Heritage Care Limited

St Audrey's

Inspection report

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Date of inspection visit:
05 August 2016

Date of publication:
09 November 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

St Audrey's is registered to provide accommodation and personal care for up 38 older people. At the time of our inspection 18 people were living at St Audrey's.

We previously inspected St Audrey's on 26 November 2015 and found breaches of regulations 10, 11, 12, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served warning notices in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan setting out how they would meet the regulations.

We inspected St Audrey's on 05 August 2016 and found that significant improvements had been made. However, we also found there areas of improvement still required, particularly in relation to how the service is monitored.

The home had a registered manager in post who had been registered since September 2015. 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.

At this inspection we found there were sufficient numbers of staff were deployed to provide care safely to people living in St Audrey's. The registered manager had not consistently been made aware of incidents that required review and investigation to keep people safe from the risk of harm. People were supported by staff who had undergone a robust recruitment process to ensure they were of good character to provide care to people. Risk assessments had not always been developed to positively manage risks. People's medicines were not consistently stored safely and stocks of medicines held, did not tally with the stock records held in people's care records.

Staff felt supported by the manager who enabled them to carry out their role effectively. Staff received training relevant to their role and new staff received a comprehensive induction to support them to carry out care effectively. People's nutritional needs were met and their food and fluid intake and weight was robustly monitored. People were able to choose what they ate from a varied menu. People we spoke with told us they had access to a range of health professionals. Records demonstrated they were referred to specialists when their needs changed and this was confirmed by visiting professionals.

Staff spoke to people in a kind, patient and friendly way, and staff and people and their relatives have developed a clear rapport and understanding of one another. People's dignity was maintained, and people were assisted promptly to when required to protect their dignity. People's privacy was maintained.

People received care from staff that was responsive and met their needs. Staff were aware of people's individual needs and how to meet these, and were knowledgeable about how people chose to spend their

day, and accommodated this. People were provided with a range of activity based on their preferences, and were actively encouraged to spend time away from the home with family and staff. Complaints had been responded to by the Registered Manager both formally and informally, however some people were unclear about how to complain independently.

People did not consistently receive care that was well led and regularly monitored. People's personal care records were regularly reviewed however did not always identify inaccurate recording of peoples current needs. Audits of people's care records were not effectively reviewed to ensure actions were completed, and notifications were not consistently made to CQC when required. People felt the manager was visible around the home and sought their views and opinions about how the home was run, and responded positively to feedback.

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 consistently safe.

People's medicines were not always accurately documented when administered.

Incidents were not consistently identified and reported to the Registered Manager when they occurred.

People were supported by sufficient numbers of staff.

Risks to people's health and wellbeing were identified and responded to.

People were supported by staff who had been recruited following a robust vetting procedure.

Is the service effective?

Requires Improvement

The service was effective.

People's consent had been obtained prior to care being delivered, and the requirements of the Mental Capacity Act 2005 had been followed.

People were cared for by a regular staff team who felt supported.

People were supported to eat sufficient amounts and people's weights were monitored.

People were supported by and had regular access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in a range of activities.

People were given the support they needed, when they needed it, and were involved in planning and reviewing their care.

People's concerns were taken seriously and they were encouraged to provide feedback to the management team via a range of regular meetings.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were not consistently effective in assessing and reviewing the quality of care people received.

Records relating to peoples care were not consistently or accurately maintained.

People felt that the registered manager was supportive and visible in the home.

People were actively involved in the management of the home and were able to freely share their views and opinions which were listened to.

St Audrey's

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 met 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 under the Care Act 2014.

This inspection took place on 05 August 2016 and was unannounced. The inspection was carried out by two inspectors.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed how staff offered support to people who used the service. We spoke with five people who used the service and two relatives, three staff members, the registered manager and deputy manager. We also spoke with one visiting health professional.

