

Larchwood Care Homes (South) Limited

Stambridge Meadows

Inspection report

Stambridge Road
Great Stambridge
Rochford
Essex
SS4 2AR

Tel: 01702258525

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06 July 2017

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Ratings

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

Summary of findings

Overall summary

The last inspection was undertaken on 19 and 20 January 2017 and three breaches of regulatory requirements were made in relation to Regulation 9, Regulation 11 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Additionally, as a result of our concerns the Care Quality Commission took action in response to our findings by issuing warning notices in relation to Regulation 12, Regulation 13 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

Stambridge Meadows provides accommodation and personal care for up to 49 older people. Some people also have dementia related needs.

This inspection was completed on 5 and 6 July 2017 and there were 33 people living at the service when we inspected.

A registered manager was 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 told us the service was a safe place to live and there were sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to ensure their safety.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills and competencies to meet people's needs. Staff felt supported and received appropriate formal supervision at regular intervals. Staff demonstrated a good understanding and awareness of how to treat

people with respect and dignity.

The dining experience for people was positive and people were very complimentary about the quality of meals provided. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was working with the local authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

Care plans accurately reflected people's care and support needs and people received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse and the risk of harm.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing. Where risks were highlighted or brought to the registered manager's attention, immediate action was taken to address these.

The deployment of staff was suitable to meet people's care and support needs.

The provider's arrangements to manage people's medicines were suitable and ensured people received their prescribed medication as they should.

Suitable procedures were in place to recruit staff safely.

Is the service effective?

Good 

The service was effective.

Staff received a range of training so as to meet people's care and support needs. Staff felt supported and staff had received regular supervision and an annual appraisal of their overall performance.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Good 

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and recorded their care and support needs and how these were to be delivered by staff. There were varied social activities available to support people's social care needs.

Complaints and concerns were logged, acted upon and responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider, registered manager and management team to monitor the service provided and to act where improvements were required.

Stambridge Meadows

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 inspection took place on 5 and 6 July 2017 and was unannounced. The inspection team consisted of one inspector on both days.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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.

We spoke with four people who used the service, four people's relatives or those acting on their behalf, four members of staff, one person responsible for providing activities to people living at the service, the registered manager, the deputy manager, the team leader, and the regional manager.

We reviewed five people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection to the service on 19 and 20 January 2017, we found that risk assessments were not developed for all areas of identified risk. There were not enough staff available to meet people's needs to an appropriate standard and not all staff or the provider understood the importance or procedures to follow to ensure people were protected from harm and abuse. Additionally, improvements were needed to ensure people received their medicines as prescribed and medication records were completed appropriately. As a result of our concerns the Care Quality Commission took action in response to our findings by issuing a Warning Notice in relation to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

Staff told us people living at the service were kept as safe as possible. People confirmed to us that staff looked after them well, their safety was maintained and they had no concerns. One person when asked if they were safe, told us, "Oh, I'm definitely safe, if I wasn't I wouldn't be here." Another person told us, "I feel safe, everyone [staff] are kind and caring." Four relatives spoken with told us they had no concerns about their family member's safety.

The management team and staff employed demonstrated a good knowledge of safeguarding procedures. The majority of staff had received training in safeguarding people. However, the training matrix provided by the registered manager showed that 11 out of 39 members of staff either required renewed training as this was already out-of-date, or their training would shortly require updating. The registered manager confirmed and records showed this training was booked for staff between August and October 2017. Staff were able to identify how people using the service may be at risk of harm or abuse and what they would do to protect them if they witnessed or suspected abuse. Staff confirmed if they were not satisfied with the action taken by the management team or the organisation they would not hesitate to contact the Local Authority, the Care Quality Commission or the police. This provided an assurance that the management team and staff understood their role and responsibilities to identify and prevent abuse for people living at Stambridge Meadows.

Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks and had the information they needed to support people safely. For example, staff were able to tell us who was at risk of poor mobility and falls, who was at risk of developing pressure ulcers, who was at nutritional risk and the arrangements in place to help them to manage this safely. Individual risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Our observations on the first day of inspection showed that staff's practice did not always reflect that risks to people were managed as well as they should be to ensure their safety and wellbeing. Two members of staff were seen on three occasions to assist people to transfer from a comfortable chair to a wheelchair and vice versa. On each occasion both members of staff were witnessed to place their arm or hands under the person's armpit and pull the person up to a standing position prior to placing them back down in the chair or wheelchair. This meant there was a potential risk of injury to the person being moved which could

lead the person being moved to experience discomfort and pain especially in the shoulder joint. This was brought to the management team's attention and immediate action was taken so as to ensure this did not happen again.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The registered manager had received a recent letter from the Local Authority regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place and the services 'Business Continuity and Emergency Plan had recently been reviewed and updated. The latter is a document that ensures the service can cope with the effects of an unforeseen emergency or crisis. The registered manager confirmed that appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the service's fire procedures and knew what to do in the event of an emergency. Fire drills within the service were completed at regular intervals. Although a competent person was identified within the service to respond in the event of a fire throughout the day, 'competent persons' were not identified between the hours of 8.00 p.m. and 08.00 a.m. or at weekends. We discussed this with the registered manager and regional manager and an assurance was provided that this would be addressed as a priority and staff identified during this time.

Suitable arrangements were in place for determining staffing levels at the service. People using the service told us there was always enough staff available to support them during the week and at weekends. Additionally, staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and their care and support was provided in a timely manner. It was customary practice to always have a staff member present in the communal lounge areas. We observed staff members requesting staff to come into the communal lounge if they had to leave. This was to ensure that people using the service had sufficient staff support at all times.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed since January 2017 showed that the provider had operated a comprehensive recruitment procedure in line with the organisation's policy and procedure. This showed that staff employed had the appropriate checks to ensure they were suitable to work with the people they supported. These included written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews. Staff told us that the recruitment process was thorough and they had not been able to start work until the above checks had been carried out.

However, minor improvements were required to make sure records relating to an applicants interview were sufficiently detailed so as to establish and evidence the suitability of a person for the role. Additionally, where a member of staff from an external agency had been deployed to the service, their employment profile had not been provided or received at the time they commenced their shift. When their agency profile was finally provided to Stambridge Meadows, this highlighted that not all mandatory training had been provided by the external agency. The registered manager advised that the original member of staff scheduled to undertake the shift had been changed by the agency at short notice. The registered manager spoke with the agency member of staff and established that not all of their mandatory training had been undertaken or completed. The registered manager made a prompt decision that the agency member of staff would be unable to complete the shift without having attained this training and they were asked to leave the service.

People told us they received their medication as they should. One person told us they always received their prescribed medication and were happy to have this administered by staff. Medicines were stored safely for the protection of people who used the service, with secure storage arrangements in place for staff authorised to have access to people's medication. The temperatures for storing medicines were monitored each day and within recommended guidelines. Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with dignity and respect for the people they supported. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 12 out of 33 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as stipulated by the prescriber.

Staff involved in the administration of medication had received appropriate training and had their competency assessed. Medication audits were completed each month. Audits for the period February 2017 to June 2017 were viewed and showed a good level of compliance had been achieved with few corrective actions required.

Is the service effective?

Our findings

At our last inspection to the service on 19 and 20 January 2017, we found that not all staff understood the requirements of the Mental Capacity Act 2005 or the key requirements of Deprivation of Liberty Safeguards. As a result of our concerns the Care Quality Commission took action in response to our findings by issuing a Warning Notice in relation to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Additionally, improvements were required to ensure subjects and topics raised as part of formal supervision procedures were followed up and actioned. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

Staff confirmed they received both face-to-face and e-learning training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us this ensured that their knowledge and understanding of how to care for people using the service safely and competently was as up-to-date as possible. The training matrix provided by the registered manager showed that some people's mandatory training had lapsed; however further information provided to us showed this was already booked between August 2017 and October 2017. All but one relative spoken with confirmed that in their opinion staff knew what they were doing and understood their member of family's needs and how to meet these to an acceptable level.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager advised that the latter could be flexible according to their previous experience and level of competence. Although the above was positive, minor improvements were required to ensure the 'Care Certificate' or equivalent was commenced and completed in a timely manner. For example, a member of staff who was employed at the end of April 2017 and who had no previous experience of working within a care setting, had only completed one out of 15 standards at the time of this inspection. This was not an isolated case. Although internal applicants had been promoted to the role of deputy manager and team leader respectively since our last inspection to the service in January 2017, no consideration had been given by the provider to ensure they received an induction to this new position so as to make sure they were effective. We discussed this with the registered manager and regional manager. An assurance was provided that this would be undertaken and addressed for the future.

