Heritage Care Homes Limited

Victoriana Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

When we inspected the service in January 2016, the provider was not meeting all the fundamental standards of care because people's medicines had not always been given in a way that promoted effective treatment. The environment was not conducive to the needs of people living with dementia, and people had not been adequately supported to pursue their hobbies and interests. The level of user satisfaction with the quality of the service and whether people lived full and happy lives at the home was low. We found improvements had been made during this inspection, although further improvements were needed in how the service supported people to pursue their interests, and to live active, happy and fulfilled lives.

This unannounced inspection was carried out on 8 and 13 March 2017, and was completed on 20 March 2017 when we received information we had requested from the provider.

Victoriana Care Home provides care and support for up to 33 people, some of whom may be living with dementia, mental health conditions and chronic health conditions. On the day of our inspection, 18 people were being supported by the service.

There was 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.

People were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. The manager and staff understood their roles and responsibilities in ensuring that people consented to their care and support, and that this was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People had nutritious food and they were supported to have enough to eat and drink. They had access to healthcare services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. People were happy with how their care was provided and they valued staff's support. People's relatives were complimentary about the quality of the staff who supported their relatives.

People's needs had been assessed and they had care plans that took account of their individual needs,

preferences and choices. Care plans had been reviewed regularly or when people's needs changed to ensure that these were up to date. Staff were responsive to people's needs and where required, they sought appropriate support from other healthcare professionals. The provider had an effective process for handling complaints and concerns.

The provider had systems to assess and monitor the quality of the service. They encouraged feedback from people, relatives, staff and external professionals to enable them to continually improve the service. People and staff we spoke with were complimentary about the improvements that had been made to the premises and the quality of care provided.

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 felt safe and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received adequate training and support in order to develop and maintain their skills and knowledge. The requirements of the Mental Capacity Act 2005 were being met.

Staff understood people's individual needs and provided the support they needed.

People had enough nutritious food and drinks to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a respectful manner that promoted their privacy and dignity. They were also supported to maintain their independence as much as possible.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that their care needs were appropriately planned and reviewed.

The provider had an effective complaints system and people knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Further improvements were needed in how the service supported people to pursue their interests, and to live active, happy and fulfilled lives.

The provider had processes to assess and monitor the quality of the service. However, they needed to assure themselves that systems and processes they put in place following our previous inspection had been embedded so that they provided a consistently good quality service to people and their relatives.

People, relatives, staff and external professionals were enabled to routinely share their experiences of the service and there was evidence that their suggestions and comments had been acted on.

Victoriana Care 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.

The inspection took place on 8 and 13 March 2017, and it was unannounced. It was concluded on 20 March 2017 when we received information we had requested from the provider. The inspection was carried out by an 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 this and other information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with six people who used the service, two relatives, three care staff, an activities coordinator, the deputy manager, the registered manager (referred to as the manager in this report), and one of the directors of the service.

We looked at the care records for all five people who used the service. We looked at four staff files to review the provider's staff recruitment processes. We saw supervision and training records for all staff employed by the service. We checked how medicines and complaints were being managed. We reviewed information on how the quality of the service was monitored and managed.

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.

Good

Is the service safe?

Our findings

When we inspected the service in January 2016, we found the medicines for three people had not always been managed appropriately to enable them to receive effective treatment. During this inspection, we found the manager had taken appropriate action to ensure that people took their prescribed medicines regularly. People who chose not to wake up early to take their medicines in the morning now did not have any prescribed before lunchtime. People we spoke with had no concerns with how their medicines were managed. One person said, "I always get my medicines on time." The medicine administration records (MAR) we looked at showed that people had been given their medicines as prescribed by their doctors. We also saw that the provider managed medicines safely because they had systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home, and administered by trained and competent staff.

