Abbey Healthcare Homes Limited

Wrottesley Park House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 06 June 2017. At the last inspection in January 2017, we found the provider was not meeting fundamental standards and we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked them to make significant improvements to the overall home environment as well as management of risks, health and safety, staffing levels, maintaining people's dignity and independence, managing complaints, quality assurance and the reporting of incidents to CQC. Following the last inspection the service was rated as inadequate and placed in to special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We undertook this unannounced comprehensive inspection on 06 June 2017 to check that the required improvements had been made. You can read the report from our previous inspections, by selecting the 'all reports' link for Wrottesley Park House Care Home on our website at www.cqc.org.uk. At this inspection, we found some of the required improvements had been made and the provider was no longer in breach of the regulations. However, further improvements were still required.

Wrottesley Park House Care Home is registered to provide accommodation with personal care for up to 63 people including people with physical and learning disabilities. On the day of the inspection there were 38 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received their medicines as prescribed, however systems used to ensure the safe recording of medicines required improvement. People told us they felt safe living at the home and improvements to the home environment had been made and were still ongoing at the time of the inspection. People were now protected from the risk of harm presented by the home environment and equipment used to support people with their mobility was safe. There were sufficient numbers of staff to support people; however people sometimes experienced delays in response to call bells due to staff deployment. The provider had systems in place to ensure staff employed at the home were safe to work with vulnerable people.

People told us they felt staff had the skills, knowledge and experience to meet their care and support needs. Staff had received training, which they applied to ensure people received safe and effective care. People were asked for their consent before care and treatment was provided and where people's rights were restricted this had been done lawfully. People were happy with the food and drink provided and received support from healthcare professionals when required.

People told us staff were friendly and caring toward them, however some people raised concerns, and we also observed staff missed opportunities to engage with people so that people felt valued and cared for. People were involved in day to day decisions about their care and support and staff communicated with people using their preferred communication systems. Visitors were able to visit at any time and were welcomed by staff who knew them by name.

Improvements were required to ensure people had the opportunity to take part in pastimes and hobbies that interested them Some people spent long periods of their day with very little stimulation. People were involved in the planning and review of their care and staff were aware of people's preferences. People and relatives knew who to raise concerns with if they were unhappy about the service they received and there was a system in place to ensure complaints were managed effectively and complainants provided with a response they were happy with.

There were systems in place to monitor the quality of care provided, however these had not always been effective at identifying the concerns found at our inspection. The registered manager acknowledged that further improvements were required in relation to the monitoring of the service carried out by the management team. People and staff recognised there had been significant improvements made to the environment and told us they were happy with the changes. People and relatives were now being offered opportunities to give feedback about the service and staff felt involved in the on-going improvements and future plans for the home. The registered manager and the new manager demonstrated a good understanding of the requirements of their role and had notified us of events required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems used to ensure the safe recording of medicines required improvement.

People who spent time in their bedrooms sometimes experienced delays in staff responding to their needs.

People felt safe and were now protected from the risk of harm posed by the environment. Improvements had been made to the home's décor and environment which had improved people's quality of life.

People received support from staff who had been safely recruited to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People received support from staff who had the skills and knowledge to meet their needs.

People were asked for their consent before care and support was provided and any restrictions to people's rights had been authorised in accordance with the law.

People were happy with the food and drink provided and received sufficient amounts to maintain their health.

Where people required additional support to manage their healthcare needs they were supported by staff who made appropriate referrals to external professionals when required.

Is the service caring?

Requires Improvement

The service was not always caring.

People described staff as friendly and caring however we found staff missed opportunities to engage with people or offer reassurance.

People were supported with their communication needs by staff who knew them well and were involved in day to day decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always offered opportunities to engage in activities or hobbies that interested them. Activities provided did not always reflect people's individual needs.

People and their relatives were involved in the planning and review of their care.