We received feedback from a healthcare professional and from a representative of the local authority commissioning team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection we found that people's medicines were not managed safely, incidents and accidents were not always investigated and actioned to keep people safe, and there were insufficient numbers of staff deployed. At this inspection we found improvements had been made.

People we spoke with told us they felt safe living at St Audrey's. One person told us, "Staff are lovely, I love it here, they are lovely people. They look after you and feed you. There is no hassle and no rows – it's a lovely little home." One person's relative said, "We chose St Audrey's for exactly the reason that it felt safe, and [Person] would be happy here, and they have been for a long while now."

Staff we spoke with were able to describe how they identified possible signs of abuse or harm. Staff were very clear in how they reported any incidents to either the senior carer or member of management. Information regarding safeguarding people from harm was displayed, and staff were aware they could contact external organisations if necessary to report their concerns. Training records demonstrated that all staff had received training in safeguarding adults. One staff member told us, "If something is just not right, you know, they are not themselves, then I report it to the senior or manager, I wouldn't chance not reporting something."

Incidents were not always seen to be logged by staff and sent to the manager for review. For example, one person was sat in the dining room with a substantial bruise to their shin area. We spoke with the Registered Manager who confirmed with two staff members that they had seen and documented the bruise, however had not reported it. It subsequently was found that the person had kicked out at the stand hoist used to transfer them. Had the matter been reported to the Registered Manager promptly they would have been able to review the incident and if necessary review the persons moving and handling needs.

However, where incidents were reported the registered manager investigated each incident and referred people to the local safeguarding authority if necessary. Staff completed daily body maps of people to keep an accurate record of any injury, scratch, blemish or bruise, and a senior staff member reviewed these regularly. Where incidents, injuries or concerns relating to a person safety were reported, we saw these were effectively reviewed and appropriate actions taken. We found that incidents were reviewed for patterns themes and trends which helped to identify and mitigate the risk of repeated falls or injuries.

Risks to people's health and wellbeing were identified and appropriately responded to. For example, people who required pressure relieving equipment to help maintain their skin integrity had their mattresses in place and checked regularly to ensure they remained at the setting appropriate for the person's documented weight. Staff told us that people where required, they assisted people to reposition at appropriate times to help maintain their skin integrity. Assessments were in place to review the risk of people developing pressure ulcers and people at risk were referred to the district nursing team. Where previously the Registered Manager had not used a Waterlow assessment tool, which is recognised as an effective method of measuring the risk of developing a pressure sore, they had taken action to remedy this, and were seen to proactively assess people. This meant that effective actions had been implemented to prevent the

likelihood of a person developing pressure ulcers. Where people had other associated risks to their health and wellbeing, we saw that staff assessed, monitored and referred them for either specialist equipment or health care professional support. For example, people at risk of falls had up to date assessments and appropriate equipment in place. If they spent time in their room then a call bell lanyard was used to ensure they could summon assistance if they had a fall.

People told us that there was sufficient numbers of staff to support them. One person said, "When I press my buzzer staff do come." A second person said, "If I press that button, then someone will be straight up here, it wasn't always that quick, but has got better." One staff member told us, "Since we don't use the agency we have been able to be more consistent because we know people better. We can get to the call bells quickly, and give people help when they want it now."

The Registered Manager completed a dependency assessment that provided them with an approximate number of required care hours per week. They then used their own observations of the service and knowledge of people to ensure they maintained sufficient numbers of staff. Annual leave and sickness was covered by the existing staff team, or management to ensure consistency. On the day of the inspection, one person called in sick, and although this did cause a slight delay, the Registered Manager covered the gap in the rota later in the morning.

At our previous inspection, the Registered Manager had reviewed their dependency and had concluded that to provide care to people when the home was at full occupancy would require an additional 400 hours or the equivalent of ten additional care staff. Following our previous inspection, the provider imposed a voluntary suspension on their admissions, due to the lack of staff. This had been positive, and allowed the Registered Manager to not only recruit further staff, but also to provide support and training to those staff employed. They told us that moving forward, they will only admit further people, when they have the required number of staff employed, inducted and trained.