People told us that they felt safe living at the home. One person said, "I feel safe here, the girls (staff) look after me." Another person said, "Quite safe in here, it's usually nice and quiet." A third person told us, "I couldn't be any safer than what I am in here. I could speak to anyone at any time and they are all approachable. I know what abuse is and I have never seen any of that in here." This was supported by another person who said, "I'm safe here. It's the people and surroundings that make me feel that way." Also, both relatives we spoke with said that their relatives were safe and supported well by staff.

Staff showed good knowledge of how to keep people safe and they had received appropriate training. One member of staff said, "Service users are definitely safe here. I can always talk to [manager] if I had concerns." Another member of staff said, "I have never been concerned about anyone's safety. I feel everyone is safe here. I would whistle blow if I saw anything untoward. I am very much on the side of the service users." Staff were aware of the provider's processes to safeguard people, including safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to safeguard people was displayed on notice boards around the home to give people who used the service, staff and visitors information on what to do if they suspected that a person was at risk of harm. This included contact details they could use to report concerns to relevant local authorities and the Care Quality Commission.

Potential risks to people's health and wellbeing had been assessed and each person had appropriate risk assessments in place. The risks were detailed and provided clear guidance for staff to manage and minimise the identified risks. Most people had assessments for risks included those associated with them being supported to move, pressure area damage to the skin, falling, use of bedrails and other equipment such as wheelchairs, not eating or drinking enough and medicines. However, others had additional ones specific to their individual needs. For example we saw that a person who occasionally refused to take medicines or be examined by medical professionals had risk management plans in relation to these issues. We saw that the risk assessments had been reviewed regularly or updated when people's needs changed.

The physical environment of the home was safe because staff carried out regular health and safety checks to ensure that there were no hazards that could put people at risk of harm. Any maintenance issues were dealt

with quickly, and external contractors completed annual checks of gas and electrical appliances. Additionally, the risk of a fire was significantly reduced because fire alarms, fire-fighting equipment and emergency lighting were regularly checked. The manager had updated the environmental risk assessment so that staff had up to date information on how to manage emergencies. Fire safety information was displayed in prominent areas around the home so that staff had easy access to information they required to support people safely and quickly in an emergency. Each person had a fire risk assessment that detailed the support and equipment they needed to evacuate the building safely. The manager reviewed incidents and accidents that occurred at the home so that they identified ways of reducing the likelihood of them happening again. We saw that equipment, such as hoists was regularly inspected to ensure that it remained safe for use by people.

The provider had safe recruitment procedures in place because thorough pre-employment checks had been completed for the four members of staff whose records we looked at. The checks included a review of the applicants' employment history, skills and experience, requesting references from previous employers, and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

Although everyone we spoke with said that there was enough skilled staff to support people safely, some felt that regular use of agency staff meant that people were not always supported by staff they knew well. One person said, "They are sometimes short staffed so quite often agency staff come in, but they don't always know us." One relative said that there was normally enough staff to provide the care and support their relative required. Staff told us that there was normally enough of them to support people safely and that they were mainly able to cover for leave or sickness with regularly agency staff who had worked at the home many times. One member of staff said, "We have enough staff for the number of service users at present, but we would need an extra member of staff on shift if we had more residents. I am a little apprehensive when we have agency staff, but we have never had problems." Another member of staff said, "At the moment we have enough staff, but we can have agency staff to cover for leave. Agency staff are generally fine when they are used to the residents. Most of the time we have the same agency staff, which is good." We also spoke with an agency member of staff who had been regularly working at the home for nearly two years and they knew everyone. Information we saw showed that there was enough staff to support people and regular agency staff were normally used to promote consistency of care.

Good

Is the service effective?

Our findings

When we inspected the service in January 2016, we found the environment was bland and did not provide interesting or stimulating features for people to look at, particularly for those living with dementia. A heavily patterned carpet increased the risk of people falling as cognitive and sensory impairments associated with dementia could harm their perception of depth. We recommended that the provider reviewed and acted on current guidance on creating dementia friendly environments.

