

HC-One Oval Limited

Branston Court Care Home

Inspection report

Branston Road
Burton On Trent
Staffordshire
DE14 3DB

Tel: 01283510088

Date of inspection visit:
12 March 2018

Date of publication:
20 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 12 March 2018 and was unannounced.

Branston Court Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Branston Court Care Home is registered to accommodate 45 people. At the time of our inspection 28 people were using the service. The service accommodates people in one building and support is provided over two floors, both have separate adapted facilities with a lounge area and dining area on each floor and a smaller lounge also available on the ground floor. A garden and enclosed patio were also available that people could access.

Since the 31 January 2018 the provider of this home has changed from Bupa Care Homes (CFC homes) Limited to HC-One Oval Limited.

The service did not have 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. A manager was in post and confirmed they had commenced the process to register with us.

Our last comprehensive inspection was undertaken in February 2017 and the service was rated as good. Following concerns identified regarding the safety of people using the service, the local authority commenced a large scale enquiry (LSE) in June 2017. We undertook a focused inspection on 24 July 2017 and the service was rated as requires improvement. This was because we found improvements were needed regarding the management of people's medicines. We also found people's welfare had been placed at risk and improvements were ongoing to address this. Improvements were also needed to ensure people's therapeutic needs were met and that quality assurance checks were effective in identifying where improvements were needed. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, responsive and well led to at least good.

At this comprehensive inspection we found that improvements had been made since our last inspection. Although we did not identify any breaches of regulations at this inspection; some further improvements were needed to ensure good outcomes for people were maintained. This is the second consecutive time the service has been rated overall as 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

Improvements had been made to the management of medicines and people had received their medicines as prescribed. However improvements in communication were needed to ensure people's medicines were readily available when needed and to ensure that staff were available to provide timely support to people.

Improvements had been made to provide activities to support people's social integration and further improvements were being made to ensure people received information in an accessible format.

People's safety was enhanced as risks to people were managed and recruitment practices checked staff's suitability to work with people. People were protected by staff that understood their responsibilities to report any concerns.

Assistive technology was in place to support people to keep safe and the premises and equipment were maintained to promote people's safety. Systems were in place to ensure the prevention and control of infection was minimised.

People and their relatives contributed to the assessment and development of their care plans and relatives felt able to report any concerns they had. People were supported by trained staff and they encouraged people make their own decisions.

People received meals met their requirements and preferences and they were supported to maintain their health care needs.

People were treated with kindness and were supported to make choices and maintain their dignity and be as independent as possible. People's family and visitors were welcomed by the staff team to support people to maintain relationships that were important to them.

Systems were in the process of being implemented to monitor the quality and safety of the service. We saw that some areas for improvement were needed and these were being addressed by the provider.

People and their representatives were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People received their medicines as prescribed but improvements in communication were needed to ensure people's medicines were in stock; so that they would be available when needed. Improvements were needed to ensure sufficient numbers of staff were available to provide timely support to people. Risks to people were managed to promote their safety. Recruitment practices in place checked staff's suitability to work with people and staff understood their responsibilities to report any concerns. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment and systems were in place to ensure the prevention and control of infection was minimised.

Requires Improvement ●

Is the service effective?

The service was effective.

People received support from trained staff and were supported to make their own decisions whenever possible. People received a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met.

Good ●

Is the service caring?

The service was caring.

Staff showed consideration and kindness towards people and promoted their rights to make choices. People's privacy and dignity were valued and respected and they were supported to be as independent as possible. People's right to maintain relationships with people that were important to them were respected and promoted.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to provide activities to support people's social integration. Further improvements were being made to ensure people received information in an accessible format and to enhance their well-being. People and their representatives contributed to the assessment and development of their care plans. Systems were in place to enable people and their representatives to report any concerns they had.

Is the service well-led?

The service was not consistently well led.

Systems were in process of being implemented to monitor the quality and safety of the service. We saw that some areas for improvement were needed and the manager told us they would be addressed. Where improvements had been identified by the provider, actions were being taken to address these. People and their representatives were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were met.