Staff were recruited following a robust recruitment process. People completed an application form, and had a minimum of two references. They also had a criminal records check in place prior to an offer of employment being made and staff confirmed that checks had been applied for and obtained prior to commencing their employment with the service. However we did see in one person's recruitment file they had not fully explained gaps in their employment, and this was not explored through interview.

People had received their medicines at times they had been prescribed them by staff who were trained to do so. People's medication administration records (MAR) had not gaps or omissions in them, and staff used coding to indicate when a person had refused, or medicines had not been offered. Staff who administered medicines had regular training updates to do so, and were regularly observed by the management team to ensure they administered them safely. We saw that changes to a person's prescribed medicines were actioned following GP's reviews, and staff ensured that variable dose medicines such as warfarin were amended following people's blood tests. As required medicines prescribed for people were accompanied by guidance for staff to follow to enable them to understand when to administer these to people who may not be able to verbally express they need them. When variable as required medicines were given staff recorded in the MAR whether they gave one or two tablets. People were considered able to administer their own medicines when they moved into St Audrey's and were asked if they wished to continue to do so. We found that some people were able to self administer, and that staff enabled them to do so. They carried out regular checks to ensure people had taken their tablets, and their medicines were stored securely in a locked cabinet in their room. However, one person was seen to be sat in their room with a number of tablets next to them. This presented a risk that a person may inadvertently take this persons medicines for whom they were not prescribed.

When we looked at the medicine records we found that the physical count of boxed medicines did not tally with the amount people had remaining. For example, one person's medication administration record (MAR) noted they should have 10 tablets remaining however the count found only eight. The Registered Manager told us they had popped the tablet from the blister, however had not administered them to the person, but had omitted to accurately record they were destroyed. For a second person, 30 tablets were received, however 32 remained in stock. When we looked further, staff had not carried over the remaining stock from the previous month. This meant that the Registered Manager had not ensured staff maintained an accurate record of people's medicines, and is an area that requires improvement.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we found that people's mental capacity had not always been assessed for specific decisions regarding their care. People's weights had not been routinely recorded and subsequently responded to as their needs changed. We found at this inspection improvements had been made, however some further work was required when developing care plans for people who may lack capacity.

People we spoke with told us that staff asked them before they could carry out care, and waited for people to agree. One person said, "They [Staff] have just left me because I didn't want to get dressed yet, I can put my own creams on and when I'm ready I will press my bell and they can come back then." We observed throughout the inspection that staff respected people's choices. We saw one member of staff approach one person on three separate occasions to assist them with getting washed and dressed, however they were content at the time sat in their room.

For people who were unable to make decisions relating to their care we saw that mental capacity assessments were in place. These had been discussed with people's relatives, and the Registered Manager ensured they spoke with the person alone to assess their ability to decide, and also to identify how care could be provided in the least restrictive manner. Staff were able to demonstrate a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which was an improvement from our last inspection.

However, we found that one person had a MCA in place for personal care. We spoke with the Registered Manager about this, and the need for such an assessment. They told us this in place for, "If [Person] refused in the future to have their pads changed then we would do it." We were aware that this person could at times present as challenging, however, the Registered Manager confirmed they had not yet refused personal care to the point where restraint may be required. Through discussion they acknowledged that the MCA was not accompanied by a Best Interest assessment, which would ensure any acts were carried out in the least restrictive manner, and also that a DoLS would need to be applied for. The Registered Manager was clear that they would not restrain the person, until it had been correctly assessed and an application made to the local authority. However, they had not at that point unlawfully restrained this person, but did not have the appropriate assessments and guidance in place for when they may need to. A second person had a care plan and accompanying risk assessment completed for managing their challenging behaviour. The care plan contained a number of decisions that had been taken, and steps that could be used to mitigate the risk, however no mental capacity assessment or best interest multi-disciplinary meetings were completed prior to the care plan being implemented.

