Anchor Carehomes Limited

Berkeley Court

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

This inspection took place on 18 and 24 May 2017. At the last inspection in February 2016 we rated the service as requires improvement. We found the registered provider was breaching two regulations associated with the Health and Social Care Act 2008. These related to the recruitment of staff and staff training and development. Following the last inspection we received an action plan from the registered provider that detailed how improvements would be made. At this inspection we found the registered provider had taken action to address the above breaches of regulation and appropriate improvements had been made in both of these areas.

Berkeley Court provides care and support for up to 78 older people, some of whom may be living with dementia. At the time of our inspection there were 70 people using the service. The accommodation for people is arranged over three floors. There are two units per floor. Each unit has single bedrooms which have en-suite facilities. There are communal bathrooms and toilets throughout the home. There are open plan communal lounges and dining rooms on each of the units.

The service had been recently been recently re-registered following the registered provider formally taking over direct management of the service following its acquisition from a subsidiary company within the parent group. The service was at the time in the process of implementing a number of changes associated with the transfer to the registered provider.

There was a registered manager for 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.

The registered manager had ensured care staff were provided with a programme of training and development, together with on-going professional supervision and appraisals of their skills to ensure they were supported to effectively carry out their roles.

Recruitment checks had been appropriately followed to ensure care staff were safe to work with people who used the service. Dependency levels of the people who used the service were monitored to ensure there were sufficient numbers of staff available to meet their needs. Safeguarding training had been provided to enable care staff to recognise and report potential signs of abuse and ensure they were familiar with their responsibilities for raising concerns.

Care staff had received training and were familiar with their responsibilities under the Mental Capacity Act 2005 to ensure people's freedom was not restricted and their human rights were promoted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests.

Care staff demonstrated compassion and consideration for people's needs and treated them with kindness. People were supported to make choices about their lives and provided with a range of wholesome meals. People's health and nutritional needs were monitored with involvement from health care professionals when this was required.

People were supported to make informed decisions about their lives and a programme of activities was available to enable their health and wellbeing to be promoted. People and their relatives were able to raise a concern and have these listened to and appropriately addressed.

People were able to contribute their views and these were considered to help develop the service. Quality assurance measures were in place to enable the service to be monitored. We saw that action plans had been developed to address shortfalls that had been noted, whilst the service transitioned and adopted new systems operated by the registered provider.

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.

Safe recruitment procedures had been followed to ensure people who used the service were not placed at risk of unsuitable staff being employed.

Care staff had been provided with safeguarding training to ensure they knew how to recognise and report incidents of potential abuse.

Staffing levels were monitored to ensure there were sufficient numbers of staff available to meet people's needs.

Risk assessments were completed to help staff support people safely. People received their medicines from care staff who had received relevant training and had their competencies for administering medicines assessed.

Is the service effective?

Good

The service was effective.

A range of training was provided to enable care staff to effectively carry out their roles, and a programme was in place to enable care staff to receive professional supervision and be clear about their roles.

Care staff understood the need to gain consent from people and had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards, to ensure people's legal and human rights were upheld.

People's medical conditions were monitored by care staff and they were provided with a nutritious diet to ensure they were not placed at risk from malnutrition or dehydration.

Is the service caring?

Good

The service was caring.

People were supported to make choices about their lives.

Care staff demonstrated consideration and kindness for people's individual needs to ensure their personal dignity and wishes for privacy were respected.

Information about people's needs was available to help staff support and promote their health and wellbeing.

Is the service responsive?

Good

The service was responsive.

Opportunities were available to enable people to participate in a range of meaningful social activities to ensure their wellbeing was promoted.

People's care plans contained details about their personal likes and preferences and health professionals were involved in their care and treatment when this was required.

People were able to raise their concerns and have these investigated and resolved wherever possible.

Is the service well-led?

Requires Improvement

Some elements of the service were not always well led.