We saw that improvements had been made during this inspection, with evidence of refurbishment work being done to enhance people's experience of the home and improve safety. The patterned carpet had been either replaced with a plain one or vinyl flooring, and there were wall murals of a red post box ad a red telephone booth along the walls just outside the main lounge downstairs. We observed that people took time to look at them as they walked in and out of the lounge. We spoke with some people about these features and they liked them. Most of the communal areas of the home had been repainted and a collage of old photographs displayed on the walls helped people to reminisce about the olden days. Since our last inspection, the manager had attended a dementia awareness course which they said helped them to understand what environmental improvements were necessary to make people's lives better. As a result, we saw that all toilet doors had been painted yellow so that people could easily identify them. There were also large door signs that reminded people what each room was. Staff told us that this had been effective as they had seen a reduction in the number of people needing to be reminded where the toilets were.

People told us that staff had the right skills and qualifications to provide the support they required. One person said, "I think they are as skilled as they need to be to look after us, and care for us, if you need help they are there." Another person told us, "I have always found them okay. Permanent staff are skilled, but I have seen agency staff asking other staff what to do."

Staff told us that the training they received had helped them to develop their knowledge and skills in order to support people effectively. They also said that they could ask for additional training if they needed this. One member of staff said, "We do a lot of training via e-learning apart from the practical subjects. The manager has a chart that tells you when it is due." Another member of staff said, "Training is always coming thick and fast. The manager always has extra training planned and encourages staff to attend." A third member of staff told us, "The manager is always on us to get training done and we are all up to date. Online training is always worth doing regularly as things change all the time. We get the opportunity to do other training too." Training records showed us that staff had been trained in various subjects relevant to their roles and further training was planned in March and April 2017. This included training on tissue viability, falls and manual handling. Staff had also been supported to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas.

During our inspection in January 2016, staff did not have regular supervisions and appraisals. We saw records that demonstrated that this had improved and staff we spoke with confirmed this. One member of staff said, "Supervision is fine and I can say how I feel. However, I wouldn't wait for this to raise concerns."

Another member of staff said, "Supervisions are done and positive because you can air anything." A third member of staff told us, "Supervision is okay, every two to three months. I haven't had any issues and I would talk to the manager about anything. She is really helpful."
The requirements of the Mental Capacity Act 2005 (MCA) had been met. The 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 told us staff asked for their consent before care and support was provided. One person said, "They are very polite. They don't say 'you will' they say 'will you'?" Although some of the people's needs meant that they were not always able to give written or verbal consent to their care and support, the manager had completed assessments to ensure that people's rights were protected and any support provided was in their best interest. The local authority required that mental capacity assessments were completed for each person for support provided by the service in relation to accommodation, finance and personal care and we saw evidence of these in the care records we looked at.

The service worked closely with people's relatives to ensure that they were involved in making decisions about their relatives' care. Although we saw that some relatives held Lasting Power of Attorney (LPA) for property and affairs, there was not always evidence that they had legal authority to make decisions about their relatives' care. This was because a separate LPA was required for this purpose. We discussed this with the manager and they assured us that they were improving their systems so that they always worked within the frameworks of the MCA.

People can only be deprived of their liberty so that they can 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 saw that where required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but the manager was waiting for responses for the other referrals they had sent.

People and staff were complimentary about the quality of the food and they all said that there was always enough food and drinks for people. One person said, "I get my food and the girls are lovely. What more could I want?" Another person said, "There is always plenty to eat and I'm happy with what they give me." A third person said, "There's a good choice of food and it's nicely served. There are always cups of tea and jugs of drinks about." One member of staff said, "The food is always good." Another member of staff said, "The food is really good and we have a fantastic menu now. The cook is good." We saw that the menus offered people a variety of food to choose from and people's specific dietary needs were catered for to ensure that they maintained good health and wellbeing. The service had recently been inspected by the local authority and achieved a Food Standards Agency 'food hygiene rating' of '5'. This meant that people's food was stored, prepared, cooked and served safely.