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 DoLS. We checked whether the provider worked 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 our inspection the registered manager had identified people for who may be deprived of their liberty and had made applications to the local authority.

People and their relatives were positive about the food and menu choices provided at the home. One person told us, "The food is good, I don't like fish, pork or lamb, so today there is fish but they are cooking me a cheese pasty instead." A second person said, "The food is very nice, and very normal, I don't like rich food and the cook gets it right for us."

We spoke with the cook, who was aware of those people who were diabetic or had food intolerances such as lactose or gluten. They had the recommendations from dieticians available to them and prepared peoples meals accordingly, for example pureed foods, soft consistency and low calorie for people who were required to lose weight. They routinely fortified people's meals to help maintain people's weights, and also provided home cooked snacks throughout the day.

We observed people eating their breakfast and lunch. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we saw that they could choose what to eat from a choice of freshly prepared food. The cook was observed to ask people what they wanted for lunch that day, and when meals were served, people were shown visually the choices, enabling them to make their decision based on what they saw. Where people did not want either of the menu choices, the cook was proactive in offering a variety of alternatives. They told us, "I can cook them an omelette, salads, pretty much anything they want as long as I have it in the cupboard, but then I also know that some of them wont like what we are cooking so I'll get things in ready." This was confirmed by people who said the cook accommodated their needs positively.

Where people required support with eating their meal, staff assisted them sensitively, prompting people where necessary and provided them with equipment that supported their independence.

People were offered seconds after their lunch and dessert, and each person was offered a variety of different drinks. People who ate in their rooms were checked on by staff intermittently popping in and out, and for those who required a higher level of support staff spent time offering this.

People at risk of dehydration of malnutrition were quickly referred to the GP and dieticians, and the recommendations from these was followed. We saw that people had been prescribed supplements to aid weight gain and these were given to people regularly. People's weights had been routinely recorded as required and for those people with weight loss or at risk of poor nutrition, staff ensured appropriate care plans were in place to support their needs. When we asked staff about people who were at risk, they were able to tell us in detail about their current needs, level of risk, and how they managed their food and fluid needs. It was clear that people's dietary needs were reviewed among the staff team.

People told us they had access to a range of health professionals when they required them. One person said, "I can go to the staff when I feel a bit queasy and they get the doctor out straight away, no delays or anything like that." We saw that the home was regularly supported by professionals such as the GP, district nurses, dieticians, mental health teams and chiropodists. One health professional told us, "The staff are very quick to get in touch if they are concerned about the residents and when we visit they have all the information we need to hand and follow the instructions given, so I think overall they respond well when something changes they cant deal with."

People told us they thought the staff were sufficiently trained to provide care to them. One person told us, "Since they stopped any more people coming, then things have got a lot better with the same staff who are certainly well trained in my view." A second person said, "They are much better trained now than 18 months ago, but to be fair that's probably because the agency staff have gone."

Newly employed staff were required to complete an induction programme which included shadowing an experienced staff member until they had demonstrated they had the necessary skills and confidence to work unsupervised.

Staff we spoke with told us they felt supported and received appropriate professional development by the management team. One staff member said, "Supervisions are regular and the managers are on hand always to offer us guidance. The training has been brilliant I cant fault it, I have spoken with [Manager] about further training for a higher level qualification in care and they are organising it." A second staff member told us how they were being supported by the Registered Manager to take on the role of a senior staff member. They were receiving the appropriate support and guidance and were positive about how their development was supported. We saw from the training records we looked at that staff training had been delivered and staff were up to date. Training was provided in areas such as safeguarding, mental capacity, fire safety and medicines. In addition to mandatory training, staff were also provided with additional training to support them such as tissue viability, pressure care and dementia awareness.

Good

Is the service caring?

