R G Care Ltd

Swan Care Residential Home

Inspection report

29 North Street
Tillingham
Essex
CM0 7TR

Tel: 01621779171

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 24th and 27th June 2016 and was unannounced. The service was last inspected on 30th May 2014 and was found to be compliant in all areas.

Swan Residential Care Home is registered to provide accommodation and personal care for up to 20 people some of whom may be living with dementia. At the time of our inspection 20 people were using the service.

The service has 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.

Staff were aware of risks to people and knew how to support them safely.

Suitable arrangements were in place for medicines to be stored and administered safely.

There were sufficient numbers of staff who had the necessary skills and experience to meet people's needs effectively.

The service had failed to meet the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 legislation. Appropriate mental capacity assessments had not always been undertaken nor DoLS applications made which were necessary to lawfully deprive a person of their liberty, acting in their best interests.

A choice of food and drink was available that reflected people's nutritional needs, and took into account their preferences.

People were supported to maintain their health and wellbeing as had regular and timely access to wide range of healthcare professionals as needed.

Staff were caring and had good relationships with people and were attentive to their needs.

People were treated with kindness and respect by staff who knew them well and who listened to them, respecting their views and preferences.

People's privacy and dignity was respected at all times.

People were supported to maintain routines and relationships that were important to them.

The registered manager promoted an honest and open culture within the home with the emphasis of

ensuring that people, relatives and staff felt a sense of belonging and ownership and felt part of a family.

There were systems in place to ensure the quality and safety of the service and to drive improvements and respond appropriately to complaints and feedback.

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.

Staff were aware of risks to people and knew how to manage them safely.

Medicines were stored and administered safely.

People were protected against the risk of abuse by staff who understood their safeguarding responsibilities and the reporting process.

There were sufficient numbers of staff who were recruited appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Consent to care and treatment was not consistently sought in accordance with the legislative requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff were supported in their role through supervision and appraisal and had the necessary skills and experience to support people effectively.

People were supported to have enough to eat and drink to maintain their health and wellbeing and had access to healthcare services as required.

Is the service caring?

Good

The Service was caring.

People had positive relationships with staff who were warm and friendly.

Staff knew people well and listened to them.

People were treated with dignity and respect and their privacy

upheld.

People's independence was promoted and they were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and tailored to meet their individual needs rather than the needs of the service.

Staff knew people well and respected their preferences including daily routines that were important to them.

People were supported to engage in activities that were meaningful to them.

Complaints were dealt with promptly and appropriately

Is the service well-led?

Good

The service was well-led.

The registered manager promoted an honest and open culture and was pro-active in looking for ways to improve the service for the benefit of the people who lived there.

People, relatives and staff were included in the running of the service.

There were systems in place to monitor quality and safety and to drive improvements.

Swan Care Residential Home

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 24th and 27th June 2016 and was completed by one inspector and was unannounced.

As part of the inspection we reviewed information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of inspection we spoke with the registered manager, the head of care and four members of staff. We spoke with five people who used the service, two relatives and contacted two health care professionals for feedback. We reviewed five care records, four staff files as well as looking at other relevant documentation such as training records, quality audits and minutes of meetings.

Good

Is the service safe?

Our findings

People told us that they felt safe and well looked after. We saw that when people used their call bells to call for assistance staff responded promptly. One relative told us, "They [staff] are pretty quick with the buzzer."

We saw that risks to people were well generally well documented and managed safely. For example, we found electronic records demonstrating that people who required repositioning to minimise the risk of pressure ulcers were turned regularly. We saw that people had been provided with a range of pressure care equipment such as pressure cushions for chairs and wheelchairs and air mattresses and these were used appropriately. This meant that despite some people being at high of skin breakdown there were no incidents of anyone developing pressure ulcers whilst living at the service.

Food and fluid charts were kept which were updated daily to monitor people's risk of malnutrition or dehydration and management plans were put in place to support people's health and wellbeing where risks had been identified.

