Breckland Care at Home Community Interest Company

Breckland Care at Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection that took place on 14 March 2018.

At our last inspection in December 2016, we found that the quality and safety of the care provided to people required improvement. We identified that the provider had been in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because risks to people's safety had not always been assessed appropriately and there were a lack of robust governance systems in place to monitor the quality of care people received. After that inspection, the provider sent us an action plan telling us what they were going to do to improve the quality of care people received.

Since our last inspection the provider of the company has changed and at this inspection, we found that sufficient improvements had been made and that the service was no longer in breach of any regulations. The overall rating for this service has now changed from Requires Improvement to Good.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection it was providing care to approximately 50 people.

There was a registered manager at the service. 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's individual care needs and preferences had been assessed. However, the information contained within people's care records was not sufficient to guide staff on how to meet these needs. Therefore improvements are required within this area to reduce the risk of people receiving inappropriate care.

We have also made a recommendation regarding the manager and provider familiarising themselves with the Accessible Information Standard. This standard was put in place in 2012 to ensure that people had access to appropriate information to meet their individual communication needs.

The people we spoke with told us they received the care they required and that this met their needs and preferences. The provider had ensured there were enough staff to do this.

Staff had received sufficient training and support to make sure they could provide people with safe and effective care. People received their medicines when they needed them.

Staff used good infection control techniques to reduce the risk of spreading infection and risks to people's safety had been assessed and managed well. People's consent was sought before staff completed a task and where required, were supported to eat and drink enough and with their healthcare needs.

The staff were kind, caring and compassionate and people were empowered to have control of the care they received. People were treated with dignity and respect. People's concerns and complaints were listened to and investigated but a record of these was not always made which may help the provider identify any patterns in relation to care delivery.

There was an open culture where people, relatives and staff could raise concerns without fear. The provider had a clear vision to ensure the delivery of care met people's individual needs and we found this to be the case.

Systems were in place to monitor the quality of care people received. Where shortfalls were found, actions had been taken and lessons learnt where appropriate. People and staff were encouraged to give their views regarding the running of the service to drive improvement.

People were happy that the service was run well but the staff had mixed views about this with some saying they felt very valued and supported but others saying this was not the case. The provider said they were actively working on fully engaging staff within the business.

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.

Systems were in place to protect people from the risk of abuse and to ensure people received their medicines when they needed them.

There were enough staff to provide people with care to meet their needs and preferences.

Staff knew how to reduce risks to people's safety and this included reducing the risk of the spread of infection.

When things went wrong, lessons were learnt to make improvements to the quality of care people received.

Is the service effective?

Good

The service was effective.

People's needs had been fully assessed and staff had received sufficient training and supervision which helped them provide people with effective care.

The staff understood how to support people to make choices and consent to their care if they were unable to do this for themselves.

People were supported to maintain their health and with eating and drinking where this was part of their care package.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Their privacy and dignity was respected.

People were empowered to make decisions about their own care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Complaints made were dealt with but verbal complaints were not recorded. This would enable the service to analyse and learn from complaints.

People and/or their relatives had been involved in the assessments of their needs and preferences. A care record was in place to guide staff on how to meet these needs and preferences. However, more information was required within this record so staff had clear guidance on how to provide this care to people in the way they wanted.

People's wishes at their end of their life were assessed and respected.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the quality of care people received. People and staff were involved in developing the service.

There was an open culture where staff and people could raise concerns without fear.

Staff gave us mixed views with regards to feeling valued but all said they enjoyed the work they did.

Breckland Care at Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 March 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

The inspection team consisted of one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people for their feedback regarding the quality of care they received. The inspector visited the provider's office.

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 home, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications the provider had sent us. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters.

Prior to the inspection we sent questionnaires to 20 people using the service, and their relatives. Nine people and three relatives replied. Due to this small sample, the information supplied by people and their relatives is not contained within this report but their feedback was used to help us plan the inspection.

