Disclosure and Barring Service (DBS) check and proof of the staff member's identity and right to work in the United Kingdom. The registered manager explained to us how they sought a fresh DBS check for each staff member every three years, to ensure staff remained suitable to support people. Records showed that concerns about staff performance had been addressed and action taken to support staff to improve their practice where necessary.

The provider had employed a housekeeper who worked six days per week so care staff could better focus on providing support. The provider had also adjusted the rota to create a new shift each morning for a kitchen



assistant who undertook all kitchen duties. As a result, there were now three care staff working during the day supporting people, as well as the registered manager providing periodic support when necessary. The registered manager used a dependency tool to determine the appropriate numbers of staff to keep people safe. We saw that staff were unhurried when they were supporting people, and spent time chatting to people who used the service one-to-one and in small groups.

People and their relatives told us, they felt safe living at the service and that they were well looked after. People were protected against the risk of harm and abuse. Staff understood their responsibilities to safeguard people from abuse. One care worker told us, "If I was concerned about a person I will tell the [registered] manager, make sure I write everything down and take photos if I need to. I would make sure the person was safe and comfortable." The provider had a safeguarding policy in place which gave staff guidance on how to respond to all cases of suspected abuse. Safeguarding notifications were submitted by the provider.

The service had developed risk management plans that identified risks and gave staff guidance on how to mitigate those risks. Risk management plans were regularly updated and reflected people's changing needs which were then shared with staff swiftly, to ensure they delivered up-to-date care that kept people safe. Risk management plans covered, for example, moving and handling, eating and drinking, pressure sores and malnutrition universal screening tool.

Incidents and accidents were recorded detailing where possible the cause of the accident, who was present and action taken. The service undertook monthly fall monitoring audits, whereby the registered manager reviewed the level of falls to identify any trends or patterns, changes needed or referrals to be made.

People received their medicines in line with good practice. One staff told us, "I have had my medicines training; I administer medicines according to the records." We observed the lunchtime medication round and saw that staff administering medicines sought people's consent to do so first, explained the reason why they were being administered and supported them to do so. We reviewed the medicine administration records (MAR) for six people and found these were completed correctly with no gaps. Where people had requested pain relief medicine, these were recorded using the accurate key-codes on the MAR. Stocks and balance checks identified all medicines were accounted for and people received their medicines as detailed on their MAR. Medicines were stored securely in a locked cupboard with a key code security system or in a locked trolley. Only those with authorisation had access to the codes and key. Medicines audits were completed regularly to ensure any errors or omissions were identified and action taken in a timely manner, reducing the impact on people.

## Is the service effective?

### Our findings

At our last inspection on 24 January 2017 we found that only three staff had completed medicine training on an annual basis; this was not in line with the provider policy.

At this inspection on 5 October 2017, the provider had taken action to improve staff training. We found staff had completed their annual safe medicines management training. Records of assessments of staff member's competency for medicines administration were also completed.

People received care and support from staff who underwent regular training to effectively meet people's needs. One person told us, "The staff are really well trained, but they are very discreet, they let you be your own person." Another person said, "In my opinion the staff know what they're doing and yes I would say they are well trained." A staff member told us, "The best thing about working here is all the trainings and all of the support we are having, to make sure we do our best for the residents."

Each staff member's records contained a number of training certificates for training undertaken within the past year. One staff member told us, "There is plenty of training, so much. There is always more to do and always enough time to do it. We have to make sure we keep up-to-date." Another said, "They teach me, everything I learn. I've got my NVQ2 and I do all the training then discuss it with my manager." Staff files confirmed they had undertaken the following training within the last 12 months, for example, medicines management, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, dementia awareness, diabetes, end of life care, pressure ulcer prevention, equality and diversity, fire awareness and fluids and nutrition.

There was an induction programme for new staff, including training, review of service policies and procedures, and shadowing a more experienced member of staff, which records confirmed that all staff had undergone when they started working at the service.

People were supported by staff who actively reflected on their working practices to drive improvements in the delivery of care. The registered manager supported staff through regular supervision and annual appraisal of their work. Each of these meetings was clearly documented and included actions for the staff member and supervisor. Annual appraisals also included direct feedback from people who used the service and their relatives to assist the staff member to evaluate their performance and identify areas for improvement in their work.