However, we also found some instances where risks to people's safety had not been assessed and recorded. Some people had bed rails in place without risk assessments having been completed. We brought this to the attention of the management team and this was immediately addressed. We also saw that one person's records had not been updated to reflect their current needs. The registered manager told us that improvements in their care plan auditing process would be implemented in response to the concerns we raised. They also showed us evidence that staff had been booked on care planning training to improve their assessment and recording practices.

The staff we spoke with and observed on the day of our inspection were able to demonstrate a good awareness of the risks to the people they cared for and provided the support required to minimise the risk of harm. For example, one staff member told us, "[Person] veers to one side so needs some guidance when walking." Another said, "[Person] is at risk of falling because they get giddy. I will always sit with them in the morning before they get up to give them a chance to get their head straight."

We observed that staff supported people to walk and move around the building safely, maintaining their independence through prompts and encouraging words whilst they were walking. Where equipment was required to support people's mobility this was used in a safe and appropriate manner. A person told us, "I can't walk so they have to use a hoist, I always feel safe when they hoist me."

Systems were in place to share information about risk. A computerised daily hand-over record was used to log information and all staff were required to press a button to confirm that they had read the hand-over when they came on shift. The registered manager monitored staff compliance with the hand-over system. In this way the service ensured that all staff had the most up to date information about people to keep them safe.

Staff told us that this method of sharing information was particularly helpful when supporting people whose

abilities were variable and fluctuated so that they would receive the right level of support needed on any given day. For example, some people were able to walk independently with a walking frame on some days but were unsteady on others and required supervision. This system alerted staff when extra vigilance and additional support was required to minimise the risk of people falling.

Staff and people we spoke with said there was enough staff to meet people's needs and keep them safe. However at key times of the day, for example, lunchtimes, staff were under increased pressure and more hurried. The service did not use agency staff which meant that people consistently received support from the same staff to ensure continuity of care which people and their family members told us helped them to feel safe. The management team advised us that if necessary they would cover shifts to ensure there were sufficient staff on duty to meet people's needs safely.

People were protected from the risk of abuse. Staff had received training in how to safeguard adults from abuse and knew the signs to look for which might tell them that someone was being abused. Staff were aware of the reporting process and told us they would report any concerns to the registered manager but said that they had never needed to do this.

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for four members of staff showed that they had completed an application form, provided a full employment history and photographic proof of identity. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services. It was the service's policy not to renew DBS checks, instead staff were requested to sign a declaration during supervision sessions to confirm that they continued to have no criminal convictions.

People's medicines were managed safely. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager to ensure people received their medicines safely. We saw evidence that staff competency was monitored and where necessary action taken to improve staff performance.

We observed a senior member of staff completing the medication round. The staff member was competent administering people's medicines and talked to people politely. Water was provided to support people to take their medicine in comfort and people were allowed enough time to take their medicines without being hurried. There were appropriate facilities to store medicines that required specific storage. Medicines were safely stored and administered from a lockable trolley. Records relating to medicines including the booking in and disposal of medicines were completed accurately.

People's individual medicine administration record sheets (MAR) had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. The MAR sheets had no gaps demonstrating that people had received their medicines as prescribed. Protocols had been put in place to provide guidance to tell staff when each person should receive medicines that had been prescribed on an 'as needed' basis (PRN) to ensure people's needs were met safely and effectively. We saw that people were offered pain relief if they needed it and where it was administered this was recorded on a separate sheet along with the reason why.

People were safe in the service as there were arrangements in place to manage and maintain the premises and equipment both internally and externally. We saw that records relating to health and safety, maintenance, fire drills, accidents and incidents and emergency evacuation plans were all maintained and

up to date any necessary action identified was taken.

Requires Improvement

Is the service effective?

Our findings

We found that people received their care and support from a consistent staff group who knew them well and had the skills and knowledge to meet people's individual needs. One relative told us, "We are really happy, I trust them, if we weren't we would move."

Staff told us that when they joined the service they had a 'good' induction followed by shadowing experienced members of staff to support them to be competent in their role. Staff said that the training provided was very good with opportunities available for further learning and development. The service provided all staff members with classroom based training which was based on the Care Certificate which reflects current best practice.

