Anchor Trust

Linwood

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

The inspection took place on 09 August 2017 and was unannounced.

Linwood is a residential care home providing support to up to 67 older people across three floors. At the time of our inspection, there were 59 people living at the home, many of whom were living with dementia.

Our last inspection was in April 2016 where we found breaches of regulations. We found that risks to people were not being managed effectively and the care that people received was not always person-centred. At this inspection, the provider had made the necessary improvements to meet the requirements of the regulations.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had recently left and the provider was in the process of recruiting a new manager.

Risks to people were assessed and staff identified plans to keep people safe. The provider carried out checks to ensure that the environment was safe for people. There were systems and plans in place to keep people safe in the event of an emergency.

Where any accidents or incidents occurred, staff took action to prevent the same incident happening again. Staff understood their roles in safeguarding people from abuse and took appropriate action when required. People's legal rights were protected because staff followed the Mental Capacity Act (2005).

The provider carried out appropriate checks to ensure that staff were suitable for their roles. There were sufficient numbers of staff present to meet people's needs. We did note an inconsistency in care on one unit and one time of day. We recommended that the provider reviews their staff deployment in this area.

People's care plans were person centred and reflected their needs and interests. People's records were up to date, except in two instances where recent information had not been added to people's care plans. We recommended that the provider reviews their systems for updating records.

People had access to healthcare when they needed it. Where healthcare professionals were involved, staff worked alongside them to meet people's needs. People's medicines were managed and administered safely by trained staff.

Staff had the training that they needed to carry out their roles. Staff told us that they felt supported and had regular supervision meetings with their line managers. Staff were involved in the running of the home through regular meetings and the provider had effective communication systems in place.

We observed a number of caring interactions throughout the inspection. People were supported by staff that knew them well and promoted their independence. Staff respected people's privacy and dignity when providing care to them. People were offered choices and staff involved people in their care.

People were given food in line with their preferences and dietary requirements. Important information on people's diets was in their care records. There was a range of activities taking place at the home and the home and garden environment provided people with areas where they could spend time.

People's feedback was regularly sought by the provider. Where people raised complaints, these were responded to appropriately. The provider carried out regular checks to ensure the quality of the care that people received. Where any areas for improvement were identified, these were actioned by staff.

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.

Risks to people were routinely assessed and plans were implemented to keep people safe.

People's safety was assured in the event of an emergency.

The responses to any accidents or incidents were appropriate to keep people safe. Staff understood their roles in safeguarding people.

There were sufficient staff present to safely meet people's needs.

The provider carried out checks to ensure staff were appropriate for their roles.

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People were served food in line with their preferences and dietary requirements.

Staff supported people to access healthcare whenever required. Information from healthcare professionals was included in people's care plans.

People's legal rights were protected because staff followed the Mental Capacity Act (2005)

Staff had appropriate training and supervision to carry out their roles.

Is the service caring?

Good

The service was caring.

People were supported caring staff that knew them well.

People's independence was promoted by staff who routinely involved people in their care.

People were supported to maintain important relationships with relatives and friends. People's religious and cultural needs were met.

Staff supported people in a way that maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their needs, interests and preferences. Regular reviews were carried out capture any changes in people's needs.

People had access to a range of activities.

People were informed of how to raise a complaint and any complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were stored securely and were up to date, apart from in two cases. We recommended that the provider reviews their systems for updating records.

Staff felt supported by management and were encouraged to make suggestions. We identified one area of the home where staff engaged less with people. We recommended that the provider reviews their deployment of staff.

Systems were in place to measure the quality of the care that people received.

People's feedback was sought in order to identify improvements to the quality of care at the home.

Linwood

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 09 August 2017 and was unannounced.

The inspection was carried out by three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

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.

As part of our inspection we spoke to nine people and two relatives. We spoke to the deputy manager, the regional manager, the head of care for the provider and a manager from one of the provider's other homes. We spoke to three care staff, two team leaders and two kitchen staff. We observed caring interactions and staff communication. We read care plans for seven people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits and surveys. We looked at some of the provider's policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "How could you not feel safe with so many lovely people around?" Another person said, "The call bells make me feel safe." A relative told us, "I've never heard anything that would make me think that (person) was unsafe."