There was evidence that people had access to other healthcare services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care and treatments necessary for them to maintain their health and wellbeing. One person told us that they had an appointment in April at the hospital and they were confident that the manager will get someone to take them. They also said, "I have seen my GP in here and an optician." Another person said, "I see the optician and I only saw him last week. They will call anyone you need and they are very good like that." A third person said, "I have not needed a doctor, but of course they would call one if I needed one."

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and friendly. One person said, "The girls are lovely. If you need help they are there." Another person said, "They speak nicely to me." A third person told us, "Staff are very friendly and easy to talk to." People also affectionately told us that when staff had time, they sat and chatted to them in a genuinely caring manner. A relative told us that they always found staff to be caring and they showed compassion towards people they supported. A member of staff said, "Staff are really friendly and residents are treated very well."

Throughout our time at the home, we observed that staff interacted with people in a positive and caring manner. There was a friendly atmosphere and people appeared happy and content. Staff always chatted with people whenever they came into the lounge and they appeared to know everyone really well. It was clear in the way staff spoke with people that they really cared about them and they valued people's individual attributes and personalities. They were able to freely use humour to create a jovial atmosphere. Staff we spoke with emphasised how it was important for people to live in a relaxed, friendly and loving home. One member of staff said, "This is a good home really. Between the management and staff, we make it as homely as possible for residents. We do little things like buying sweets and treats for people with no family members who visit." Another member of staff told us, "I really think the care here is absolutely wonderful. All care staff do their best to support residents. You have to want to do this job to do it well." This was supported by a person who said, "They have just given me a wonderful birthday party. They baked me a cake."

People told us that they and their relatives were involved in making decisions about their care, although some could not remember if they had seen their care plans. However, they assured us that if they were to ask for anything, it would be done. One person said, "I have not been to any meetings my [relative] deals with all that for me." Another person said, "I was asked if I would like to go to the meetings but I didn't want to. There's nothing I want to change, I'm happy." People said that they had the freedom to choose how they wanted to be supported and there were no set routines, as they could choose what time they went to bed or got up. One person told us, "We can go to bed when we want in here." Another person said, "I'm free to come and go as I please within the home. I go to bed when I want and get up when I want. When asked if they would still get breakfast if they got up late or they would have to wait till lunch, the person said, "Of course I would." They pointed to another person and said, "You see that fellow over there, he never gets up before 12 in the afternoon and I wouldn't be surprised if they took his breakfast up to him. They're good like that. This is better than some of the hotels I have been in and spent money on." A third person said, "It's total freedom here, I can do as I please."

People told us that staff supported them to remain as independent as possible. One person said, "I am [X] years old and they encourage me to do things for myself. They communicate very nicely with everyone." Another person said, "I can't wash myself all over, but they still let me reach the parts I can." A third person said, "I am able to keep my independence as far as I am able to and that's what I like about living here, it is a home from home." We observed that staff promoted people's privacy and dignity, particularly when providing personal care by making sure that any support was provided in a private area. This was supported

by people who told us that staff were always respectful in how they supported them. One person said, "They are very respectful towards me." Staff also understood the importance of maintaining confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We noted that people's care records were held securely within the home to ensure that only authorised people could access them.

People had been given information about the service so that they could make informed choices and decisions about whether they wanted to live there. We noted that people and their relatives had been given a range of information including the level of support they should expect and who to speak to if they had concerns about their care. One person told us, "Any information you need they will get it for you." Another person said, "I have a [relative] who can speak on my behalf and I don't know anything about getting information or whether there is anything I have not been given, but if I wanted anything they would give it to me." Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and they understood the information given to them. There was also information available about an independent advocacy service that people could contact if they required additional support to understand their care and treatment options.

Good

Is the service responsive?