Training was up to date for all staff. We could see that all staff had undertaken mandatory training such as manual handling, fire safety, infection prevention and control, safeguarding and medicine management. Staff had also undertaken training specific to people who used the service such as training in dementia care.

Records showed that historically staff had not received regular supervision which is a formal process to support staff to undertake their roles. The registered manager confirmed that this had been an area which they had identified as requiring improvement. However, records for 2016 demonstrated that this issue had been addressed and since 2016 staff had received supervision regularly. A member of staff told us, "I find it [supervision] helpful, to share and raise concerns, I feel listened to and they [management team] action things."

Annual appraisals had also been arranged. An annual appraisal is a review of performance and progress within a 12 month period which helps to ensure that staff have the necessary knowledge and skills to support people effectively. We saw completed annual appraisal forms which detailed what areas were discussed; any areas of concerns, training needs identified and where any actions needed were recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 to see whether the service was working within the principles of the MCA, and whether the conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff about their understanding of the principles of the MCA and how they supported people with decision-making and giving consent. Staff were able to demonstrate how they helped people make decisions in their day to day lives. For example, one member of staff told us, "We will explain things in

words they can understand and show people things to help them make a choice."

Despite training in the MCA and DoLS we found instances where people's liberty and rights were restricted and the relevant assessments of mental capacity had not been undertaken. For example, some people had bed rails attached to their bed and we found that risk assessments had not always been undertaken to determine the reasons for this nor any consideration of whether the people had the capacity to consent to having bed rails. We also saw that doors were kept locked restricting people's movement. Staff told us about people who tried to leave the building but were prevented from doing so to keep them safe.

Whilst these actions may have been in people's best interests and represent the least restrictive option available to keep people safe we found that mental capacity assessments and subsequently DoLS applications had not been completed which were necessary in order to deprive a person of their liberty lawfully in accordance with the legislation.

We spoke with the registered manager about our concerns. They told us that until recently they had been unaware of their responsibilities under the legislation but had now realised their oversight and had already completed one DoLS application for a person living at the service.

The registered manager had not ensured that consent to care and treatment was obtained in accordance with current legislation and guidance. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the past six months the service had implemented an electronic care recording system. This meant that staff carried specially adapted 'ipods' which were used to record the care and support they provided as it occurred. People, relatives and staff told us that this had improved the effectiveness of the service as it freed up more time for staff to spend with people rather than time spent away from people writing their notes by hand at the end of their shifts. An audit of accidents and incidents completed by the registered manager demonstrated that the impact on people of this new system was that accidents and incidents had decreased.

However, we saw that since the electronic system had been implemented we could find no evidence of involvement of people and relatives in care plan reviews which occurred monthly. We also found that since using the new system the service had failed to request and record written consent from people or their relatives with regard to the care and support they received and any risk management plans. Nonetheless, whilst there was no recorded evidence of people consenting to their care and support plans or formal process for reviews in place, the relatives we spoke to told us they felt they and their family members were included and consulted. Relatives said that staff kept them updated and informed as things changed on an 'informal' basis rather than through a formal process of review.

Staff confirmed that they would routinely talk to people and their relatives about any changes to their care plans as they occurred. We spoke to the management team about our concerns. They showed us historical evidence of paper records which had been signed by people and relatives giving consent to care and treatment. They acknowledged that the new electronic system failed to evidence consent and were taking steps to address this. In addition they told us that plans were underway to grant access to the electronic care records through an 'gateway' so that people and their families could look at their care records whenever they wished.

Some people had made advanced decisions on receiving care and treatment and do not attempt cardiopulmonary resuscitation (DNACPR) orders had been completed in consultation with families The

correct form had been used and was completed appropriately. A list of people with completed DNARCPR's was kept in the staff room so that all staff were aware to ensure that people's wishes were upheld.

People were supported to maintain a balanced diet. We saw that they were provided with regular drinks such as tea and coffee throughout the day. Jugs of water or juice were provided to people in their rooms and public areas which were left within reach to ensure people could stay hydrated. One person told us, "You never have to wait long for a cup of tea here." Another said, "You get lots of cups of tea and coffee throughout the day and in between times they will make you one if you ask."