At our inspection in April 2016, risks to people were not always managed. We identified one person who did not have assessments in place for identified risks. We also found inconsistencies in plans to evacuate another person in the event of an emergency. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, risks to people were assessed and plans were in place to minimise hazards. People's care plans contained risk assessments that were appropriate to their needs. Following our last inspection, the provider had reviewed their records to ensure that risk assessments were up to date and reflected people's needs. Care records showed that measures were identified to keep people safe, whilst also allowing people to retain their independence. Assessments covered areas such as behaviour, nutrition, pressure sores and falls.

Where risks were identified, staff drew up a plan to manage them. For example, one person was at high risk of falls. To manage the risk, the plan stated that one staff member supported the person to move. The person used a walking frame to keep themselves steady and staff ensured that it was nearby. The person also had a 'magic eye' device in their room. This was a sensor that alerted staff if the person got up so that they could come and support them to move safely. We observed that this person had their walking frame close by and staff supported them when they needed to move. Staff demonstrated a good understanding of risks that people faced when we spoke to them. The provider had a tool for assessing risks and records contained evidence of risks being regularly reviewed.

People were kept safe in the event of an emergency. People had personal emergency evacuation plans (PEEPs) in their records. PEEPs reflected people's needs and the support that they would need to evacuate the building. One person was living with dementia but was able to mobilise independently. Their PEEP stated that they would need verbal prompts and would be able to follow instructions to evacuate the building in the event of an emergency. The risk of fire to the building had been assessed and there was equipment and systems in place for if required. Equipment was regularly serviced and tested to ensure that it was effective. The registered provider had developed a plan to ensure that people's care could continue in the event of an emergency that meant they had to leave the home.

Where accidents or incidents occurred, staff took appropriate actions to keep people safe. Any accidents or incidents were recorded and staff made a note of the actions they took. Actions taken were focused on preventing the same incident happening again. For example, one person had fallen over in their room and was found on the floor by staff. Staff safely supported the person to get up and checked them for injuries. The person's risk assessment was then updated, to include increased observations from staff. The person had not fallen again since these measures had been put in place.

Staff understood their role in how to safeguard people from abuse. Staff had completed training in safeguarding and were able to demonstrate how they would respond if they suspected abuse had occurred. One staff member told us, "First I would tell the team leader. If they don't take any action then I'd go higher. There is a number we can ring and we can speak to CQC." The provider kept a record of all safeguarding incidents and records showed staff were proactive in raising their concerns which the provider responded to. Where safeguarding allegations occurred, the provider had notified the local authority and CQC promptly.

People were kept safe because there were sufficient numbers of staff to safely respond to people. The provider calculated staffing numbers based upon people's needs and this was regularly reviewed. During the inspection we observed that staff were able to respond to people within a reasonable time. Staff were able to spend time with people when supporting them. Whilst most people that we spoke to told us that there were enough staff, we did receive feedback from one person and relative that staff sometimes took longer to respond. The provider was already aware of this as a complaint had been raised about call bell times. The previous registered manager had already started to investigate this. They had closely monitored call bells and records showed that call bells were responded to within two minutes, in most cases in less than one minute. The importance of a quick response had been discussed at staff meetings. The provider had just introduced increased tests of times as part of a new audit and these showed bells were being answered within a reasonable time. The provider had a tool in place to calculate the numbers of staff needed to meet people's needs. Rotas showed that the numbers of staff in place were consistent with the calculated amount needed.

The provider carried out appropriate checks upon new staff to ensure that they were suitable for their roles. Staff files contained evidence of a full work history, two references, health declaration, proof of right to work in the UK and a DBS check. DBS is the disclosure barring service. Staff told us that they had checks carried out before they started work at the home.

People's medicines were managed and administered safely. People told us that they received their medicines on time and that they were given as directed by healthcare professionals. People's care records contained detailed information on their medicines and how they should receive them. Records also contained information about people's medical conditions and allergies. They also contained a picture of the person so that staff knew they were administering medicine to the right person.

Staff were trained in how to administer medicines and staff told us they had to pass a competency test before administering medicines to people. We observed staff administering medicines and best practice was followed. Staff checked the tablets given against the medicine administration records (MARs) before administering them. Staff observed good hand hygiene and dispensed tablets into a cup before taking them to people. We saw staff talking to people about their medicines before giving them. Staff then completed the MAR chart once the medicines had been taken. MARs were up to date with no gaps. Where people had not taken their medicines, staff had recorded the reason why.

People's medicines were stored safely. The provider had a secure system in place to ensure medicines were kept locked and could only be accessed by staff that needed to. Regular audits took place and medicines were counted to ensure numbers remained consistent. The provider had systems in place to ensure that medicines were stored at the correct temperature, in line with the manufacturer's guidance.