Where people had concerns about the care they had received they felt confident to complain and the provider had a system in place to manage complaints to ensure they were dealt with to the satisfaction of the complainant.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although improvements had taken place since the last inspection the provider's quality assurance systems had not identified the concerns found at this inspection.

People, relatives and staff now felt involved in the continued development of the home and had been asked for their views on how improvements could be made.

The registered manager and the newly appointed manager were described by staff as approachable and both demonstrated a good knowledge of the requirements of their role.

The provider was now notifying us of all reportable incidents as required by law.

Wrottesley Park House 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 inspection took place on 06 June 2017 and was unannounced.

The inspection team consisted of two inspectors, a pharmacist inspector, a specialist advisor who was a nurse with specialism in mental health and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with 10 people who lived at the home, three visitors, nine staff members, the newly appointed manager and the registered manager. We looked at nine records about people's care and support, three staff files, nine people's medicine records and systems used for monitoring the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in January 2017 we rated the provider as 'inadequate' under the key question of "Is the service safe?" We found improvements were required to ensure the environment and any equipment used were safe for people. Improvements were also needed to ensure there were enough staff to support people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made in these areas, and the provider was no longer in breach of the regulation, however we identified other areas where improvements needed to be made.

We looked at how medicines were managed which included checking the Medicine Administration Record (MAR) charts for nine people. Significant improvements had been made in medicine management however it was recognised by the service that despite these improvements there were still some areas that needed attention. The management team said that staff had worked hard to improve medicines systems and there was a positive approach to ensure the safety of people.

Medicines were available and recorded as administered on peoples' MAR charts. Regular counts of medicines were made for accuracy checks which made it easy to check that people had been given their medicines. However we looked at a MAR chart for one person prescribed a medicine to prevent blood clots. Although the MAR chart documented that the person had been given the correct prescribed dose it was difficult to make accuracy checks. This was because there were multiple boxes of different strengths of the medicine open and in use at the same time. Also different combinations of the different strengths were being recorded onto the MAR chart. This made it time consuming for staff to check that the correct dose had been given. The new manager agreed that improved arrangements would be implemented for this particular medicine to ensure safe administration and recording.

When people were prescribed a medicated skin patch to be applied on different parts of the body, the available records documented where the patch had been applied. For example we looked at the MAR chart for one person prescribed pain relief patches. Records showed that staff had checked that the old patch had been removed before applying a new patch and to make sure the site of application was rotated to minimise side effects. However, there were no records available for the application of creams to show where on the person's body the cream was to be applied. This may mean people could be at risk of having their prescribed creams inconsistently applied. We were shown a new form that was going to be implemented immediately.

Despite these concerns people told us they were happy with the way they were supported with their medicines. One person told us, "Medication is given to me by staff in the morning and at night and it's never been missed." We observed nursing staff administer medicines to two people with patience, kindness and understanding of their specific needs. Medicines were stored securely within a locked treatment room and within individual locked cupboards in peoples' bedrooms with access only by authorised members of staff. Medicines were stored within the recommended temperature ranges for safe medicine storage, which also included refrigerated medicines.

All of the people we spoke with told us they felt safe living at Wrottesley Park House. One person told us, "I feel totally safe, the staff are great." Another person commented, "The staff look after me and I feel safe living here." We observed interactions between people and staff and saw people looked relaxed when in the company of staff and were happy to approach them when they needed support. Staff knew how to keep people safe and were aware of how to report any concerns for people's safety and well-being. One staff member told us, "At the first sign of any concerns I'd report it." The staff member went on to share with us their knowledge of safeguarding, which demonstrated their understanding of the need to escalate any concerns. Other staff we spoke with knew which agencies they would contact, if they needed to escalate any concerns beyond the registered manager or provider. The registered manager had a good understanding of their responsibilities in relation to protecting people from harm and was aware of local safeguarding procedures.