Risk assessments were in place to monitor people who were at risk of malnutrition and dehydration. We could see that these were regularly reviewed and action had been taken where needed. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition.

Where people were identified at risk they were put on 'nutrition watch' which meant that their food and fluid intake was monitored. People's weights were also monitored in accordance with the frequency determined by the MUST score, to find out if there was any incidence of weight loss. This information was used to update risk assessments and was shared with the person's GP so appropriate referrals could be made, for example to the dietician or Speech and language therapy (SALT) team.

Staff were aware of risks to people in terms of nutrition and how to support them to stay healthy. One staff member told us, "[Person's] MUST score is high, they don't eat well so we always encourage with food and drink."

People told us that they were satisfied with the food. One person said, "The food is fair, you can't hope to please everyone. You get a choice of breakfast, you get a choice of two things, they always ask what do you want." A relative told us, "The food is good here, mum enjoys the meals." Another person we spoke with told us, "They're great, the cook, they know I don't like fish so on Friday they always do me an omelette with chips."

We observed the dining experience for people at breakfast and saw that there was a relaxed unhurried atmosphere and that people came for breakfast at different times of their own choosing. The registered manager told us the dining room had been painted orange specifically as research had shown that orange stimulated the appetite for people living with dementia.

At lunchtime we saw that the tables were laid out nicely and people sat in their chosen friendship groups. We heard staff asking people if they had finished before removing their plates and asking people if they enjoyed their meals. One person who was eating their lunch told us, "They know I'm not keen on rice pudding so I had fruit and ice cream instead."

Where people required support with eating and drinking we saw that this was provided in an unhurried and patient way, maintaining people's dignity. For example, we saw a worker, wiping a persons mouth discreetly as they helped them to eat their lunch. In some instances staff ate with people. The registered manager told us that this was done specifically to encourage some people with poor appetites to eat more.

People were supported to maintain their health and wellbeing. A relative told us, "They are soon on the phone if mum is poorly." "They are very good when she is unwell or in hospital and provide support with things like eye tests, hearing tests etcetera." We saw that people were supported to have access to a range of health professionals such as the district nurse, chiropodist and dietician.

GP visits were arranged weekly. The service sent a weekly request to the surgery highlighting who needed to see the doctor. When health professionals visited this was recorded along with any advice provided and action the service was required to take. Staff were required to sign a form to say they had read the advice given by health professionals to ensure that people received the care and treatment they required.

People's emotional and psychological health was also monitored and help sought where required. For example we saw that where a person was identified as being 'low in mood' the service had liaised with the relevant health professionals to ensure the person was provided with treatment.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind and caring and they were very happy with the care and support they received. One person told us, "The best thing about living here is the way staff look after you. There is a family atmosphere here, we feel like we are all part of the family." A relative said, "They are very professional but kind, kindness and compassion come first."

Staff were attentive to people's needs. One person told us, "When I woke up this morning I had blood on my leg, it was scary. They noticed straight away and dressed it for me."

We observed staff having a laugh and joke with people. A relative told us, "They [Staff] work hard but always with a smile on their faces." Another person said, "The staff are great, always ready to help and have a joke with you." And, "The best thing here is the happiness here, all the people are happy, the courtesy of the staff is good too."

Staff interacted and communicated with people and their relatives in a friendly, gentle and polite way. They knew how to approach each person and did so in an individual way, talking with them about subjects that they were familiar with.

We saw people being supported to walk around the building. The support provided was unhurried and staff chatted with people as they walked. We saw a staff member holding a persons hand to guide and reassure them as they walked whilst maintaining eye contact and chatting with them.

Staff knew the people they cared for well and were familiar with their needs and preferences. One staff member told us, "[Person's] favourite dinner is liver, its sausage day today but they always have liver." And, "If [Person] is upset they like a cuddle and to talk things out." We saw that staff used touch appropriately to comfort people if they became distressed and to demonstrate warmth and affection.