Systems were in place to enable the quality of service provision to be monitored. Action plans had been developed to enable shortfalls of information about people to be improved, as this had not always been accurately or consistently recorded.

The registered manager involved people in decisions about their lives and they were consulted and able to provide feedback about the service.

Measures were in place to develop the culture in the home.

Berkeley Court

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 unannounced inspection was carried out over two days on 18 and 24 May 2017. The inspection team consisted of two inspectors on the first day and one inspector on the second day. At the time of our inspection there were 70 people using the service

Before the inspection we checked the information we held about the registered provider, including people's feedback and notifications of significant events affecting the service. We also looked at the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

We reviewed all the information we held about the service, and contacted the local authority and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who cannot speak with us.

We spoke with five people who used the service, six visiting relatives, three members of care staff, two senior team leaders, catering and maintenance staff, a member of ancillary staff, the deputy manager, the registered manager and a district manager who made regular visits to the service. We also spoke with a specialist dementia advisor employed by the registered provider and a health professional who was visiting the service.

We looked at six care files belonging to people who used the service, five staff records and a selection of

documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the premises.

Good

Is the service safe?

Our findings

At the last inspection we found that people who used the service were potentially placed at risk because the registered provider had not always followed their recruitment policy and procedures. After the last inspection the registered provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found the registered provider had taken appropriate action to meet the shortfalls identified above and concluded they were no longer in breach of regulations concerning the recruitment of staff. We reviewed the recruitment files of five members of care staff and found they had all been recruited appropriately. The staff files inspected contained evidence of two forms of photographic identification, two professional references, completed application forms, together with interview notes. Appropriate checks had been made with the Disclosure and Barring service (DBS) for care staff employed in the service. The DBS carry out criminal records checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. Care staff files also included occupational health checks and supervision notes to ensure professional issues were followed up, together with evidence that disciplinary measures were implemented when this was required.

People who used the service told us they felt safe using the service and liked the staff. They told us they received their medicines on time and that staff were friendly and helpful. One person said, "I feel absolutely safe" whilst another advised they had initially moved in for a period of respite and then decided to stay. Their relative told us, "[Name of person] was over the moon when it was decided they could stay. They sit in reception and help operate the door, which gives them a sense of purpose. They had a couple of falls but I feel they are totally safe and staff phoned me straight away."

People who used the service and their relatives told us they felt medication was appropriately managed. The registered manager showed us an action plan that had been developed following a recent audit of the medicines support that a local pharmacy had completed. We found this highlighted inaccuracies in recording errors of some medicines administered to people, together with those ordered for use in the home. There was evidence that care staff responsible for the recording errors had been suspended from carrying out their duties in relation to this aspect of practice until they had received further training and their competencies re assessed by the registered manager. We found weekly audits of the medicines support were now carried out, together with ad hoc 'dip stick' audits of these to ensure further medication errors were minimised. We observed care staff administered medicines to people with patience and sensitivity and provided explanations of what the medication was for and checked the person had taken it, before moving on to someone else. We made a check of people's medicines administration records and saw these had been accurately completed. We observed the temperature in the medication room was close to the maximum recommended for the storage of some people's medicines. We spoke with the registered manager about this and saw they took action to have this matter addressed as a priority.

We reviewed the management of people's finances and found they were managed appropriately by the

service. All the files we reviewed were accurate, ensuring that there was no money unaccounted for. Receipts and countersignatures were recorded for all withdrawals of people's money and when money was spent, the reason was noted.

People's care files contained assessments about known risks to them, together with guidance for staff on how these were managed to ensure people were kept safe from harm. We saw these included issues such as risks of falls, malnutrition, mobility, pressure area care, personal safety and behaviours that may challenge the service or put people at risk of harm. We found people's risk assessments were reviewed on a regular basis and that staff had a good understanding of people's individual needs and how to keep them safe from potential harm. We observed care staff monitored the behaviours of people who may challenge the service and saw sensitive support and reassurance was provided to ensure people's wellbeing was safety managed. Accidents and incidents were recorded and investigated on an on-going basis to ensure action could be taken to prevent them from reoccurring wherever possible.