Good

Is the service effective?

Our findings

People told us that they liked the food that was on offer. One person told us, "I have no complaints about the food." Another person said, "The food's ok, but I'm not fussy and there's plenty of it." Another person told us, "'Food is very important to me and I have got them to grow me some fresh herbs."

People's nutritional needs were met. Care plans contained information about foods that people liked and this information was available to the kitchen. One person liked traditional English meals. This information was in their care plan and records showed they had been served traditional meals such as roast dinners, pies and stews. Where one person was a vegetarian, their care file contained information on the types of foods they ate as part of this diet. Their daily records showed that they were given a variety of meals each week that reflected their preferences. People's feedback was sought following meals and this information was passed to the kitchen. Where people's expressed a particular like or dislike of a dish, this was recorded.

People's dietary needs were met by staff. Where people had specific allergies, these were clearly noted in their records and the kitchen had this information on display. One person required a dairy free diet and this was recorded in their care plan and the kitchen had this information. Staff in the kitchen were aware of people's individual dietary needs and they were able to demonstrate this. One person had difficulties swallowing and had been seen by a speech and language therapist (SALT). The SALT had recommended a soft and moist diet to reduce the risk of choking. This information was in their records and we observed them being supported to eat food in line with this guidance. Where people were diabetic the kitchen was aware and foods were produced with reduced sugar that were suitable for people living with diabetes.

Where people had specific healthcare needs, these were met by staff. One person told us, "If you need any sort of health appointment it goes in a red book and someone arranges it. There's always a carer to go with you or to stop with you if (healthcare professionals) come here." Information about people's medical conditions was in their records. For example, one person was living with dementia. Their care records contained evidence of visits from the community psychiatric nurse (CPN). Staff kept accurate records to update the CPN when required. When incidents had occurred, or staff had concerns, they completed a behaviour chart. We saw evidence of staff contacting the CPN where they had concerns and providing feedback at ongoing appointments. People said staff understood their health needs and helped them to access the GP whenever required.

Staff raised concerns where people's health changed and we saw evidence of people being seen by the GP. For example, staff recently noted one person's hearing had reduced. They contacted the GP and investigations were carried out and the person received treatment. Records of this were in the person's care plan and showed that staff responded quickly. Another person showed signs of being unwell. Staff contacted the GP and the person was seen the same day and received treatment for an infection.

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 people 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff promoted people's legal rights and followed the guidance of the MCA. Where people were unable to make a decision themselves, their mental capacity had been assessed. Records showed that where someone lacked capacity, best interest decisions were recorded that involved relatives, healthcare professionals and staff. Where restrictions were placed upon people to keep them safe, applications were sent to the local authority DoLS team. One person was living with dementia and was unable to consent to staying at the home. A mental capacity assessment was carried out regarding the decision to consent to care. The assessment established that the person could not understand, retain or weigh up the information to make an informed decision. A best interest decision was documented, that involved relatives and healthcare professionals. They decided it was in the person's best interests to stay at the home and receive care and support from staff. An application was then made to the local authority DoLS team. Another person had a relative who was registered as their Power of Attorney. This meant that they were registered legally to make decisions regarding the person's health and welfare. A copy of the legal document was in the person's file.

People were supported by staff who were trained to carry out their roles. Staff told us that they received an induction when they started work. One staff member told us, "The induction involved spending time with a more experienced member of staff and attending training courses." All staff had completed training in areas such as equality and diversity, fire safety, manual handling and the Mental Capacity Act (2005). The provider kept a record of training completed and had a tracker to monitor when staff needed refresher training. Staff told us that the training gave them the knowledge and confidence to meet people's needs. Staff training followed the care certificate. The care certificate is an agreed set of standards in adult social. One staff member told us, "The training equips me to do the job."

Staff received training specific to the needs of the people that they supported. The home supported a high number of people who were living with dementia. Staff had completed a dementia training course and most staff had also completed an advanced course in dementia care. We observed staff following best practice when supporting people living with dementia. Staff spoke slowly and clearly when offering people choices. They allowed people time to think and consider their responses. Staff provided appropriate reassurances to people if they became disorientated. For example, we observed that one person became confused at lunchtime and became slightly agitated. They got up and staff engaged them in conversation about their food and walked them to their seat. The person then sat and ate their food and the staff member talked to them during their meal.