Staff understood the importance of maintaining peoples dignity and privacy and were able to demonstrate how the respected this in their day to day practice, for example by knocking before entering peoples rooms, protecting people's modesty and asking for permission before providing care and support. People told us they were treated with dignity and that staff were respectful. One person said, "They are very respectful of my privacy, I have no problem with them, they respect my personal space." We saw that prior to staff entering people's rooms they knocked on the door and waited for a response, even when the door was open. Staff greeted people politely and used people's preferred names so that they were aware they were being spoken to.

People told us that they felt listened to and supported in the way they chose. One person said, "Anything you ask for they will do it when and how I want it done."

People's care plans were reviewed regularly and relatives told us they felt included in the process. The management team had undertaken work to ensure each person's care plan was individualised and included

people's wishes.

People's independence was encouraged and promoted. One staff member said, "If people can do something I will encourage them and let them do what they are able." Another worker told us, "We encourage [person] to walk for their health and independence but for longer distances we will use a wheelchair."

On the day of inspection we saw relatives visiting with their family members. They told us that they felt welcome in the home and could get involved in the day to day running. One relative told us how they had brought some flowers in to the service and planted them in pots in the garden for people to enjoy.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. We saw laminated plaques on the doors of people's rooms which had pictures on them that people had chosen to represent home, some of which had cultural significance.

Each person's needs had been assessed before they moved into the service to ensure they could be met. Where possible people and their relatives had been involved in the assessment process. Information from the initial assessment was used to inform and develop people's care and plans.

We looked at four care plans and saw they were reviewed regularly and included information relating to people's specific requirements and how they were to be met. We were told that people who were able to be were involved in the review of their care plans and where appropriate, their relatives were also involved in the review process, albeit informally. A relative told us, "I'm not formally included in care reviews but informally we are kept in the picture."

Staff told us there was sufficient information in the care plans to enable them to meet people's needs in the way they liked and we saw that the information held in the care plans matched what was happening in practice. For example, where a person had expressed a preference for a bath on a particular day, we checked their daily notes and saw that this had happened in line with the person's wishes.

We found that the service provided care and support that was person-centred rather than service driven. This meant that the care people received was tailored to meet their needs rather than the needs of the service. For example we found that where a person who had a catheter struggled with their night bag which had a longer cord and kept getting caught on furniture. The service responded by changing it to a day bag which was smaller. This reduced the person's risks of becoming entangled and improved their comfort and wellbeing though increased the workload for staff as they had to empty the bag more often overnight.

We spoke with a member of staff who told us, "This is one of the few places I have worked where they really do 'person-centred' care. If people want to stay in bed they can, we support people's choices. We have a person who goes to bed straight after tea, that's her choice. If people don't want their dinner at lunch they can have it at tea time. We have a person who doesn't like sandwiches for tea, they have two bags of crisps and two bananas because this is what they like."

During our inspection it was clear that staff knew people well and were aware of their life histories, and preferences and that these were respected. We found that people were encouraged to make choices about their care and support and follow their preferred routines. For example, one person told us, "I always have the same for breakfast, fruit and a cup of tea. They know what I like." Another person said, "If you want to get up at a certain time you can, you get asked when you want to get up." We saw a staff member collect a voucher from a person so that they could fetch their newspaper for them from the local shop. The person told us, "I'm appreciative that they bring me my paper every day, it's my normality, my routine."

At the time of inspection there was no activities co-ordinator in post. The registered manager advised that they were actively recruiting for the position. In the meantime they said it was the job of all of the staff to provide activities for people. We spoke to people to ask them if they had enough to do. One person said, "There are things to do if you want to join in, I don't want to, I just want to sit." Another person said, "We play fun games, we play cards, dominoes, we go round the corner to a social club, about four of us go. The registered manager confirmed that extra staff were brought in once a week to support those people who wanted to attend the weekly social club.

We observed people sitting around chatting with other people who used the service or relatives or staff, enjoying a chat and a cup of tea. We saw one person who was enjoying tidying up after lunch and bringing the cups and plates into the kitchen. They told us that they liked to keep busy. We spoke with a member of staff who said, "[Person] comes into the kitchen to do baking, in fact lots of people come in to do baking if they want to."