Improvements had been made to the overall environment of the home and where refurbishments had taken place people were no longer at risk from the general environment. Although the refurbishment of the home was still on-going at the time of the inspection, the remaining areas requiring completion were managed safely, so people were protected from the risk of harm. Following the last inspection the provider had reviewed risk management plans for both the home environment and people living at the home. Where people were at risk, for example, with their movement and mobility, we saw the registered manager had carried out risk assessments to ensure staff had the information they needed about how to support each person safely. Plans to protect people in emergency situations had also been reviewed and updated. We found these now gave staff clear guidance about how to minimise the risk to people's safety in an emergency, for example, a fire. We spoke with one person who was at risk because of their fragile skin. They told us they were pleased with the way staff had managed the on-going risk to their skin and records showed that the condition of their skin was now improving.

People expressed mixed views about whether or not there were enough staff to support them. People who spent time in communal areas felt there were enough staff to respond to their needs. However, a number of people who spent time in their bedrooms told us they were not happy with the time it took staff to respond when they pressed their call bells. One person told us, "Usually when I press the buzzer staff are responsive, but sometimes it rings for a long time, sometimes more than 10 minutes before staff come." A relative told us, "The bell tends to ring for long periods here." We observed staffing levels throughout the inspection and found there were sufficient numbers of staff to respond to people and meeting people's needs. However, we found staff were not always deployed effectively. This meant some people were left alone for periods of time when in communal areas, without any staff engagement or stimulation and other people who were in their bedrooms had to wait for periods in excess of five minutes for staff to respond to call bells.

We spoke with the registered manager about the deployment of staff and whether they had a system in place to monitor the response time of call bells. They told us there was no system currently in place which recorded response times, but that this was being considered as part of their future plans.

We reviewed three staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

Good

Is the service effective?

Our findings

At the last inspection in January 2017 we rated the provider as 'requires improvement' under the key question of "Is the service effective?" We found improvements were required to ensure the staff team felt supported within their role. At this inspection we found improvements had been made.

People told us they felt staff had the skills and knowledge required to support them. One person said, One person said, "I trust the staff." A relative told us they were impressed with how staff had supported their family member, commenting, "The staff have been excellent with the care and treatment of my relative." Staff told us they felt there had been a significant change in the way they were supported since the last inspection. One staff member said, "Things have improved massively. The new manager is hands on, which we didn't have before. Appraisals have been introduced and the training in much better." Another staff member expressed similar views telling us, "We do some on-line training but have also had a lot of face to face training as well." We saw from records that staff had received recent training which gave them the skills they required to meet people's needs. Since the last inspection staff had also received additional training in moving and handling and the provider had supported two staff to become trainers in this area. This meant staff could be trained more quickly, and any updates or changes in people's moving and handling needs could be responded to without delay.

The registered manager told us that staff who had an interest in a particular area of care were given the role of 'champions'. These were staff who would advise and guide other staff on the best practice in these areas so that consistent, up to date care was given to people. For example, the provider had staff champions in; infection prevention and dignity. The aim of these roles was to improve the quality of care and support people received and feedback from an external healthcare professional reflected these roles had a positive impact in raising standards at the home.

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. The registered manager and staff had a good understanding of the principles of the MCA and understood the importance of people being able to take risks and make their own informed decisions. Staff were also aware of the implications of making decisions in people's best interests. One staff member told us, "We have to learn how to read people's responses and allow people to make their own choices."

Throughout the inspection we saw people were asked for their consent before care was provided. For example, people were asked if they were happy to take their medicines, or if they wanted to spend time in a different area of the home. We observed one staff member ask a person if they were happy to accept support with their meal and the person responded by nodding and smiling.

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). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. 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. At the time of the inspection one person living at the home was subject to an authorisation to deprive them of their liberty. We saw that the conditions included in the authorisation had been complied with. The registered manager explained how the decisions had been reached to ensure that people's rights and freedoms were lawfully protected. Staff were aware of people who were subject to DoLS and understood how people's capacity to make their own decisions can change. The registered manager's knowledge and guidance given to the staff team meant that people were supported in a way that protected their rights.