During the inspection, we spoke with nine people and one relative, six staff, the registered manager and two representatives of the provider. We looked at four people's care records, three people's medicine records, three staff recruitment files, staff training records and records in relation to how the provider and registered manager monitored the quality of care people received.

Good

Is the service safe?

Our findings

At our last inspection we rated Safe as Requires Improvement. At this inspection we have rated Safe as Good.

At our last inspection in December 2016, we found that there was a lack of information within people's care records to guide staff on how to manage risks to people's safety. This had resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the necessary improvements had been made and therefore, the provider was no longer in breach of this regulation.

All of the staff we spoke with demonstrated they knew what actions to take to reduce the risk of people experiencing injury. People's care records contained assessments of risk and most of the information that was available to staff was sufficient to guide them on what they needed to do to reduce any assessed risks. However, we did see that for some risks the information was brief and could be more detailed.

For example, one person was assisted to have a shower which staff had deemed a risk. The actions that had been recorded for staff to follow to reduce this risk was to ensure they had a shower chair in place. No other information was available such as where the shower chair should be placed, any environmental factors or why a shower chair needed to be used. Another person had been deemed as being at risk of developing a pressure sore. A staff member we spoke with told us due to this, they were regularly turning the person to help reduce this risk however, this information was not within the care record. We spoke with the registered manager about this who agreed to immediately review this and add any additional information that may be required.

All of the people we spoke with told us they felt safe when staff were in their home providing them with support. One person told us, "Yes I feel safe. Goodness only knows what I would do without them." Another person said, "Oh, yes, I feel safe. I'd talk to whoever's in charge if I wasn't." The relative told us, "Oh, yes, she's cared for properly."

The staff we spoke with demonstrated they understood what types of abuse people could experience and how to report any concerns, if they had any. This included outside of the provider's organisation. The registered manager had dealt with any concerns raised with them appropriately. This had included alerting the relevant authorities, investigating the matter and taking any action they had deemed necessary to reduce the risk of people experiencing abuse.

There were enough staff working at the service to meet people's needs and preferences and effective contingency measures were in place to cover any staff absence. The staff we spoke with told us they felt there were enough of them to provide people with the care they required. The people, relative and staff we spoke with all told us that no care visits had been missed and the registered manager confirmed this.

One person told us, "I have enough staff. They can be a few minutes late by and large, but nothing much

more. They haven't missed any calls." Another person said, "They are not late, they're dead on time, here at 10am. I can set my clock by them! They've never missed a call. They stay absolutely half an hour. If they finish and there's a little bit of washing up to do, then they will do that." The relative told us, "There are enough staff, yes, not that I know what staff they have, but two always come."

The registered manager told us that the number of staff working for the service had been calculated based on the care people required and their individual preferences. Travel time was built in between calls to reduce the risk of staff running late to visit people. Some staff members were employed specifically to cover for planned and unplanned staff absence. Some people's records that we checked showed that staff were staying for the correct length of time with people to meet their needs.

The required checks had taken place prior to a new staff member commencing work at the service. This included criminal record checks and checks of the staff member's character. These were received in the form of references from previous employers and a Disclosure and Barring Service (DBS) check. The staff member's identification had also been checked. However, risk assessments had not been completed where staff had a past criminal conviction on their DBS. The registered manager told us they had discussed these with the staff members involved prior to offering them employment and had therefore, assessed the risk. They agreed they would record this information and store within the relevant staff member's file in line with good practice.

Most of the people we spoke with did not receive staff assistance to take their medicines. Where they did, they told us they received their medicines when needed. One person told us, "They check I've taken them. Sometimes I've forgotten and they remind me." Another person said, "My medicines they give me. I have it in a box and they sort that out. I leave it to them. I'm happy with them doing it."