Requires Improvement ●

Branston Court 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.

This comprehensive inspection took place on 12 March 2018 and was unannounced. The inspection visit was carried out by one inspector.

The inspection was informed by information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send a provider information return (PIR) prior to the inspection. 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. However at the inspection we offered the manager and management team the opportunity to share information they felt relevant with us.

The majority of people that used the service had communication difficulties and were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the care and support provided to people and how the staff interacted with them.

We spoke with two people that used the service, four people's visitors, the chef manager, one of the activities coordinators, the administrator, four members of the care staff team, one nurse and the manager. We also spoke with the area director, the managing director and the area quality director.

We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the manager to email copies of their falls analysis and cleaning schedule; so that we could see how people were supported to keep safe and that housekeeping standards were maintained. The manager sent these to us within the required timeframe.

Is the service safe?

Our findings

At our last inspection improvements were needed to the management of medicines. This was because the stock and storage of medicines was not always accurate to provide clear information to support the administration of medicines. Clinical fridge and room temperatures were not always recorded on a daily basis to ensure medicines were stored at the correct temperature. Capacity assessments and best interest decisions were not in place when people required their medicines to be hidden in food and drink. Where people required pain patches to manage their pain; body maps were not always completed to show where these were placed. This meant we could not be sure the patch was administered correctly. This meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the breach in Regulation 12 had been met as improvements had been made. However, we identified that further improvements were required to ensure people's medicine was readily available when needed. Although people had received their medicines as prescribed, we identified a medicine for one person was not in stock. The person did not require this medicine until the following day. Evidence in the staff diary showed that the nurses had initially identified that this medicine had not been delivered as expected; however this had not been followed up over recent days. The manager contacted the pharmacist and organised for this medicine to be delivered on the day of the inspection; which meant it would be available for the person the following day. This demonstrated that further improvements in communication were needed to ensure people's medicines were in stock so that they would be available when needed.

We saw that other improvements identified at the last inspection had been made. For example fridge and room temperatures where medicines were stored were undertaken each day. This demonstrated that medicines were stored at the recommended temperature. Mental capacity assessments and best interest decisions were in place for people that required their medicines to be hidden in food or drink. This demonstrated why this was required and showed that people involved in the person's care had been consulted and agreed this was in the person's best interest. Body maps had been completed to show where pain patches had been applied. This provided an audit trail to prevent nurses applying the patches in the same area one more than one consecutive occasion.

We saw the lunch time medicines being administered and saw this was done in a considerate and safe way. The nurse dispensed each person's medicine separately and stayed with them. They provided them with a drink and encouragement until they had taken their medicine; before signing to confirm it had been taken.

At the last inspection improvements were needed to the staffing levels and the deployment of staff to ensure people's needs were met. At this inspection we saw sufficient staff were available within communal areas; however at the lunch time meal some people that required support on the ground floor had to wait for up to 40 minutes, whilst staff supported other people with their meal. One of the staff working on the ground floor went to support people upstairs with their meal along with the activities coordinator. This was because

more people on the first floor required support to eat their meal. Following the inspection the manager confirmed people's dependency around meals times were being reviewed to ensure more support around these times was available to people.

One person and their relative told us there was not enough staff available to ensure their needs were met in a timely way. They told us that they had needed the support of two staff that morning to help them with their personal care needs but only one was available; which had meant that some personal care was not provided. Their relative told us, "Some days [Name] can do more for themselves than other days. I often come in the morning and [Name] has not had a wash and I do it." We fed this back to the manager who confirmed this would be addressed. Following the inspection the manager confirmed this person's support needs regarding personal care had been reassessed by a health care professional which included the number of staff they needed to support them and the equipment they required.

Other relatives did not raise any concerns regarding the numbers of staff available and one confirmed the staff support for their relative had increased since our last inspection. They told us, "I feel so much better now I know [Name] has extra support." Staff told us that there was not always enough on shift due to staff leaving and staff sickness. One said, "I don't think the staffing levels have improved really. A lot of staff have left and several are on long term leave. The manager does try and cover the shifts with agency and we all try and cover extra shifts" The manager confirmed that they were in the process of recruiting new staff.