People expressed positive views about the food and drink provided. One person told us, "The food is good, but there is a lot of repetition and there could be more healthy choices" A relative told us, "[Person's name] enjoys the food here." We saw there was a flexible approach to meal times and people accessed the dining room throughout the day. Staff were aware of people's dietary requirements and were able to share with us details of people's needs and preferences. One staff member said, "We have quite a few people here on special diets. Some people have pureed or soft diets and others have thickened fluids. Information is communicated well and we all work together to make sure people's needs are met." We reviewed people's care records in relation to their dietary and fluid intake and saw where people required additional support to maintain their health; staff had made appropriate referrals to the GP or dietician.

People told us they received support to manage their healthcare needs. One person said, "I have support to help me with my leg from the massage therapist." Staff we spoke with were aware of people's individual healthcare needs and were able to describe to us action they would take in response to any concerns about people's health and well-being. One staff member said, "With [person's name] we always have to be mindful of their diabetes and how this can affect them. [Person's name] can become unresponsive so we need to monitor them." Records showed staff had established and maintained links with other healthcare professionals to ensure people's health needs were met. For example, where people received food via a feeding tube we saw external healthcare professionals had been involved in reviews about the volume of feeds.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in January 2017 we rated the provider as 'requires improvement' under the key question of "Is the service caring?" We found improvements were required to ensure people's dignity was protected and their independence promoted, as well as improvements in how people were involved in day to day decisions about their care and support. At this inspection we found some improvements had been made, however some people felt staff could be more caring. For example, by taking time to talk to people, rather than simply supporting them with a task.

While we saw that individual staff were kind and caring towards people, the provider's systems and processes did not always ensure that people received care that was person centred in relation to their hobbies and interests. We saw that some people, with complex support needs, were often left for long periods of time in communal lounge areas that were unoccupied by staff. Where staff were present, they did not always actively engage with people or encourage them to take part in conversation or activities. We observed that at times staff missed opportunities to interact with people more. For example we observed staff supporting one person with their meal and although their approach was friendly and open, the staff member did not verbally interact with the person at all throughout their meal. At other times we saw staff sitting next to people for periods of time, but not speaking with them, or engaging them.

All of the people we spoke with told us they liked the staff and got on well with them. One person told us, "The staff are brilliant." Relatives we spoke with commented on the positive relationships they witnessed between their family member and staff. One relative commented, "Staff have a great relationship with [person's name]. Whenever they come home they are always happy to return here." We observed a number of positive interactions between people and staff throughout the inspection. We saw staff adjusting their position to ensure they were speaking at people's eye level and using gentle reassuring touch when people needed reassurance.

People told us they were involved in decisions about their day to day care and support. One person told us they had needed more space, so staff had supported them to move to a larger bedroom. The person said, "I am happy with my new room, I needed a bigger one so they moved me." We saw that people were asked by staff if they wanted to move to different areas of the home and were offered decisions about whether to take part in meetings and discussions with other residents of the home. A relative told us, "[Person's name] makes their own decisions. Staff take time to sit with them, as their communication can be quite slow, but staff know this and make sure they are involved with everything." We saw that where people using communication systems to indicate their decisions and choices staff were familiar with these and listened to people's points of view taking action where appropriate.

People told us staff supported them to maintain their independence. One person said, ""I feel that I am independent as I can be." We saw people who used wheelchairs were encouraged to move around the home independently, where possible and staff provided support to people with their meals and offered assistance only when the person requested it. This enabled people to maintain their independent living skills where possible. We saw examples of staff maintaining people's dignity in the way they supported

them. For example ensuring bedroom and bathroom doors were closed when in use, and being discreet when asking people about personal care. We also saw staff knocked on people's doors before entering their rooms and allowed people their own time and space.