At the time of the inspection visit, 10 people were receiving some assistance with their prescribed medicines or creams. We checked the medicine administration records (MAR) for three people to see if these indicated that the person had received their medicines correctly. Two of the MAR's contained some gaps that indicated these people may not have received their oral medicines. However, when we checked with the registered manager we found that these had been recording errors where staff had not updated the MAR correctly. These had already been identified and fully investigated. Records also showed that people had received their creams when needed.

People told us that staff demonstrated good practice in relation to cleanliness and reducing the risk of the spread of infection. One person told us, "Yes, they always wear gloves and aprons." Another person said, "Gloves and aprons they always wear. They're very strict on that. Very hot on that." All of the staff we spoke with demonstrated they understood what constituted good infection control practice. They said they had enough equipment available to them when they needed it.

Incidents, accidents and medicine errors were reported and lessons learnt where appropriate. Staff were aware they needed to report these if they had occurred. The registered manager had investigated any that had been reported. Lessons had been learnt in relation to the administration of people's medicines. The registered manager told us that through their auditing processes, they had found that in 2017 there had been an 80% error rate in relation to staff completing MAR correctly. Therefore, they had radically changed their systems for monitoring in this area and given staff re-training where needed. This had resulted in the error rate reducing to 10%.

Good

Is the service effective?

Our findings

At our last inspection we rated Effective as Requires Improvement. At this inspection we have rated Effective as Good.

At our last inspection in December 2016, we found there was no effective system in place to monitor that staff had completed up to date training. We found this had improved at this inspection.

The people we spoke with told us they felt staff were well trained. One person told us, "I do think they're good at what they do, everything they do." Another person said, "Oh, I'm sure they are (trained). They sort me out, very thorough drying me and always ask 'Do you feel dry?'." The relative told us, "They are trained. I think so. They do things properly."

All of the staff we spoke with told us they felt they had received enough training and supervision to enable them to meet people's needs and to provide them with effective care. Staff said their access to training had improved since a new provider took over the company. Induction training was available to new staff which included spending time shadowing more experienced staff. Staff who were new to care completed the Care Certificate which is an industry recognised qualification within health and social care. Records showed that staff were unable to provide care on their own until their competence to do this safely had been fully assessed. Existing staff also had their care practice regularly assessed to ensure it was safe and appropriate.

Staff training was delivered either face to face in a classroom set up, on line or in group sessions where workbooks were completed and discussed. Records showed that the majority of staff training was up to date. Some staff required further training but the registered manager told us this had been booked. Staff told us that some people they provided care and support to were living with dementia. We noticed that not all staff had completed training in dementia awareness. The registered manager told us this training was not mandatory but was being rolled out to staff for them to complete on a voluntary basis. However, some staff told us they had not completed this as they had to do it in their own time as it was not mandatory training. They did not feel this was fair. The provider's representative said they would raise the possibility of dementia training becoming a mandatory subject for staff to complete due to the number of people using the service who were living with this condition.

At our last inspection in December 2016, we found that staff did not have a good knowledge about the principles of the Mental Capacity Act 2005. This meant that we were not assured that consent was being sought in line with relevant legislation. 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.

All of the people we spoke with told us staff always asked for their consent before performing a task. One

person said, "They always ask my permission when they do things. Another person said, "Consent is never an issue. I'm able to express what I want." A relative told us, "They ask consent when they say 'What would you like, [family member]?' They're very professional."

Staff had a good understanding of the MCA and how this impacted on their daily practice. They told us they offered people choice and took actions in people's best interests, if they were unable to consent to a decision themselves. They told us how they supported people to make decisions such as showing them a choice of clothes to wear or food to eat. Records showed that staff had been trained in this subject.

People's ability to consent to their own care had been considered. However, where there was doubt a person could consent to aspects of their care, there was a lack of information within their care record regarding this. There was no information to guide staff on what specific decisions people could or could not make or where they required support. This is important so that staff know how to support people in line with the MCA. We spoke with the registered manager about this who agreed to immediately review and update the people's records with relevant information.