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). We checked whether the service supported people in line with the MCA; and found they policies were in line with legislation. Staff understood the requirements of the MCA and what these meant for the people they supported. Care workers were able to explain how they supported people to make decisions about their day-to-day care. One care worker told us, "I always make sure I make the options clear, and sometimes we make decisions in their best interests if they can't understand."

The service had undertaken mental capacity assessments for people whose capacity was fluctuating. Records confirmed assessments were completed in line with legislation and where it was deemed people lacked the capacity, best interest meetings were carried out. At the time of the inspection there were two people subject to a standard DoLS authorisation. The registered manager was awaiting confirmation as to whether further standard authorisations had been granted, by the local authority.

People's consent to care and treatment was sought and only delivered when consent had been obtained. One person told us, "I've noticed they always ask someone if they can help them and explain things, even with my [relative] who is very advanced in their condition." During the inspection we observed staff seeking people's consent to support them with personal care, administer their medicines and support with mobilising.

People were supported to have food and drink that met their dietary needs and health requirements. People spoke positively of the food and drink provided. A relative said, "The food is superb and it's the sort of food [relative] would have eaten if they had been in their own home." People with special dietary needs were catered for, and we saw there was a sign on the wall of the kitchen outlining each person's dietary preferences, likes and dislikes, and special requirements such as thickeners for their drinks to reduce the risk of choking or soft diets. During the inspection we observed the lunchtime service and found people were offered choices of food and where required were supported to eat and drink. Staff encouraged people to eat, yet gave them time to do so at a pace that suited them. There was a calm and relaxed atmosphere during the lunch period, and staff checked with them if they were satisfied with their meal. People also had access to snacks including fruit outside of meal times; and were offered regular drinks, which they could either request or help themselves to in the main dining room or in their private kitchenette. Each room had its own kitchenette facility, which contained a fridge and sink. People who wished to use those facilities had risk management plans completed to ensure it was safe to do so. We observed staff use a temperature probe to ensure food was at an appropriate temperature before serving to people, and recorded these temperature checks so they could be monitored or referred to if necessary. Food was labelled and stored in accordance with guidelines and was all in date when we checked. There was a daily check of the kitchen with issues noted and action taken as a result.

People were supported to access a wide range of healthcare professional services to ensure their health was maintained. People told us staff responded quickly to any health issues there might be and that their relatives were kept fully apprised of what action was being taken and why. Records showed people had access to, for example, the G.P, chiropodist, district nurses, social workers and the optician. Staff also supported people to attend healthcare appointments based in the local community. Guidance and advice from healthcare professionals was then implemented into people's care plans.

# Is the service caring?

## Our findings

Everyone we spoke to spoke positively of the staff. One person told us, "The [staff members] are always the same, they do everything with a smile." A relative said, "I think the staff are really lovely people. They always greet you with a smile whenever you turn up and there's always a calm atmosphere in the home. They [staff members] work with us to make life enjoyable for [relative]."

Staff were very caring towards the people they supported. We saw several instances of staff anticipating people's needs to ensure they remained comfortable, and spoke with people in ways that recognised their histories and appreciated them. Staff spoke to people with respect, used their preferred names and chatted with them about topics of interest. On several occasions, we observed staff use physical touch to comfort and reassure people, in ways they clearly appreciated such as holding their hand or gently stroking their arm. We also observed staff singing and dancing at various times throughout our visit, to which people were singing along and dancing when their mobility needs allowed. The atmosphere in the service was calm and warm.

People confirmed they were treated with dignity and respect by staff. One person said, "They [staff members] always knock on my door before coming in, it's my space and they wait to be invited rather than just barging in." A relative told us, "I think they [staff members] do respect their privacy and dignity. A member of staff helped [relative] to the bathroom and waited outside. The member of staff then checked to make sure that [relative's] clothing was in order before walking them back to the lounge." Staff were observed using a screen to protect people's privacy when they supported people to sit and stand using a hoist when other people were present, in areas such as the lounge.