People who used the service were safeguarded from the risk of abuse. We found policies and procedures were available to guide care staff when reporting issues concerning the protection of vulnerable adults that were aligned with the local authority's guidance on this. We saw that care staff were provided with training on safeguarding people from potential harm, to ensure they could recognise signs of potential abuse and were familiar with their roles and responsibilities for reporting abuse or raising whistleblowing concerns about the service. The registered provider had notified both the Care Quality Commission (CQC) and the Local Authority when required, to enable potential safeguarding issues to be investigated. We found the registered provider had acted promptly following allegations of potential abuse and co-operated with the local authority to resolve matters and ensure people who used the service were protected from avoidable harm.

The registered manager told us staffing levels were monitored and assessed on an on-going basis according to the individual dependencies of people who used the service. This ensured there were sufficient numbers of care staff available to meet people's needs. People told us there were generally enough care staff on duty to meet their needs. Commenting on this, one person told us, "Staff never stop and are always busy, but when I press the buzzer they come straight away."

We observed the building was appropriately maintained and that a plan was in place to upgrade the general environment. The service employed a member of maintenance staff who showed us evidence of contracts and service certificates from external suppliers of equipment that confirmed they were safe to use. Regular checks of equipment were carried out and a contingency plan was available for use in emergency situations including fire drills and fire training. On the first day of our inspection we noted a fire door had been wedged open by unauthorised means. We spoke with the registered manager about this and on our return unannounced visit; we saw that action had been taken to resolve this issue.

A member of ancillary staff was employed to ensure the building was kept clean and free from potential sources of infection. On the first day of our inspection we observed some shortfalls in this aspect of the service that needed improvement. For example; we saw some corridor areas scattered with paper waste debris and in need of a vacuum. We found two of the six sluice doors left unlocked, with one that contained malodorous linen that had not been properly stored away. We spoke with the registered manager about this and saw they resolved the situation immediately and there was not a reoccurrence of these issues on the second unannounced day of our inspection.

Good

Is the service effective?

Our findings

At the last inspection we found that people who used the service were potentially placed at risk because staff training and development had not always been effectively implemented or carried out. After the last inspection the registered provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found the registered provider had taken action to address the shortfalls identified above and found that a staff training plan was in place and saw evidence that staff supervisions were now being completed. We concluded the registered provider was no longer in breach of regulations concerning supporting staff. We found there was a 12 week induction programme available for newly recruited staff, to ensure they were provided with the necessary skills and abilities to effectively carry out their roles. We were told this induction programme was based around the requirements of the Care Certificate and saw evidence that 83% of the care staff had achieved this qualification. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) There was evidence additional regular training considered mandatory by the registered provider was also provided to enable care staff to maintain and update their skills when this was required. We found the staff training uptake for this was monitored by the registered manager and was overall satisfactory; with 100% scores achieved for courses on moving and handling and nutrition, 98% for fire and health and safety and 91% for safeguarding people from harm. Where shortfalls in staff training were noted, plans were in place to remedy issues. On the first day of our inspection the registered manager was due to undertake additional level two dementia training and a specialist advisor was providing a session for care staff on a new care planning programme that had been recently introduced, to improve the provision of care that focused on people's individual needs.

The service had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. We spoke with the registered manager about this, who told us they would speak with the registered provider to ensure this matter was followed up.

Care staff told us their training helped them to carry out their roles, although some told us that communication from management about new developments could be improved to help them understand what was expected of them. Care staff told us they received support from the registered manager to help them meet people's needs. They also told us they received professional supervision and we saw evidence of this in their personal files, to enable their performance to be monitored by senior staff, together with appraisals of their skills to help them develop their careers.

People who used the service told us their quality of life was promoted and that overall staff were good at doing their jobs. People said they enjoyed their meals and that the standard of the food served was good. A relative told us meal provision had recently improved. They told us, "They [People who used the service] now have their main meal in the evening, which is good as it ensures people who have been out during the

day have something wholesome to eat."