Where people had specific communication needs we saw staff had a good understanding of these and used different methods of communication to ensure people were supported to make their own choices and decisions. For example, one staff member shared with us how they used a person's communication board, which involved writing focused choices down, to assist the person to communicate their preferences. We saw that visitors and family members were present in the home throughout the day and staff welcomed them into the home and knew them by name.

Requires Improvement

Is the service responsive?

Our findings

At the previous two inspections we rated the provider as 'requires improvement' under the key question of "Is the service effective?" We found improvements were required to ensure people were offered meaningful stimulation and opportunities to take part in hobbies and pastimes that interested them. At this inspection we found although some improvements had been made, for example, the provider had appointed a new activity co-ordinator; there were still people who felt they lacked the opportunities to take part in activities that interested them.

People who were able to talk with us and relatives expressed concerns about the lack of person centred activities offered at the home. One relative said, "It would help [person's name] if staff came to talk to them, as they enjoy talking, but they don't." Another relative told us, "There has been a lack of activities here for a long time. There used to be transport available so that people could go out more, but this is no longer in use." However, other people had been supported to spend time away from the home. One person said, "I recently went on holiday with staff and a few other people." The person told us they had enjoyed themselves and shared with us a photo from their holidays.

We observed how people spent their time throughout the inspection. One person, who spent time in their room, told us they felt isolated at times. They said, "I occasionally spend time in communal areas, that's when I get to talk to staff. I like talking but when I'm brought back to my room they don't come and sit and talk with me." The person told us this led to them feeling isolated. Some people spent long periods of time sitting in chairs with the radio playing in the background, but experienced very little interaction from staff.

We spoke with the activities co-ordinator who had recently starting working at the home. They told us of their plans to improve people's opportunity to follow their interests or pursue hobbies. These planned activities included, visits to a local garden centre, baking, pizza making and supporting people to personalise their bedrooms. The staff member had a good understanding of people's needs and was working to ensure activities they planned to provide were tailored to people's individual preferences and support needs.

We spoke to the registered manager about the lack of stimulation for people living at the home who had complex health needs. They told us they recognised that they needed to improve in this area and had recruited a second staff member to assist with the delivery of one to one activities which would better meet the needs of some people with more complex needs.

Most of the people we spoke with told us they were involved in planning their care and attended care reviews. One person told us, "Yes I go to care reviews." A second person said, "I am involved in my care plan as are my family." Relatives also told us that, where appropriate, they were consulted and keep updated with people's care planning and reviews. One relative told us, "They [staff] are usually very good at responding, we are always kept up to date." We saw people's care plans and risk management plans were tailored to their needs and reflected their individual preferences. Staff demonstrated a good understanding of people's preferences and told us they tried to consider each person's likes and dislikes in the way they

provided support. One staff member said, "Sometimes it's the little things that are important. Like how you like your hair brushed or teeth cleaned. All these things matter." Where people's needs changed we saw the provider had systems in place to keep staff members updated. This included a daily handover meeting where care, nursing and housekeeping staff met with members of the management team to share information about people's health and well-being. Staff told us they found this information useful as it helped them deliver up to date care to people and also meant they would ask people how they were feeling if they knew they were unwell.

People told us they knew how to raise a complaint or concern if they were unhappy with the care they had received. One person told us they would speak to the registered manager if they were unhappy. Other people told us they had raised concerns in the past and were happy with how these had been dealt with. Relatives were also aware of how to raise concerns. One relative told us they had positive experiences of raising issues. They said, "Whenever we have raised concerns there's always been a positive response. The registered manager is really good." We reviewed the complaint's record and saw that there was a system in place for the management of complaints. Records showed that where people had raised formal complaints these had been responded to appropriately and within the provider's policy timescales. We saw the registered manager had also completed follow up correspondence with complainants after their complaint had been resolved; to ensure they were still happy with the outcome and to ask if they had any further concerns.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection completed in January 2017 we rated the provider as 'inadequate' for the key question, "Is the service well-led?" We found improvements were required in the overall leadership of the home, as well as ensuring people and staff were involved in the development and running of the home. We also identified concerns in the quality of audits carried out to ensure people received care that met their needs. We found effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and well-being. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulations, however some improvements were still required in management systems and oversight to ensure people received person centred care and support and medicines were safely managed.