The service had a complaints process in place and the complaints policy was displayed publicly so that people knew how to raise a complaint if they needed to. At the time of the inspection there were no open complaints about the service. We looked at the complaints folder and saw that where there had been complaints in the past they were dealt with appropriately and in a timely way. We spoke to people to ask them if they had ever complained and if so how this was dealt with. One person said, "I haven't had to make any complaints. We get the best of everything, we have nothing to complain about." A relative told us, "I had a couple of concerns early on, I went to the manager and they dealt with it immediately."

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The service had a small management team made up of the registered manager and a head of care. Both were very visible within the service and would work with people, providing additional support if required as well as cover when staff were on holidays or off work due to sickness. Because of this hands-on approach, relatives and people told us that they found the management team helpful and approachable and felt they were accessible and listened to people. One relative said, "Any problems and they [manager] are always available, they always say is there anything else we could do for you."

We found that the manager communicated and shared information in an open and honest manner. They were pro-active in looking for ways to improve the service such as through keeping up to date with research on how best to support people living with dementia and sharing information with staff and relatives. For example, following a request from relatives the manager arranged an event, in partnership with the Alzheimer's Society to promote awareness of issues surrounding dementia. This took place at a local village hall and was attended by relatives and people within the local community. One relative told us, "The support and advice they have given us has been invaluable."

We saw that since being in post the registered manager had made various environmental improvements with particular consideration given to people living with dementia. For example using contrasting colours on toilet seats and door frames to help people to navigate around the home. They had also installed a new 'state of the art' bathroom which included a ceiling track hoist to make the new room accessible for everyone to enjoy.

The manager demonstrated a clear vision for the service which was that everyone who lived and worked there should feel 'part of a family'. People, relatives and staff we spoke with on the day confirmed that this is what it felt like to live and work here. To ensure new workers shared the same vision the manager had developed a recruitment process which allowed for prospective employees to have an informal visit prior to an interview and spend time looking around and observing existing staff within the home. The manager told us, "The informal visit gives people the expectations of what it will be like to work here to help ensure we get the right staff."

Recognising that recruitment was the biggest challenge, due in part to the rural location of the service. The Manager had introduced an 'employee of the month' scheme, to promote team building and encourage staff retention by acknowledging and rewarding good practice.

Staff told us that the registered manager was supportive and listened to them and actioned any concerns. One worker said, "They are good, they stick to their guns and will say when things are wrong, you can go and tell them anything and they listen." Another member of staff told us, "They are lovely, best manager I could ask for, I can go to them and they listen and do what needs to be done."

Staff were aware of the whistle-blowing policy and procedure which was on display in the staff room and told us they would feel confident to go to the management team to whistle-blow and felt they would be listened to and their concerns actioned.

The registered manager told us they felt supported by their senior management team and members of staff including the maintenance man who all helped to monitor and improve the quality of the service. This was accomplished through the use of a range of external and internal audits looking at aspects such as health and safety, maintenance of the building, fire safety and infection control. We looked at these audits and found that points raised had been actioned.

The registered manager was also responsible for medication audits. We saw that where errors had been picked up this resulted in them organising additional supervision and training for staff to support them and improve the quality of the service. Staff told us, "If we make a mistake we get called in and asked to explain, we can get a warning."

The manager also completed accidents and incidents and monthly falls audits. The information obtained was used to identify people who required referrals through their GP for additional support such as advice and support from the falls clinic or occupational therapy.

People and their relatives were included in the running of the service and their feedback was sought through the use of a satisfaction survey which was completed twice a year. We saw that an issues or concerns raised had been addressed. For example, negative feedback regarding the condition of bedroom carpets resulted in the service having the carpets cleaned and changing their cleaning products. We also saw that where relatives had asked for more stimulation for people the registered manager had adjusted the working hours of the activity co-ordinator who was in post at the time to make improvements in this area.

Relatives meetings were also organised though were poorly attended despite being advertised on the public display board. We spoke with one relative who had attended the last meeting. They told us that issues they had brought up had been dealt with to their satisfaction.

The service also sought the opinion of staff who worked at the service. We looked at the results from the latest staff survey which showed 100% positive comments and satisfaction with the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager had not ensured that consent to care and treatment was obtained in accordance with current legislation and guidance.