We observed a midday mealtime in the service. We saw dining tables were laid out with clean tablecloths and condiments and that refreshments and drinks were regularly offered to people. We found care staff were knowledgeable about people's individual preferences and wishes and saw them sitting with people, providing gentle encouragement and support to help people to eat where this was required. People who had a tendency to leave their tables before they had finished their meals were sensitively and discreetly redirected when needed. We saw people were provided with two main options to choose from a menu that was displayed. Meals were delivered to each of the separate units on hot trolleys, with an accompanying document that showed people's preferences, such as finger foods or larger portions that helped agency staff who might not know people as well as permanent staff. This document also included information on medication each person was prescribed that might be affected by foods such as grapefruit, which was a positive example of person-centred care.

Kitchen staff told us people could make special requests and if they did not like either of the two options available; alternatives were provided. We observed the main kitchen was well stocked with fresh produce and each dining room had its own stock of cereals, fresh bread and tinned products so that care staff could provide simple snacks and refreshments throughout the day.

People's personal care files contained evidence of nutritional assessments and regular monitoring of their weight, together with involvement from dieticians or community professionals, such as speech and language therapists where this was required. There was evidence of audits completed by the registered provider of the dining experience and kitchen facilities to help develop the service. We found a five star rating had been awarded to the service by the local authority environmental health department, for the cleanliness of the kitchen facilities at its most recent inspection by them in May 2017.

There was evidence that training on the Mental Capacity Act 2005 (MCA) had been provided to ensure care staff were aware of their professional responsibilities in this regard. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities in relation to DoLS and submitted applications to the local authority to ensure people were only deprived of their liberty lawfully in line with current legislation.

We observed people who used the service appeared very comfortable with care staff who interacted with them in a friendly and positive way. People told us care staff involved them in making decisions about their lives. We observed care staff obtained people's consent before carrying out interventions with them. This ensured people were in agreement with how their care was delivered. People's care files contained assessments of their ability to make informed decisions about their support. There was evidence best interest meetings were held when people had limited mental capacity. We found people were supported to make anticipatory decisions about the end of their lives and saw that some had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). Information about this was clearly documented in their

files.

People's personal care files contained a range of assessments and care plans based on their individual health and social care needs, together with evidence of on-going involvement from health professionals, such as GPs and district nurses to ensure their wellbeing was promoted. We found evaluations of people's care and support were carried out and updated on a regular basis following changes in their health status. Visiting relatives confirmed staff communicated with them about changes in their relative's conditions.

We observed dementia friendly signage was in use around the building to help people orientate themselves around and help them to feel in control of their lives.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them with consideration for their needs and we observed people's wishes for privacy were respected. People and their relatives were overall positive about their experience of the service, and everyone we spoke with thought staff were kind and caring. Speaking about the approach delivered by care staff, a relative commented, "A member of staff came in on their day off to take [Name of person] to a funeral. They looked after them and then cooked chips especially for them as they had missed their meal." They went on to tell us, "Staff are not only good to them, they are good to me. Nothing is too much trouble and they support me as well. They all have a heart of gold." Another relative commented, "At their memorial service I said [Name of person] was looked after by angels here, as well as in heaven."

We observed care staff demonstrated compassion for people's individual needs and saw they engaged sensitively with people to ensure their personal dignity was respected. We saw care staff speaking positively with people and bending or kneeling down at eye level, to ensure they were understood. Care staff provided reassurance and encouragement to help promote people's independence, whilst delivering personal care in the privacy of their rooms. One person however advised that due to a lack of communication, they sometimes could not find items that had been moved during cleaning, as they hadn't been told where they were. We spoke to the registered manager about this who confirmed they would ensure this issue was addressed.