Since our last inspection environmental changes had been made to the home with two closed corridors in place; one on each floor for people that were cared for in bed. This ensured that people who walked independently around the home would not have access to these areas. The call system had been updated to reflect the support each person required and the technology needed to alert staff when support or assistance was needed. Information from the provider regarding the number of incidents at the home had reduced which indicated that people's safety had been enhanced by the new measures in place.

People's safety was promoted as the provider checked staff's suitability before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This demonstrated that the systems in place supported safe recruitment practices.

Relatives felt their relations received safe support from the staff team. One said, "The staff have always been good here, I have never had any concerns about them." Another relative said, "I am very confident that [Name] is safe with the staff and they are definitely happy here. When they have been anywhere else they always seem pleased to be back and are instantly more relaxed and content." Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "I have had safeguarding training and know to report any concerns to the manager. She is very approachable and deals with any concerns efficiently but I know I can report higher if needed. There is also the local authority safeguarding number that I would contact if I didn't think any action had been taken." We saw there were safeguarding procedures in place in line with the provider's procedures. Staff confirmed they had access to these policies for further guidance if needed.

Risks to people's health and wellbeing were assessed and reviewed as needed to ensure they remained relevant. We saw that when staff supported people to move using specialised equipment this was done safely and in a considerate way and supported people at their own pace. Where people had been assessed for specialist equipment to help them maintain healthy skin, specialist mattresses and cushions were in

place for them. We saw that checks were undertaken to ensure this equipment was used correctly.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was easily accessible.

The home was kept clean and we saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. An infection control audit has been undertaken by the previous provider in November 2017. The manager told us that a meeting had been arranged with the provider's hospitality manager on the 23 March 2018 to discuss housekeeping arrangements. The home had been rated a five star by the food standards agency in February 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

We saw that accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support. For example a falls analysis tool was in place which enabled the manager to monitor the number of falls per month and look for any patterns or trends. We saw that the records showed the time of day that falls occurred and the area of the home the person was in when the fall occurred and any injuries sustained. It also recorded referrals made to healthcare professionals..

Is the service effective?

Our findings

People's support needs had been assessed prior to them using the service and information gathered included the person's preferences, support needs, health and emotional well-being. Relatives confirmed they had been involved in this process to gather a picture of the person's life and what was important to them.

People were protected under the Equality Act 2010 because the barriers they faced due to their disability had been removed to ensure they were not discriminated against. This varied from specialist call systems, such as live link sensors to bed sensors and sensors within floor mats and chair mats that alerted staff when required support to accessible facilities within the home so that people could move around the home independently.

Relatives were happy with the support provided by the staff. One told us, "The staff are very good and know what they are doing when it comes to looking after [Name] I can't fault them." Another relative said, "I know that [Name] is happy here and that's down to the staff." We saw that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This demonstrated that new staff received the support and training required to support them to meet people's needs and maintain their safety. The manager confirmed that training under the new provider had been booked for staff, with some training already undertaken such as moving and handling. Staff we spoke with confirmed this. One member of staff said, "I had all my training with Bupa and so far we've had moving and handling and I know there is other training booked." The manager confirmed that formal supervision had commenced for staff to support them in their role. Staff told us the manager was supportive. One said, "The manager is lovely, really hard working and will come and help staff." We checked that the nurses employed had valid registrations with the Nursing and Midwifery Council (NMC). The NMC are the regulators for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses eligible to practice within the UK. It sets and reviews standards for their education, training, conduct and performance. This demonstrated that the provider understood their responsibilities to ensure the nurses employed were kept up to date with current guidance and legally entitled to practice.