Staff benefitted from regular one to one supervision. The provider had a system in place to ensure that staff had regular one to one meetings with their supervisors. Records showed that discussions at meetings were focused on good practice and any training needs. Records showed that one staff member had discussed NVQ course work at a recent supervision meeting. NVQ is National Vocational Qualifications. Staff told us that they benefitted from supervisions and that they had ongoing support. One staff member said, "(Staff member) is my line manager. I meet weekly with her. I also handover to her daily." Staff had an annual appraisal and records showed that these were used as an opportunity to measure performance, as well as to establish training needs.

Good

Is the service caring?

Our findings

People told us that the staff that looked after them were caring. One person told us, "There are carers here that are always happy and happy to share a hug. No one is distant with you." A relative told us, "Staff have all shown real patience with (person). I have been delighted and amazed at their gentleness even when (person)'s being a bit difficult."

We observed a number of positive interactions between people and staff. We saw staff taking an interest in people and talking to them. People hugged staff and were smiling in their presence. Staff knew how to make people laugh and we observed people and staff laughing together at numerous points throughout the day. Staff provided care to people in a way that demonstrated kindness and compassion. We observed one person who had become disorientated. A staff member noticed them whilst they were taking some items to another person's room. The person asked where they were and the staff member gently told them. They gave the items they were carrying to another staff member and the person took their arm and they walked them to an area they were familiar with. We observed caring interactions like this one throughout the day.

People were supported by staff that knew them well. Throughout our inspection, staff were able to tell us about people's needs. When we asked them, staff were able to tell us about important information from people's past and their interests. People's care files contained detailed life stories as well as saying what was important to people. For example, one person had worked for a large public sector organisation all their life. Their life story detailed this and described their family and where they had lived. A staff member was able to tell us this information about this person. Another person used to be a teacher and we observed staff talking to them about their past career during the inspection.

Staff promoted people's independence when supporting people. A staff member told us, "It is important not to take people's independence away." The staff member was able to describe to us how they encouraged people to complete tasks such as oral care or dressing themselves where they were able to. People's care plans were detailed and made clear what they were able to do. One person was living with dementia and their records said that they were able to wash themselves, with some prompting and encouragement from staff. Staff were to pass them things and ensure water was at an appropriate temperature to keep the person safe. The person liked clothes and was able to choose outfits. Staff then ensured that the clothes chosen were clean and appropriate for the weather. A staff member told us that this was how they supported this person to retain their independence.

People were involved in the care that they received. Staff told us that they involved people by offering them choices and they were able to demonstrate to us how they did this. One staff member told us that when they supported people living with dementia to choose an outfit, they laid clothes out for them to choose. We observed staff showing people living with dementia different menu options. This enabled people to make an informed choice at the time, based on the look and smell of the food that they were being offered. People had been involved in decisions around the home, this was shown in records of meetings and reviews.

People lived in an inclusive atmosphere. One person also volunteered at the home and supported with

activities. They told us they really enjoyed this and this had positively impacted on their health. The person said, "They (staff) brought me back to life." Another person told us about their love of flowers and gardening. They told us that they had grown up in a family that had done lots of gardening. The person said they enjoyed spending time in the garden and had opportunities to join in gardening activities. The person's room had pictures of flowers and plants and a short description of their favourite gardening activities. People's rooms reflected their personalities, with pictures of families, ornaments and furniture. Outside their rooms, people had pictures relating to their hobbies and working lives.

Staff celebrated important events with people. One person told us, "'They get you to celebrate birthdays with the other's here." At the time of inspection, one person was celebrating their one hundredth birthday. A week of activities and a party for this person had been organised. The person was a big fan of Elvis and we saw people and staff listening to Elvis on the day of inspection, in celebration of this person's birthday. We also saw photographs of people enjoying birthdays, Christmas and Easter themed activities and events.

People's care plans contained information about their religion and background. One person was a Christian but no longer attended church. Their care plan reflected this, stating that religion was still an important part of the person's life and they sometimes liked to talk about it. People had access to regular visits from local ministers who conducted services. One person told us, "I enjoy the Monday service, lots of us attend."

Relatives told us that they were made to feel welcome visiting the home. One relative told us, "There is always an active buzz when I come, you don't see people just sitting and staring at a television." People's records contained information about people's family backgrounds and we observed staff talking to people about their relatives. One person was going to speak to a relative on the telephone later that evening, with staff support. We observed staff reminding them of the call. Care records contained information from relatives and showed that relatives attended important reviews and medical appointments. At the time of inspection, one person who was living with dementia was going through some changes in their health. As staff were unable to contact relatives they were supporting the person to access an advocacy service to support them, as the person would not be able to do this themselves.