People told us their wishes were respected and they were able to spend time in their own rooms when they wished. We saw care staff carried out their roles in professional manner and maintained people's confidentiality and wishes for privacy when this was required. We found care staff did not discuss issues in public or disclose information to people who did not need to know. We saw that information that needed to be communicated about people was passed on in private and details about them were securely maintained. We noted on the first day of our inspection some files had been left unattended in a room, which compromised people's confidentiality. We spoke with the registered manager about this and saw on our return unannounced visit that action had been taken to remove the files and this issue had been appropriately addressed.

People told us they were included in decisions about their support. We saw people's bedrooms were personalised, with photos or items of furniture and equipment they had brought with them to help them feel at home. Relatives confirmed they were encouraged to visit and take part in the life of the home. People and their relatives confirmed regular meetings were held to enable feedback to be provided and help them be involved in the service. We observed information about the home was available, together with details about use advocacy services to ensure people had access to sources of independent advice and support if required.

There was evidence in people's personal care files of details about a range of their needs to help staff provide support in accordance with their wishes and preferences. We saw this included information about

their personal likes and dislikes together with details about their life histories in order to help care staff understand them and help ensure their aspirations were appropriately upheld.

People who used the service confirmed care staff involved them in making choices and decisions about their support, to ensure their wishes and preferences were appropriately met. We observed care staff consulted and involved people in discussions about their choice of rooms and if they wanted an alternative. We saw care staff cheerfully offering refreshments and heard them calling out to people, "I'll be coming over to see you in a minute, what would you like?" On the second day of our inspection we observed a group of people sitting together outside in the sun and enjoying cold drinks and ice creams that were provided to help ensure people were kept cool. A relative commented, "The staff are doing a good job, [Name of person] is doing ever so well, they love the food and going outside to sit on the patio."

Good

Is the service responsive?

Our findings

People told us they were confident any concerns or complaints would be addressed and that overall they were happy with the way their support was delivered. People who used the service confirmed they were consulted about their support to ensure it was personalised to meet their individual needs. One person told us, "Staff are looking after us well, I have no complaints whatsoever."

The registered manager told us that following a recent amalgamation with another registered provider, there were plans to develop and improve the culture and personalisation of the home. They said this included care staff developing their key worker responsibilities for meeting particular people's needs, to ensure their individual wishes and feelings were positively promoted.

We found care staff had a good understanding of people's individual personal strengths and needs and observed they had established positive relationships with people who used the service to enable their personal wellbeing to be enhanced. There was no activity coordinator employed in the home, however we saw evidence of a planned programme of activities to enable people to have opportunities for meaningful social interaction. On the first day of our inspection a local choir was delivering a singing session with people. We observed this session was well attended with people participating with smiles on their faces. We were told the choir subsequently provided an individual session for someone unable to attend to enable them to have benefit and comfort from the experience. Relatives told us about seasonal events that took place including Christmas fairs and Easter bonnet competitions. We saw notices advertising further activities that were planned, including a garden party, a friendship day, an Alzheimer's day, a care home open day and a programme of events to mark Falls awareness week.

People who used the service told us they were involved in decisions concerning their support and visiting relatives confirmed they were invited to participate in reviews of the support that was provided. People's personal care files contained a variety of care plans that related to their individual needs, together with information concerning entitlement to participate and exercise their democratic rights to vote in elections. Details of people's preferences and interests were included in their personal files to enable care staff to deliver support in a personalised way and help people have as much choice and control over their lives as was possible.

There was evidence people who used the service were assessed prior to their admission to ensure the service was able to meet their needs. Information and care plans that were individual to each person were available, together with guidance for staff on how to monitor people's safety. We observed staff recording in people's care files was of a variable standard and not always consistently documented. However, people's care plans were monitored and evaluated to ensure shortfalls in these were highlighted and contained up to date information. The registered manager told us a new standardised format for people's care plans had been recently introduced to make them more personalised. They told us care staff were still getting used to recording in the new care planning format and we saw that support had been provided to help care staff complete them. Supplementary records were available where required that covered a range of issues, such

as food and fluid input, weight monitoring, pressure area care and general observations. Assessments about known risks to people were included that covered issues such as falls, skin integrity and risk of infection. There was evidence in people's care files of input from a range of community health professionals to ensure their involvement when people's medical needs changed. Relatives confirmed care staff were prompt in obtaining medical support when it was needed.