People were supported to understand what was happening by staff giving them sufficient information in a manner they understood. One person told us, "You can go to them [staff members] anytime. They always explain things in a way you can understand." A relative said, "Whenever I go the care staff are always welcoming and the Key worker keeps me fully informed of whatever is happening. I never feel I have to go looking for someone to tell me how things are going, they come to me." During lunch being served, we observed staff explaining what was available for lunch, speaking calmly and affording people the opportunity to understand and respond to their comments without being hurried.

People were supported by staff who respected their confidentiality. For example, staff were observed speaking about people in designated areas or quietly, ensuring they could not be overheard by others. Records were kept secured in a locked office with only staff with authorisation having access to them.

People were encouraged to maintain their independence where safe to do so. One relative told us, "I think they [staff members] have it just right. I'd say they offer [relative] the chance to be independent but with a wary eye." We observed staff encouraging people to mobilise with minimal support, giving them positive comments for example, 'you're doing well', 'keep going'. By doing so this gave people's self-esteem a boost and encouraged them to do things for themselves, knowing staff were on-hand if needed. The service supported people in an environment in which people's needs had been considered. There was

signage accessible to people with dementia throughout the service to help them move about the premises with ease, and clocks with the correct time throughout the service to assist people to orient to time and place. A date and weather board was also displayed in the lounge, which was accurate for the day of our visit.

People received support and guidance from staff who received training in equality and diversity. We spoke with the registered manager who told us, "We respect people's choices. For example, people who do not follow one faith are offered to participate in an activity, however may choose not to." People confirmed what the registered manager told us.

## Is the service responsive?

### Our findings

At our last inspection on 24 January 2017, the provider continued to submit action plans, detailing improvements they were making in relation to requirement notices served. However, care records were not always accurate. For example, assessment and care plans were not always up to date or person centred.

At this inspection on 5 October 2017 we found the provider continued to make improvements. Care plans were person centred and contained a 'my care passport'. A 'my care passport' is a document that provides staff and other healthcare professionals with vital information about people. For example, 'things you must know to keep me safe', 'things that are important to me', 'my likes and dislikes', 'how to communicate with me', 'food and drink I like and any risks around choking, 'things that worry and upset me and how I may show this'. All care plans reviewed contained a 'my care passport' document.

People received care and support that was responsive to their needs. A relative told us, "I think [relatives] care is very much focused on what they want. [Relative] has a routine that they like to follow each day." Another relative said, "[Relative] likes breakfast in bed and then gets up in their own time. [Relative] has an arrangement that the staff will check on them at 11am to see that they are up, but before that they leave her alone. That's what she wants." Care plans were regularly reviewed in conjunction with people, their relatives and advocates.

Care plans covered people's health, medical and social care needs and detailed the level of support people required to have their needs met. The service carried out regular physical and social needs assessments, that were regularly updated to reflect people's changing needs and to ensure the correct level of support was provided. Care plans also included people's likes and dislikes, preferences, life history including family, employment and significant life events. Life events recorded were noted as topics to discuss people in order to support them to engage with staff.

Prior to joining the service, an admission assessment was carried out to assess people's needs to ensure the service could meet those needs and provide a level of care that kept them safe. The service needs assessment was then included in the development of people's care plans.

The service used a resident of the day scheme to ensure people records were reviewed, updated and checked each month. Each person had a keyworker who had recently taken on responsibility for ensuring people's care plans and other documents relating to their support reflected their wishes and needs and were kept updated. A care worker told us, "As a keyworker it's my job now to do the care plans, and make sure their room is kept tidy, special appointments are made and that we keep their family updated with what's going on for them.