Staff told us that they received good day-to-day support from the management team, work colleagues and formal supervision at regular intervals. Staff told us that supervision was used to help support them to improve their work practices. Staff told us and records confirmed that staff employed longer than 12 months had received an appraisal of their overall performance for the preceding 12 months.

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 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate a good knowledge and understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. Where people were deprived of their liberty, for example, due to living with dementia, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities. For example, one person told us they regularly liked to watch their television in their room until late at night. They confirmed that staff did not assert any pressure on them to go to bed earlier than they wanted to. They also told us that dependent on their mood, they either ate their meals in the main dining room or in the comfort of their own room.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The chef here is very good. The meals are lovely and [Name of chef] always provides me with something else if I don't like what is on offer or I change my mind." Another person told us, "The trifle was smashing today, just what you need on a hot day. The food is so nice." Relatives confirmed that meals provided for their member of family were suitable. One relative stated that since their member of family's admission to the service, their dietary needs had been met and their weight remained stable.

Our observations showed that the dining experience within the service was positive. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others ate in their room. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. Both the chef and staff were overheard to ask people if they had enjoyed their meal and people were routinely offered 'second helpings.' Hot and cold drinks and snacks were readily available throughout the day and not just at set times.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. The registered manager advised that where appropriate, referrals had and could be made to a suitable healthcare professional, such as, GP, dietician or

the local Speech and Language Team [SALT].

People told us that their healthcare needs were well managed. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and any outcomes.

Is the service caring?

Our findings

People who used the service and their relatives spoke positively about staff's kindness and caring attitude. People and all but one relative spoken with stated they were satisfied and happy with the care and support they or their loved one received. One person told us, "The staff here are very good. I've got no complaints. If I didn't like the care, I'd soon tell them [Staff]." Another person told us, "All the staff are kind and helpful. I feel well cared for and looked after." A third person told us, "The staff are caring and you do not have to wait too long for support if you ring your buzzer. I really don't know how they [staff] do the job quite honestly." Reviews by relatives and others recorded and submitted on a nationally recognised care website for the period February 2017 to June 2017 were very positive. One relative wrote, 'My relative is kept very comfortable and as much is done for them as possible. The staff are cheerful, helpful and respectful.' Another relative wrote, 'The staff are friendly and pleasant.'

Staff knew the people they cared for well and positive caring relationships had been built up. Staff were noted to have a good rapport with the people they supported and there was much good humoured joking and banter during the inspection which many people appeared to enjoy and welcome. We saw good staff interaction and people were seen to be comfortable and relaxed in staffs' company. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people.

We saw that staff communicated well with people living at the service by listening to them and talking with them appropriately. For example, one member of staff was observed to kneel beside one person and to talk with them. The conversation centred on their family and topics relating to their own personal life history. The member of staff sat with the person for approximately 20 minutes and was noted to be fully engaged and involved in the conversation. This showed that staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events that had happened in their lives and people and places that were familiar to them. On another occasion the same member of staff was noted to sit at the dining table with one person who was finding it difficult to complete their meal. The member of staff provided verbal prompting and encouragement, whilst subtly distracting them by discussing topics that were obviously enjoyable and meaningful to them. This resulted with the person completing their meal prior to sitting back in the communal lounge.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support. Where people were not always able to maintain their independence, for example whilst mobilising, staff support was readily available. Staff were observed to assist people to walk by supporting them by walking beside them and placing their hand on the person's arm or back and talking to them so as to provide comfort and reassurance. Staff walked at the person's pace, showing patience, kindness and understanding in their approach.