People who used the service and their relatives told us staff listened to them and that overall they were happy with the service provided. A complaints policy and procedure was available to ensure people's concerns were followed up which we saw was displayed in the service. There was evidence the registered manager took action to address people's complaints in an appropriate manner. They told us they welcomed feedback from people as an opportunity for learning and improving the service.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place, who had successfully been validated by the Care Quality Commission (CQC) a few days before our inspection following their transfer from another service a few months before. We found the registered manager had a range of knowledge and experience of health and social care services. They demonstrated a clear understanding of what was required to ensure people's health, safety and welfare was promoted and enable the service to be well led. The registered manager confirmed they were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service.

People who used the service and their relatives told us they had confidence in the registered manager. A relative told us, "I feel [Name of registered manager] is developing the home and can see the changes made. I can't fault the place; you couldn't have a better manager." Commenting about improvements made by the registered manager, a member of staff told us, "I find [Name of manager] is reasonable and gets things done."

A district nurse who was visiting commented positively about the developments recently introduced and stated the service was, "Definitely getting better." The district nurse said as a result of improved communication between the district nurse service and the registered manager care staff had improved their awareness to resolve issues quicker. The district nurse told us care staff were now, "Taking issues on board" and, "Are really caring and knowledgeable about each service user."

The registered manager told us about plans to develop and improve the culture in the service. We found the deputy manager had begun developing links with the local community and saw a programme of meetings was in place that was based on values, attitudes and expectations for staff being respectful, accountable, reliable, honest and straightforward. Care staff told the registered manager was approachable and maintained an open door policy for people who used the service, their visitors and themselves and understood the need for involving them. There was evidence of meetings with people who used the service and their relatives to enable feedback about the service to be provided. We found surveys were issued to enable the views of people, their relatives, stakeholders and staff to be obtained to help the service learn and develop.

Care staff confirmed they received feedback in a constructive way to help them carry out their roles. They told us that communication regarding developments being currently implemented in the service sometimes needed to be improved. However, an action plan had been developed to address this, together with plans to implement a staff recognition scheme, following the results from a recent staff survey. Care staff confirmed they were able to approach the registered manager with issues or concerns and felt these would be listened to and taken on board.

Systems were available to support the registered manager who was assisted by a deputy manager, an administrator and regular visits from a district manager. This enabled the registered provider to assure the

quality and level of service delivered. The registered manager carried out a range of audits of different aspects of the service to enable them to monitor the service provision. We saw these included audits of staff training and development, people's medicines support, incidents and accidents analysis, evaluation of people's care plans, together with measures to address shortfalls from these where noted. We reviewed the care plan audits, which looked at three in January 2017, four in March 2017 and ten in April 2017. We found the audited care plans were incomplete, and some lacked critical information such as allergies or detail not expanded on. When asked what actions had taken place as a result of the audits, we were told that training plans were in place for care staff to address shortfalls that had been highlighted. The registered manager showed us an internal excellence validation tool based on the CQC fundamental standards of quality and safety, which they used to assess the level of service provision and create a universal action plan for the home. We found outstanding work was still required to ensure that recording and indexing of files was consistently completed, however we saw evidence of good progress with these.

Throughout our inspection we found the registered manager was open and honest and provided information in a helpful and transparent manner. The registered manager told us they carried out daily walk rounds of the service to ensure they were kept informed about people's needs. The registered manager told us they kept their skills up to date and attended regular meetings to ensure new legislation and best practice was discussed to enable safe working practices to be improved. A newsletter was available that contained details of developments and forthcoming coming events in the service, to help people to be kept informed.