At the lunch time meal people told us they enjoyed the meal available to them. One person said, "This dinner is lovely, really nice food." Another person said, "That was very nice, I enjoyed that" We saw that people's dietary needs were met and kitchen staff were provided with information on people's requirements and preferences. The chef manager told us, "We have a list of everyone's dietary requirements and their preferences." People's food and fluid intake was monitored and weights were recorded to identify any changes. People's nutritional assessments were reviewed to ensure any changing needs were identified and managed. The chef manager told us, "We fortify meals and the care staff drinks for people that need that additional intake." We saw that people were referred to the appropriate health care professional when needed, such as dieticians or speech and language therapists where people had difficulty swallowing.

People were supported to access external health professionals to maintain their health care needs such as doctors, chiropractors and opticians. One relative told us, "They are pretty good at getting the doctor if [Name] is unwell. " Another relative told us, "If there are any health concerns the staff here contact me to let me know."

The design of the building enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists were available to enable people to move safely. There were lifts to enable people to access other floors.

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. 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. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions. One member of staff told us, "We give people choices whenever we can like supporting them to decide on what they want to wear by showing them a choice of outfits or helping them to choose what they want to eat."

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). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Some people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded and had been met. The manager confirmed that authorisations had been made for other people and they were awaiting confirmation from the DoLS team and whilst waiting for these authorisations to be approved we saw that people were supported in their best interests.

Is the service caring?

Our findings

Relatives told us the staff were caring. One said, "They are all lovely, very caring and I have no concerns at all." Another relative told us, "The staff are all lovely; they have a nice way about them and the home has a lovely atmosphere." We saw staff treated people with kindness and consideration. One member of staff told us, "It's the residents that make this job worthwhile; I treat every person like they were a member of my own family."

We saw interactions between staff and people were warm and compassionate. For example we heard one member of staff talking to a person about the local area and reminiscing about old neighbours that the person remembered and the school they went to. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately. When people became upset due to their mental health we saw the staff treated them with kindness and spent time sitting with them and reassuring them. People were listened to and were comfortable with staff. We saw communication plans were in place to guide staff on how to communicate with people at a level and pace they understood.

Staff encouraged people to be as independent as they could be to enable them to make decisions for themselves wherever possible. The staff explained things and used different approaches to ensure people understood and could make informed choices. For example by showing people the meal choices available. The manager confirmed that people were supported to make decisions using independent mental capacity advocates when needed; Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

A relative confirmed their family member was cared for in a dignified manner and told us "Staff are really good; I can't fault them at all." We saw staff respected people's dignity and privacy, for example we heard staff discreetly encouraging people to use the bathroom.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "I visit every day and am always made to feel welcome by the staff." Another said, "Everyone is very friendly and welcoming and I'm always offered a drink." We saw that people's visitors were welcomed in to the home and had a good rapport with the staff.

Is the service responsive?

Our findings

At our last inspection we identified that people were not always provided with support to meet their social needs. At this inspection we saw staff spent time chatting with people throughout the day. One relative told us, "The staff are very good and have a lovely relationship with [Name]." We saw another person was supported to complete a matching pairs game. Their relative told us, "I can't fault the staff, they always find the time for my relative, even though I know how busy they are."

We saw that improvements had been made to ensure people received social support from an activities coordinator every day. The activities coordinators on duty told us, "Myself and the other activities coordinator cover seven days a week. We both work on a Wednesday to plan for the week ahead and we organise external entertainers for this day as well, so we are both here to set up and organise everything." We saw that the activities coordinator spent time with people throughout the day providing one to one and group activities. The home had been decorated for mother's day and the activities coordinator told us of their plans to decorate the home for St Patrick's day. Activities ranged from move and groove, which involved people participating in playing musical instruments to pamper sessions and arts and crafts. The activities coordinator told us, "People's needs are different; most people upstairs aren't able to participate so we spend time sitting and talking to them and providing hand massages. Staff confirmed that people also accessed the community. One member of staff said, "There is a community centre nearby and we support people to go there for lunch." Another staff member said, "[Name] goes to the pub every week which they really enjoy." This demonstrated that people were supported to be part of their local community and spend time doing things they enjoyed.