People were encouraged to participate in a wide range of activities that met their social needs and preferences. One person told us, "I really like the activities, we do quizzes, singing, colouring, armchair football and bowls and sometimes there's a musician comes in to entertain us." Another person said, "There's always activities going on that you can join in with if you want to, but they [staff members] don't

press you if you don't want to. I like the music best." A relative said, "[Relative] can't join in the activities now because [of their condition] being too far advanced but they still likes to sit and watch. They [the service] seem to be doing more in the last few months, making cards, planting and crafts." We spoke to staff who told us, "We have enough resources for activities, and we like to have external people visit as people get bored of the same faces all the time. I always make sure we do what people want, and if a person doesn't like to join in with group activities we make sure we spend time with them." The service had an activities rota that included, Caribbean themed solo performance, bowling, church service, music group, cake decorating and poem and story reading. During the inspection we observed staff asking people if they wished to participate in the singing activity being provided. The service had recently purchased a vehicle for people to use to go out and about in Guildford, and people told us about going to the library, to cafes and to concerts.

People and their relatives told us they knew how to raise any concerns or complaints they may have and these would be acted on in a timely manner. The service had a complaints policy which detailed how to complain and what to expect. We reviewed the complaints file and found there had been two complaints recorded in the last 12 months. The complaints file detailed the nature of the complaint, what action had been taken and the date the complaint was closed.

## Is the service well-led?

### Our findings

In our last inspection on 24 January 2017, we found as part of the improvement plan and breaches noted in the inspection in July 2016, two night staff employed had not received fire safety training and as a result might not know what to do in the event of a fire. Systems and processes were not robust and did not mitigate all risks relating to people and fire safety. The statement of purpose was not accurate and the registered provider had not taken action to address this. The improvement plan had not been updated and referenced information about a previous manager. Sections of people's 'my care passport' this were either incomplete or contained minimal information and did not reflect information in other parts of the person's records. Staff supervision records were not individualised and there was no record of actual discussion and the format did not include evidence of the staff member's involvement. This resulted in a breach of regulation.

At this inspection on 5 October 2017, we identified the service demonstrated that improvements have been made. We are not able to rate this key question as 'Good' as it was previously rated as 'Inadequate' and we need to ensure the improvements are sustained. We will be review the rating at the next inspection.

The service carried out regular audits for fire safety including, fire exits, firefighting equipment, PEEPs and staff received fire safety training.

Staff files were now up-to-date and included evidence of staff receiving fire safety training. Regular evacuations took place enabling staff and people to further hone their skills in evacuating the building in the event of a fire. Regular audits of fire safety management took place and covered fire drills, fire evacuation, fire equipment and the fire risk assessment.

People's 'my care passport' were detailed and contained sufficient information to enable healthcare professionals and staff to deliver care and support to meet their needs.

Staff supervision records were individualised containing details relating to actions staff need to take and any support required to meet said actions.

The statement of purpose was up-to-date and included the new registered manager details.

People, their relatives and staff spoke positively about the registered manager. One relative told us, "The management has changed quite a few times over the last year and it's been unsettling. People would come, they were going to do great things and then suddenly they'd be gone again. The new [registered] manager seems to be on top of things, she phones me regularly to update me with whatever is happening." Another relative said "The new [registered] manager is superb - the best they've had."

Staff told us they were able to raise issues with the registered manager and felt that she was responsive to their ideas to improve the service. One care worker said, "We can easily talk to the manager and things will get better." Another told us, "When we have a good idea we all discuss it as a team and choose the best one. I always feel listened to." Throughout the inspection we observed people, their relatives and staff



approaching the registered manager seeking guidance and support.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People and their relatives were encouraged to share their views about the service. One person told us, "We've had occasional feedback forms and I think things have improved." Another relative said, "We do get feedback forms and once a month." The service sought people's feedback through regular quality assurance questionnaires. There was a poster on the noticeboard outlining changes that the provider had made as a result of feedback from people and their relatives, called 'You said, we did'. These included providing keys to the patio doors so people could open them when they wished, and providing the vehicle so people could make better use of community facilities.

The service carried out regular audits of the service to drive improvements. Audits included care plans, medicines management, incidents and accidents, PEEPs, staff files, fire safety and infection control. Issues identified in the auditing process were then actioned in a timely manner. For example, where someone had had a fall, the audit identified the person may require a medicines review, which was then actioned.

The registered manager actively sought partnership working. For example, advocates, G.P and social workers. Healthcare professional guidance provided was implemented into the delivery of care provided. For example, where people required specific healthcare needs, these were catered to.