Staff were able to verbally give good examples of what dignity meant to them, for example, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year. For example, one person told us that they preferred to, on occasions; sit in their room in their nightclothes during the day as they found this to be more comfortable.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and they were always made to feel welcome. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

At our last inspection to the service on 19 and 20 January 2017, we found that not all of a person's care and support needs had been identified, documented or reviewed. Improvements were also needed to ensure people using the service were supported to lead meaningful lives and to participate in social activities. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured the service was able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to accurately reflect the new information. Staff told us they were made aware of changes in people's needs through handover meetings and discussions with senior members of staff at the beginning of each shift. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. There was also evidence to show that people using the service, their relatives and others acting on their behalf had the opportunity to take part in reviews. People spoken with confirmed this as accurate.

Staff told us that some people could become anxious or distressed. Guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be much improved. Staff were able to demonstrate a good understanding and awareness of the specific support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

People were supported and enabled to partake in activities and pastimes that interested them. There were two members of staff responsible for providing social activities at the service Monday to Saturday. A programme of activities was readily available and this showed the activities available over a four week period. Minor improvements were required to make this programme easier for people to read and/or look at, for example, larger print and with less information. The latter referred to the completion of a weekly programme so as to make it easier for people to view and read. One person told us, "I do arts and crafts as and when I want to. I also go out for cake and a coffee sometimes, and I really enjoy that." Another person told us that because they used to knit and with the encouragement of one member of staff who was also a

representative for a well-known local cat charity, they and another person made 'pom-poms' for the cats to play with. On the second day of inspection, one of the people responsible for providing and instigating social activities was heard to initiate a stimulating conversation with several people about the up-and-coming Wimbledon 2017 tournament, including tennis players past and present. People were overheard to engage and clearly enjoyed the discussion, reminiscing about their favourite player or players.

People living at the service and their relative's knew how to make a complaint or raise a concern and who to complain to. People told us if they had any concerns they would discuss these in the first instance with a family member, with the management team or staff on duty. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log was well maintained and included a record of issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.

Is the service well-led?

Our findings

At our last inspection to the service on 19 and 20 January 2017, we found that the provider's quality assurance arrangements and auditing processes were not as robust as they should be. As a result of our concerns the Care Quality Commission took action in response to our findings by issuing a Warning Notice in relation to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements.

The registered manager confirmed that following our last inspection to the service in January 2017, non-compliance at that time and areas for further improvement and development had been taken seriously both at provider and service level. Our findings at this inspection showed that significant improvements had been made and compliance attained so as to protect people using the service against the risks of receiving inappropriate or unsafe care. Effective arrangements were now in place to assess and monitor the quality of the service provided and delivered. People's care and support needs were accurately recorded and risk assessments developed for all areas of identified risk. The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were being followed and staff now understood the importance of this and how it related to the people living at Stambridge Meadows. The deployment of staff was now suitable to meet people's care and support needs and medicines management arrangements were safe. Improvements had also been made to ensure that people's social care needs were encouraged and supported.

The registered manager had a very good knowledge of all the people living there, working closely with them, their families, those acting on their behalf and staff. People, relatives and staff told us that the registered manager and key members of the management team were visible at all levels. The registered manager and management team demonstrated an awareness and understanding of their key roles and responsibilities and had resources and support available from within the organisation to help drive improvement and to monitor the quality of the service provided. The registered manager made statutory notifications to the Care Quality Commission as required by law without delay.

The registered manager had monitored the quality of the service through the completion of a number of audits at regular intervals, for example, infection control, health and safety, care planning and medication. The findings of these showed that a good level of compliance had been achieved for the period January to June 2017, Where areas for improvement were highlighted, an action plan had been completed identifying the actions to be taken and date completed. In addition to these, clinical audits relating to the incidence of pressure ulcers, urinary tract infections, accidents and incidents including falls and nutrition were completed. These provided both qualitative and quantitative information and showed that arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provided, and its outcomes.

The registered manager confirmed the views of people who used the service, those acting on their behalf, staff employed at the service and others had not been sought since December 2016 and this had already been reported on within our last report following our last inspection to the service in January 2017. We were

told that a new quality assurance questionnaire was due to be circulated in July 2017.

Staff told us they were well supported, that their views were respected and they were able to express their views and opinions freely. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.