Our findings

When we inspected the service in January 2016, very little was provided to support people to take part in enjoyable activities or to pursue their hobbies and interests. Although there was now an activities coordinator who facilitated activities every afternoon during weekdays, we observed that this arrangement did not suit everyone as most people appeared tired after lunch and wanted to have a nap. However, people we spoke with told us that they normally had enough to do within the home and that they were supported to pursue their interests. One person said, "The senior carer brought me some puzzle books because I told her I liked to do them. She wouldn't let me pay her and I thought that was very kind of her." Another person said, "I'm happy, I get several newspapers every day and books to read." A relative told us that their relative's request to access church services was acted on. They said, "[Relative] liked to sing hymns and there isn't a vicar that visits here, so I mentioned it and they arranged for [relative] to be picked up once a month by the council van and taken to the Baptist church in town."

Although staff told us that there had been improvements in the amount and quality of activities, some said that more could be done to ensure people had enough to positively occupy their time. One member of staff said, "Activities have improved but only a handful of residents choose to take part." Another member of staff said, "We can take people for walks to the local park now that the weather is getting warmer. Organising outings is a challenge because we have to get a driver as there is only one for the three homes. It will be nice to take residents out regularly even if it is for shopping." They further told us that they had ideas of places of interest that people might want to go to and they will discuss those as part of planning for the summer activities. The manager told us of a person who chose to go out regularly with people they had befriended at another care home owned by the provider.

An 'activities planner' showed that a choice of activities available to people included board and card games, bingo, arts and crafts, active games for people to keep active and improve coordination and movement, reminiscence and trips out. The service had recently started a 'knit and natter' club for Saturday afternoons, where people from the three local care homes owned by the provider could get together and socialise while knitting. The manager told us that the session on 4 March 2017 had been popular and they hoped this would be a regular occurrence. We discussed with the activities coordinator that some people might not enjoy the activities currently on offer and that they should think of more creative ways of engaging with people. They told us of their plans to improve the choice of activities available to people. They acknowledged that not everyone wanted to take part in activities in the afternoon and they said that care staff occasionally tried to do some activities with people in the mornings too. We suggested that they read some of the reports of the services we rated as 'Outstanding' as they generally were very good at developing meaningful activities for people. Seasonal and themed activities continue to be provided by the service, and external entertainers are occasionally booked. We saw that an Easter party is planned for 21 April 2017.

Assessments of people's needs were completed before they moved to the service and this information had been used to develop their individual care plans. Each person's care plans were personalised and they reflected their assessed care and support needs, as well as their views and preferences in how they wanted to be supported. There was evidence that people and their relatives had been involved in planning people's

care in the care records we looked at and this was confirmed by people and relatives we spoke with. One person said, "My daughter will probably speak to the manager about my care." Another person told us, "I have been asked about my care, I'm happy." A relative said, "I was involved in all [relative]'s planning to come here. [Relative]'s preferences were noted and acted upon and I have power of attorney for all [relative]'s affairs. We saw that the care plans were reviewed regularly and that any care or treatment advice given by professionals had been incorporated into the relevant care plans or risk assessments. This ensured that staff had up to date information that enabled them to meet people's individual needs safely and effectively.

People told us that they were normally supported quickly by staff and their needs were being met. One person told us of an example when staff acted quickly to manage an incident where a confused person entered their bedroom at night and put them at risk of harm. They said, "I was scared at the time, but they dealt with it very quickly in getting me moved to another bedroom. I'm much happier now." The person's relative was also complimentary about the prompt actions taken by staff to ensure that their relative was safe.