Staff promoted people's privacy and dignity when providing support. Staff spoke to people quietly and discreetly regarding personal care. Staff noted one person would need to change their shirt after lunch. Staff approached them sensitively, asking, "Shall we pop to your room?" The person was then supported to change into a clean shirt in private. Where personal care was carried out, people's doors were closed. Whenever staff were observed entering people's rooms, they knocked on their doors and waited for permission to enter. When one person wished to discuss their medicines in their room, staff closed the door. This ensured that the person's private medical details were kept confidential. Staff had received training in how to promote dignity and they were able to describe to us how they respected people's privacy. One staff member told us, "It's about simple things like remembering to cover someone with a towel while you wash them, so they don't feel exposed or cold."

Good

Is the service responsive?

Our findings

People told us that staff helped them to achieve outcomes and provided them with person-centred care. One person said, "When I came I was using a wheelchair but now I can walk. As I tried and did a bit more each day staff cheered and encouraged me." Another person told us, "The hairdresser cheers me up and I feel so much better with my hair done."

At our inspection in April 2016, people did not always receive person-centred care. The activities provided to people did not reflect everyone's needs and care plans did not always capture what was important to people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people's care was planned and delivered in a person-centred way. People's care plans contained information about what was important to people, what they needed support with and what interested them. One person was living with dementia and could not always remember things. Their care plan stated, '(person) needs reassurance because of short term memory loss. Staff need to reply without upsetting (person).' We observed staff supporting this person in this way throughout the day. Another person became worried when they forgot what time an activity would be. Staff reminded them when asked and then wrote the information down for the person, who was then reassured. Another person could become confused and distressed which sometimes led to aggressive behaviour. There was a clear plan on how staff were to respond. The plan detailed how the person presented when they were becoming distressed and what staff should do to support them. Staff offered the person a cup of tea and talked to them about things that they enjoyed. This distracted them and improved the person's mood. Records showed that incidents in which this person had become distressed had reduced since this plan had been in place. Staff were able to accurately tell us how they would support this person if they became distressed or refused care.

People had access to a wide range of activities. One person told us, "'I love everything about everything they do. I especially like the garden. I bought flowers and then told the gardener where to put them. We have an aviary and fish and all the paths are easy for everyone." After our last inspection, the provider reviewed the activities on offer and changes were made to the activities timetables. The provider employed two activities co-ordinators. They regularly asked people for feedback and suggestions at team meetings. A recent survey showed that most people were happy with the activities on offer at the home. The timetables showed a variety of activities taking place to suit a variety of interests and needs. These included a cinema night, aromatherapy, arts and crafts, book groups, quizzes and a pub club. Entertainers visited the home and there was a garden for people to enjoy which contained a number of plants and flowers as well as two cockatiels. People had been involved in choosing the flowers and birds. Garden groups had also been set up which gave people and opportunity to engage with the garden.

People told us that they knew how to make a complaint and they felt comfortable raising any concerns with management. The provider's complaints policy was on display within the home and information on how to raise a complaint was discussed at meetings. The provider kept a record of complaints and any actions

taken in response. For example, one person's clothes had gone missing in the laundry. A complaint was raised and responded to by the provider. The person's clothes were found and a new laundry system was implemented, to reduce the risk of this happening again. Records showed that complaints were responded to within the provider's timescales. People were also asked if they were satisfied with the response to complaints that they raised.

Requires Improvement

Is the service well-led?

Our findings

At the time of inspection, the registered manager had recently left. The provider was in the process of recruiting a new manager and had a plan in place to cover whilst they did this. People told us that they were very happy with the previous manager and the improvements they brought in. One person said, "(previous manager) was so good, a real people person and I hope that the next manager is someone like them."

Staff told us that they felt supported by management. Despite the previous manager leaving, the provider made interim arrangements that ensured staff had support from management. The deputy manager was acting as manager and regional management was providing them with additional support. Leadership was delegated onto the units where team leaders line managed groups of care staff. One staff member told us, "Whenever we need help with anything, team leaders find the time to come." Another staff member said, "(deputy manager) is very, very supportive. They give us jobs to become champions, preparing us for managerial positions." The provider carried out an annual staff survey in order to identity any areas in which they could improve the support available to staff. The most recent survey results showed that staff were more satisfied with their employer since last year and they felt more supported.