We reviewed systems used by the provider to monitor the standard of care provided and found these had been effective in identifying some areas of improvement. Where shortfalls had been identified, we saw the manager had plans in place to drive improvements and raise the standard of care provided. However, audits had not been effective at identifying some of the areas highlighted during the inspection, for example, the lack of meaningful occupation people experienced and the quality of medicines management and audits.

We found medicines management systems required improvement, particularly in relation to recording and auditing. We found some information relating to people's medicines was not dated or signed by staff to indicate when they were last reviewed. Which could mean people may not receive up to date care. Written information about people's individual needs for the administration of their medicines was not always easily available. This information would help to ensure that the person was given their medicines in the manner that they preferred, especially if an agency nurse was on duty who might be unfamiliar with the person or their specific healthcare needs. We also found that for medicines prescribed to be given as a variable dose such as 'Take one or two tablets' the actual amount given was not always recorded. This is important in order to ensure that if another dose is required then staff would be able to determine from the available records whether another dose could safely be given.

The provider is required to have a registered manager in post as part of the conditions of their registration. There was a registered manager in post at the time of the inspection, who was also the area manager for the provider. The registered manager present at the last inspection was no longer working at the home. The provider had also recently appointed a new manager, who told us they planned to register with us once they had completed their probationary period of employment.

We discussed medicines audits with the new manager who told us they would take future responsibility for medicines management. The new manager was open and honest in their conversation with us and acknowledged that further work was required to ensure standards were raised and audits were effective at identifying any areas of improvement.

At the last inspection in January 2017 we found the provider had failed to notify us of safeguarding incidents as required by law. This was a breach of Regulation 18 Care Quality Commission (Registration) 2009. At this, most recent inspection we found improvements had been made and the provider was no longer in breach of the regulation.

The registered manager tracked the progress of any safeguarding referrals, or DoLS applications and took action where necessary to progress these. The registered manager shared with us how these systems gave them an opportunity to identify any patterns or trends in incidents or accidents which meant they could act to reduce the likelihood of them happening again. Other audits included health and safety, falls monitoring and monitoring of people's fragile skin.

The registered manager told us the provider had made a significant investment in improving the environment of the home and feedback from people confirmed this had made a difference to their quality of life. One person told us, "I didn't used to like coming out of my room, but now the place feels different and it has made me feel better about spending time in the lounge or dining room."

The new manager was present in the home on a regular basis and people, relatives and staff knew who they were. We saw that the new manager had already developed a good understanding of people's needs, and people were comfortable engaging with them. Staff expressed positive views about the new manager and told us they felt supported by them. One staff member said, "[Name of new manager] is approachable, I have no problem asking them about things, communication is good."

People and their relatives were now being given an opportunity to contribute to the improvement and development of the service. The registered manager told us and we saw from records, that meetings were now taking place to provide people and their family members with opportunities to give feedback about the home and the care they received. We saw that actions taken in response to these meetings were shared with people and relatives. People told us they were happy with the changes that had taken place since the last inspection. One person said, "We fill out questionnaires about the service and write down questions for staff." On the day of the inspection a resident's and relative's meeting was taking place and we saw a number of people who lived at the home as well as family members were in attendance. One person told us, "I am on the residents committee", and shared how they enjoyed taking part in discussions about life at the home.

We found feedback from people had improved since the last inspection. One person told us, "Generally it's pretty good". Another person said, "I like it here now the refurbishment has happened." Relatives also expressed positive views about the changes made to the home environment, with one relative commenting, "The appearance of the place has improved beyond measure."