People had been given information about how to raise concerns they might have about their care. The provider's complaints procedure was displayed near the entrance to the home and was also included in the information given to people when they moved to the home. People and relatives told us that they generally had nothing to complain about and any minor issues or concerns were normally dealt with promptly. One person said, "I have no complaints, I am well looked after." One relative told us, "I have no complaints about the way [relative] is looked after. The regular girls know [relative] and they are good. I visit regularly the manager is very approachable. You only need to have a word if there are any concerns or requests and it's dealt with." We looked at the complaints records and noted that any complaints raised by people or relatives had been investigated and responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in January 2016, the provider was not meeting all the fundamental standards of care because people's medicines had not always been given in a way that promoted effective treatment. The environment was not conducive to the needs of people living with dementia, and people had not been adequately supported to pursue their hobbies and interests. Additionally, the level of user satisfaction with the quality of the service and whether people lived full and happy lives at the home was low. Although we found improvements had been made during this inspection, further improvements were needed in how the service supported people to pursue their interests, and to live active, happy and fulfilled lives. This was because the times the activities coordinator worked at the service were not flexible enough to allow people to choose when they wanted to take part in activities. Also, the provider needed to assure themselves that systems and processes they put in place following our previous inspection had been embedded so that they provided a consistently good quality service to people and their relatives.

There was a registered manager in post who was supported by a deputy manager. People we spoke with knew who the manager was and they found her to be helpful and approachable. One person said, "I know her because she walks around all the time." Another person said, "I know her when I see her, but not her name. She's a lovely lady, very approachable." A third person said, "I know [Name] is the manager. She comes round and chats to us. She has a lot on her plate." However, one relative told us that the organisation of people's care had gone down in the last six months. This was because they were not happy with delays in arranging a hospital appointment for their relative, but we noted that a referral had been made and that the delays were therefore beyond the manager's control. We noted that the period they mentioned also coincided with changes in other senior staff. We discussed with the manager the relative's other concerns that their relative's health conditions had not always been acted on promptly and that they sometimes found their relative wearing other people's clothes. The manager told us they would look into these issues and arrange to discuss it further with the relative.

Staff told us that they mainly worked well as a team, their views were listened and they were supported well by the manager. Although one member of staff felt that some staff were not always proactive in creating a homely and inclusive environment for people, they said that they could openly discuss their concerns with the manager. They were also confident that these would be acted on. Another member of staff said, "Teamwork is generally good, but it can be challenging when it is busy depending on who you are working with." We saw that staff held regular tem meetings where they could discuss issues relevant to their roles and staff we spoke with found these useful. During our time at the home, we observed positive and supportive relationships between the staff team, and this in turn, created a pleasant environment for people.

The provider enabled people who used the service, their relatives, staff and external professionals to give feedback about the quality of the service in the form of annual surveys. Some suggestions for improvements from the 2016 survey included provision of more outings, variety and tasty meals, daily exercise, and a newsletter to keep people informed of what was happening in the service and within the local area. We saw that these had been incorporated into the provider's action plan for 2017 which was developed following an

inspection by one of the organisation's directors in early March 2017. Quarterly meetings had been planned for people and their relatives to give them the opportunity to discuss issues that might affect their care and support and to suggest improvements they wanted to see. Some people told us that they chose not to attend the meetings and one relative told us that they were unable to attend as these were mainly held during weekday afternoons while they were at work. We spoke with the manager who would consider arranging the meetings during weekends, when more relatives are likely to be able to attend. A relative confirmed that they had been invited to the quarterly meetings and that they had attended with their relative. They had also been invited to look at our last inspection report and they had been informed of what changes were going to be made to improve. This showed that the provider was involving people and relatives in developing the service so that it met the regulations, as well as people's needs and expectations.

The provider had processes in place to assess and monitor the quality of the service. The manager and other senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in and that people's medicines were being managed safely. Where areas of improvement had been identified, we saw that action had been taken to address these. For example, in response to people's comments about the quality of the food, a new cook had been employed and they updated the menus so that a variety of food was provided. We found people were more complimentary about the food at this inspection. The manager had appropriately informed us of any issues that might impact on the safety and quality of the service, and they had taken appropriate action to make the required improvements.