People's needs had been fully assessed. The registered manager told us they were aware of good practice and evidence based standards such as those written by the National Institute of Health and Care Excellence (NICE). Technology in the form of an electronic system was currently being considered. This was to enable the registered manager to pro-actively monitor that staff were completing care visits in line with people's needs and preferences.

Most of the people we spoke with had other arrangements in place with regards to their meal preparation or support with their healthcare needs. However, those that did receive this as part of their care package were happy that they received the care they needed. This included staff contacting a doctor or emergency services for them if needed. One person told us, "The doctor? They would contact them if needed but I can do it myself." Another person said, "They do my meals sometimes. They put them in the microwave and I do some myself. They always leave a drink so I've got one."

The staff we spoke with told us how they supported some people to eat and drink. They understood people's likes and dislikes and demonstrated they monitored people who they felt were not eating or drinking very much. They also said they supported some people with their healthcare needs and would contact the doctor or other healthcare professionals if required. The staff told us they worked well to provide people with effective care. This included working between themselves and with other professionals when needed. One staff member told us how they worked regularly with an occupational therapist to ensure equipment a person was using was safe. People's care records showed that staff had contacted healthcare professionals when required such as the GP to support people with their healthcare needs.

Good

Is the service caring?

Our findings

At our last inspection we rated Caring as Good. At this inspection we have continued to rate Caring as Good.

All of the people we spoke with and one relative told us that staff were kind and caring. People also told us that they usually saw the same staff so they were able to build caring relationships with them.

One person told us, "Yes, they are caring and I know them. I have to remember names but they're all familiar." Another person said, "Oh yes, they are good in that way. I had five visits with five different people, still all good but now I've got a regular three and I've got a relationship. They're two women and a man. He is brilliant and the women are too." A further person told us, "They are very kind. They give a cheerful shout when they come in. They are very good to me." The relative agreed with this and told us that their regular carer had shown compassion when their family member had become unwell.

It was evident from our conversations with staff that they knew the people they supported well. They were able to tell us about the person, their personalities and likes and dislikes. They were also aware if people had any diverse or cultural needs and were respectful of this. They said they were given time to get to know the person and their relative so they could adapt the care to how they wished to receive it.

The service supported people to express their views and to be actively involved in making decisions about their care. The people we spoke with said they felt in control of their own care and empowered to make decisions. One person told us, "They listen, oh yes. I feel I have control over things." Another person said, "I'm in control. They all ask do you want this or that?" A relative told us, "Yes, she has control. They always say 'Do you want a drink, or is there anything else we can do for you?'"

Before people started to use the service they were involved in an initial assessment of their requirements and needs. They had been asked what care and support they required and what their personal goals were. People had been involved in regular reviews of their care, both over the telephone and face to face where they were encouraged to provide their opinion on the support they received. The registered manager told us that information was given to people when they started using the service and that this could be provided in different formats such as large print or in pictorial format when required. However, they and the provider were not aware of the Accessible Information Standard. This standard has been in place since 2012 and requires providers of publically funded services to have fully assessed people's diverse communication needs and to have facilities in place to meet these. We have therefore made a recommendation that both the provider and registered manager familiarise themselves with this information to make sure they are fully complying with it.

Everyone said the staff treated them or their family member with dignity and respect and that their privacy was respected and independence encouraged. One person told us, "They all respect me and treat me okay. It's just an attitude they all have. I'd hate to start again with another care company. They give me privacy in whatever way they can, like when they wash they will say 'Excuse me, do you mind if we do this.' They don't just barge in." Another person said, "I get what I ask for. I'm respected, well yes." A further person told us that

if they were unwell the staff would help them as much as they wanted but respected and encouraged their independence.

The staff were able to give us a good account about how they respected people's dignity and privacy. They said they protected people's privacy by for example, ensuring doors or curtains were closed when providing people with personal care. They also told us that they encouraged people to be as independent as they could so they could remain within their own home.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we rated Responsive as Requires Improvement. At this inspection we have continued to rate Responsive as Requires Improvement.