The manager confirmed they were aware of accessible information standards (AIS) and were implementing this to support people. AIS were introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. The manager told us they had identified improvements were needed to provide people with information in a way they understood and to support their orientation; such as picture menus and information regarding the day, date and time of year and to promote people's orientation around the home. The manager confirmed that a dementia specialist was visiting the home the day after the inspection to look at how AIS in the home could be developed and enhance person centered memory care.

People's cultural and diverse needs were incorporated within their initial assessment and care plans. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them and people's relatives confirmed they were involved in these. Staff understood about respecting people's rights and supported them to follow their faith. They told us that people received monthly visits from the local church group to meet their religious needs.

Relatives confirmed they would feel comfortable telling the manager or staff if they had any concerns. One relative told us, "I have spoken to the new manager and she seems very approachable, I would let her know

if I had any concerns." Another relative said, "The new manager deals with things straight away, I have seen some big improvements." The staff confirmed that if anyone raised any concerns with them they would inform the manager or nurse in charge. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and the manager told us no complaints had been received under the new provider.

Arrangements had been made to respect people's wishes when they came to the end of their life. Information was recorded about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was no registered manager in post. Since our last inspection the provider of the home had changed. A manager was in post and told us they were in the process of registration with us. We saw that the quality monitoring systems under the new provider were in the process of being embedded. Further development was needed to ensure these systems were effective in identifying areas that required improvement, such as the improvements we identified under the safe domain.

We saw that some audits were in progress, such as people's food intake being monitored. The manager told us they had identified there was too much fluctuation in weight recordings and said, "People were being weighed at different times of the day. Now the staff are weighing people in the morning so that we are consistent and get a true weight reading." We saw in other audits that where areas for improvement had been identified, these were recorded and included the actions taken. For example we saw that new carpets had been ordered for the lounge along with new chairs and new slings for each person that was supported to move using a hoist.

Although staff told us that the new manager was approachable and supportive they confirmed that staff morale remained low. One staff member said, "We have had so many management changes and now a new provider; it makes it very difficult for us. The amount of paperwork we have to complete has increased which gives us less time to support people." Another member of staff said, "I used to love coming to work but not so much anymore; there is so much paperwork." The manager confirmed that under the new provider the format was different for recording the support people received. We saw that monitoring records were completed following each interaction. For example staff recorded the amount a person drank as soon as they had finished their drink. This is good practice as it ensures accurate records are maintained. However staff told us and we saw they had to go off the floor to complete each person's records which meant other people had to wait for support. We discussed this with the manager and asked them to look at more effective ways of managing this; to ensure recording did not impact on the support people received.

There was an infrastructure of support for the new manager which included an area director, managing director, area quality director, clinical lead nurse and nurses, senior care staff and care staff and activity coordinators. Housekeeping, maintenance and catering staff were also on site along with administration staff to support the manager in the running of the home. Resources were available to enable the manager to drive improvement such as recruiting new staff and general maintenance and environmental improvements of the home. The provider understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home and on the provider's website in line with our requirements.

Staff understood the whistleblowing procedure and confirmed they were happy to raise any concerns with the manager. One staff member said, "The manager is lovely, very approachable. I am sure she would take concerns seriously." Relatives confirmed they had met the new manager and confirmed they would speak to

them if they had any concerns. One person said, "She seems very nice and very easy to talk to. She gets things sorted quickly." The manager confirmed they had set up an open surgery for two and a half hours a week for relatives to speak to the manager regarding any concerns or issues.

Meetings were provided for relatives. The manager confirmed that one meeting had been undertaken prior to the new providers taking over the home, to discuss the changes with people's relatives. A second meeting was planned for April 2018. The manager told us that satisfaction surveys would be sent out to relatives following this meeting. Information was on display in the entrance of home regarding care home reviews. This is where people can place a review of the home on line. We saw that no reviews had been placed on line since the change in provider. Staff confirmed they were provided with regular staff meetings and minutes were available for them if they were unable to attend.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

We saw that the provider and manager ensured that people received the relevant support from other agencies as required and promoted partnership working with other professionals to ensure people received the support they required.