Staff also told us that they had seen improvements since our last inspection. One staff member told us, "It has improved a lot. We had a lovely manager who put in place a lot of improvements." After our last inspection, the provider submitted an action plan to CQC. This contained a list of actions to ensure that the required improvements were made to address the identified breaches of regulation. At this inspection, the provider had completed their action plan. Changes to activities and risk assessments had been implemented and the provider had a plan to continue to improve. Before the inspection, the provider submitted a provider information return (PIR). They listed what they did well and what they did to ensure the quality of the care that people received. Our findings on the day matched what was in the PIR.

Regular audits were carried out to ensure the quality of the care that people received. The provider had a system of robust audits in place to identify any improvements that were needed at the home. We saw evidence of a number of regular monthly audits in areas such as medicines, catering, infection control and health and safety. Where any issues were identified, these were addressed by staff. For example, a recent catering audit identified a problem with the dishwasher. This was documented and fixed by maintenance within a week. The provider also carried out a regular visit to the home. They carried out a comprehensive audit that looked at all aspects of people's care. The most recent audit identified actions and all had been completed by the time of our inspection. These included updates to people's medicines records and maintenance work in the garden that had been addressed.

Records that we looked at were mostly accurate and up to date, but we did identify four people who had some information missing from their files. In two cases, people's needs had changed very recently and staff were still in the process of updating their care plans. For example, one person was no longer weighed due to changes in their health and mobility that meant being weighed caused them distress. This was a recent change and despite a review having taken place and the information being communicated to staff, this information wasn't clear in the person's records. Another person had seen the GP regarding a change in

their health two days before the inspection, but this had not yet been recorded in their notes. The impact of this was minimised because both people were supported by consistent staff who had a good knowledge of their needs. Staff were able to tell us about what these people needed support with and the recent changes. We observed these people being supported in a way that was considerate and responsive to their current needs. We did also note that two people who had recently come to live at the home were in the process of having their care plans updated. Staff also knew these people well and the provider's admission assessment provided information for staff whilst these were completed. Staff had updated both these records by the end of the inspection. The provider then carried out an audit to ensure care records were up to date.

We recommend that the provider reviews their systems for updating records to ensure that records are up to date and reflect people's current needs.

Whilst we noted sufficient staff were present to keep people safe, we did identify some inconsistencies in staff deployment. In the morning, staff on one unit at the home did not spend as much time engaging with people. Staff responded to people's needs and were supporting people to get ready, but did not appear confident in interacting with people. We also noted that this was the unit in which two people had information missing from records. People were safe in this unit and later in the day this had improved and staff did spend time with people. There were people on this floor who were living with dementia. For these people, time with staff was important to provide them with reassurance, stimulation and to support them to make choices.

We recommend that the provider reviews their deployment of staff to ensure they have appropriate numbers and skill mix of staff at all times of day across the home.

Staff were involved in the running of the home. Staff told us that they had regular meetings and that they were encouraged to contribute. At a recent meeting, they had discussed a recent increase in falls. Staff discussed possible reasons and how they could address them. Staff carried out increased observations and were reminded to report any changes in people's mobility. Staff also encouraged hydration as this reduced the likelihood of people becoming unwell or disorientated. Following these actions, the next month saw a decrease in the numbers of falls and this remained consistent. A staff member told us that staff often helped with ideas for activities. Staff had recently asked for a smoothie maker to make smoothies with people. This had been actioned by management. As well as regular staff meetings, there were smaller 'stand up' meetings in place. These were used to discuss people's needs and to communicate any important information to staff when things changed.

The provider took people's views seriously and responded to their feedback. Regular meetings took place in which people gave their feedback about the home. Discussions covered areas such as food, activities, staffing and the home environment. At the most recent meeting people had complained that when pasta was served, it was sometimes cold. In response to this, kitchen staff ensured plates were warmed before serving pasta. People had also given positive feedback on new activities and acknowledged a reduction in the use of agency staff. The provider also carried out an annual survey of people and documented the results. The feedback from the last survey was mostly positive. The provider was in the process of sending out this year's survey.

The provider was aware of the responsibilities of their registration. When certain events occur, such as safeguarding, injuries or deaths, the provider is required to notify CQC of these. We found that where required, the correct notifications had been sent to CQC. Records of incidents demonstrated that the provider was open and transparent in keeping people, relatives, professionals and CQC informed when required.