At our inspection in December 2016 we found that people complaints had not been responded to adequately to help improve the service people received. At this inspection we found that the required improvements had been made.

All of the people we spoke with told us knew how to complain if they needed to and that none of them had any complaints about the care they received. One person told us, "Complaints yes, I know how to. I'd first to go to the agency, but I've never had to." Another person said, "Yes I'm happy and don't need to talk about anything (with the service). I did ring the office once as someone left their coat here, nothing more. It's all fine." A relative told us, "Any complaint, I'd ring up their office. I never have to."

The registered manager told us that no formal complaints had been made since our last inspection. However, we were aware that one relative had raised concerns regarding the way care had been delivered to a family member. The registered manager explained to us that they had dealt with this concern by meeting the family member. However, they had not recorded this as a complaint as they said they did not record verbal complaints. It is good practice to record all complaints both verbal and written to enable the service to evidence these have been dealt with and also to facilitate any learning from complaints that may be required. The registered manager and provider agreed to keep a record of any verbal complaints going forward that were made.

All of the people and the relative we spoke with told us their or their family needs and preferences were being met. One person told us, "It's exactly the way I want. Anybody who comes here I say to them would you mind doing this? They got a rough list of what to do." Another person said, "I stated that I wanted all female carers and they've been very obliging." A further person told us, "If they're late they always ring and let me know. They stay the time I'm booked, and some go over a little bit. They're brilliant for that. They don't rush." The relative told us, "All the (call) times are right. Male or female carers she's happy with both or one of each. As long as it's done is what matters to her, and they all like her and she's easy going."

People and the relative also told us that they could get hold of the office staff if they needed to and that the service was willing to be flexible in response their needs. One person told us, "I ring the office and they're okay. If I've got to go to have an x-ray I rearrange the care for another time. It's just simple things like that." The relative told us, "I ring the office if she has an appointment and they will alter the time for her. They came and got her ready for an 8.30am appointment. They came at 7am. They are very, very good. I can't fault them in any way."

Care records were in place that demonstrated that a thorough assessment of people's individual needs and preferences had taken place when they started using the service. All of the staff we spoke with told us they felt the care records gave them enough information about the person so they could support them in the way

they wanted. However, we found that some information within people's care records regarding the care they wanted was very vague or was not in place. Although staff said they usually saw the same people so they could get to know their needs and routines, it is important to have sufficient information available if regular staff cannot see them. For example, if a new staff member provides care or regular staff are unwell.

There was a summary of the care a person required at the front of their care record that briefly described the care they wanted. This was accompanied by a number of different care plans in respect of each person's needs but they did not always have enough information in them about how the person wanted the care provided.

For example, one person's summary record stated that staff needed to apply creams but there was no information about what the cream was, where it needed to be applied and under what circumstances. Another person was diabetic however, the type of diabetes they had was not recorded, nor how this affected the person's health or what staff needed to look out for to help support the person with this condition. This person's care plan in respect of personal care just stated, 'full body wash or shower, clean clothes, brush teeth, prompt shave.' There was nothing about how this person preferred this type of care to be delivered, what decisions they could make themselves or how the staff should promote their independence.

Where a person lacked capacity to make a decision about the food and drink that staff prepared for them, there was no information to guide staff on how they liked to take their drinks and what foods they liked to eat. There was also no information in this person's care record about what decisions they could make themselves or how staff should support them with this. Improvements were therefore required in this area which the registered manager and provider agreed to make.

The registered manger told us there was no one currently receiving end of life care from them. They said however, that when they provided this they ensured that staff were aware of people's wishes and that they worked with other healthcare professionals to deliver this care to people. The registered manager told us that plans were in place for staff to receive training in this subject.

Good

Is the service well-led?

Our findings

At our last inspection we rated Well-Led as Requires Improvement. At this inspection we have rated Well-Led as Good.

At our last inspection in December 2016, we found that there was a lack of systems in place to monitor the quality of care people received. This had resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the necessary improvements had been made and therefore, the provider was no longer in breach of this regulation.

Effective governance systems were in place to monitor the quality of care people received. This included systems to ensure that people received their medicines when they needed them. Staff had been asked to report any concerns regarding medicines administration as soon as they found issues and records showed this had been done. This meant the registered manager could then investigate any issues immediately to rectify them. Furthermore, another audit of medicines had been conducted by senior staff on a regular basis within people's homes. Where concerns had been found, staff had been offered re-training where necessary.

The times that staff arrived at people's homes and how long they spent with people was also audited to ensure the care people received met their individual needs. The completion of staff training and supervision was regularly reviewed to ensure staff were competent to perform their role safely and effectively.

Staffing levels were regularly kept under review to ensure there were enough staff to meet people's needs and preferences. The registered manager ensured that people's care needs were regularly reviewed so that staff could provide them with the care they required.

People were provided with information each week to tell them which staff would be visiting. Systems were in place to let people know of any changes to this so they knew who would be providing them with care. People told us this was important to them. Also, systems were in place to let people know if staff were running late so they did not have to worry that a staff member was not going to show up.

The registered manager and provider told us there was a clear vision and strategy in place to deliver high quality care that was person-centred and open. The people and the relative we spoke with agreed they/or their family member were receiving care that met this vision. The staff also told us they were given sufficient time to provide people with person-centred care that met their needs and reflected this vision. The provider and registered manager worked with other organisations and individuals such as the local GP surgery and healthcare professions to deliver people a good level of care.

Most people and the relative we spoke with told us they would recommend the service. One person told us, "They are wonderful, nobody's unkind. They do anything you want. They are really good. I would recommend the service, but I won't because that would mean I'd get my known carers taken away, and I'd go back to the scenario with unfamiliar carers coming through the door." Another person said, "On the whole yes, I do feel properly supported. I've had them several years." A further person told us, "Yes, it seems

to be alright. They come to visit sometimes and have a chat with you. They come out of the blue. Recommend them, well yes, I think they're alright." A relative told us, "They give us a rota every Friday and all the names are on so we know whose coming. I'm confident in all of them. They laugh and joke with us and they really put you at ease. Yes, I am happy. They're very efficient. Recommend them? Oh, I would, I would."

We received mixed views from staff regarding their morale and whether they felt valued. Three staff said they felt very valued, found the management team approachable and felt very supported. They also told us they were regularly thanked for doing their job, had compliments received from people using the service passed onto them and said they felt included in making decisions about how the service was run. However, three other staff said although they enjoyed the work they did they did not feel valued and that they did not often get thanked for the work they did. They cited the recent poor weather where they felt they had been put under undue pressure to carry out care visits whilst putting their own safety at risk. They also said they were not happy they had been asked to complete some training in their own time and had to collect their weekly rotas from the office in their own time.

We spoke with the provider and registered manager about this. They told us they had risk assessed staff visiting people in the bad weather and had passed on their appreciation to staff regarding this. However, they agreed to discuss with staff the issues that had been raised with us to try to alleviate some staff concerns.

Although some staff did not feel valued, all that we spoke with told us there was the leadership in place to ensure they worked well as a team to deliver good quality care to people. We saw minutes of meetings that were held regularly with senior staff at the service where issues such as the delivery of quality of care were discussed. Meetings were also held with other staff. Some staff told us these had increased and that the communication had improved since our last inspection.

People's views on the care that was provided had also been regularly sought. Any feedback given by them had been considered and actions to improve communication or the care they received. For example, in the last survey conducted by the provider, some people had said their beds were not made to their satisfaction. Therefore, the registered manager told us this was now included as part of the training for staff.