Our findings

At our previous inspection, people living at St Audrey's were not always cared for in a dignified manner. However at this inspection we found improvements had been made. People told us that staff promoted their privacy and protected their dignity. One person said, "They know me, I like to stand at the sink for a strip wash, so when they come in the close the curtains, close the door, and put towels over me when we do various bits. They never make me feel uncomfortable or awkward."

When we arrived at St Audrey's, people were clean, well-groomed and dressed in clean clothing. One person was observed to be in bed eating their breakfast, some of which they had dropped on the bed clothing. Staff were quick to spot this and then assisted the person appropriately. One people had eaten in communal areas, staff also we seen to be prompt in assisting them to change their clothes to maintain their dignity. However, we were told by one person about a time when they felt staff did not fully respect their dignity. They told us, "Staff sometimes interrupts me when I'm eating to give me my tablets. The other day someone came in hoovering. I didn't want to eat after that." We observed through lunchtime and throughout the day that staff were polite and courteous in how they supported people, however it is an area that we made the Registered Manager of to continue to address

People told us they felt fully involved in the assessments and reviews of their care. They told us that staff sought their views about their preferences and choices and this was reflected in the manner that care was provided. When we spoke with people about their preferences, we saw that these translated to what had been documented in their care plan. We were able to then speak with staff who conveyed the same awareness of people, particularly around their preferences and how they prefer their care provided. One person told us, "Everything is how I like it, now the staff are the same then the care we get is good."

People told us they were treated with kindness and compassion by staff. One person told us, "All the workers here from the cook to the manager are very special caring people and do their very best to look after us." We saw that staff had developed positive relationships with people, we saw constantly through our inspection that staff and people shared smiles, jokes and had meaningful conversations. People looked comfortable and at ease with the staff which promoted a relaxed and comfortable atmosphere within the home. We observed throughout the inspection that staff spoke to people in a respectful and friendly manner.

We observed throughout our inspection that staff were courteous and polite when seeking to assist people. Staff took their time to explain to people how they wished to support them and waited on each occasion for people to agree. When going into people's rooms to provide care, staff knocked and waited for the person to respond.
People were encouraged and actively supported to develop and maintain relationships that were important to them, both at the home and with family and friends. People told us their visitors were free to come and go as they wished, and that no restrictions were placed on them about visiting family. On the day of our inspection, one person was taken out for a regular outing with their family. Relatives told us that they were free to come and go whenever they wanted to, and people confirmed there were no restrictions.

Good

Is the service responsive?

Our findings

People, their relatives and health professionals told us that staff were responsive to their needs and provided them with care when they required it. One person said, "They have spent a long time getting to know me and what I need, I think the care I get here keeps me going." One persons relative said, "The staff have a pretty good idea of what [Person] is like." A second person's relative told us, "The care allowed [Person] to remain in the home and avoid going into hospital."

Staff we spoke with were acutely aware and able to describe to us how responded to people's needs. People told us that they were able to contribute to the assessment and review of their needs and felt involved when their needs changed. They told us that staff completed a thorough assessment of their needs when they first arrived at the home and that both themselves and their family were consulted. Care records we looked at contained a biography of the person and what was important to them, alongside an assessment of the person's health and well-being needs that considered what they could do for themselves. For example, people were encouraged to wash and dress with minimal support from staff to maintain their dignity and independence. Where people had more complex needs, such as pressure area care, staff were aware of how and when people required repositioning, and also how to support their particular nutritional and fluid intake needs.

When people first moved into the home staff had compiled a history of the person's life including areas such as relationships, interests, religion, previous employment, and hobbies. These summaries of people were informative and in the majority of cases, well written, with enough detail to provide an insight into people's lives and their particular individual interests. Care staff were aware of people's individual interests and personalities and this was reflected in the care they provided.

People told us that there was always things to get involved with at St Audrey's. One person told us, "I enjoy gardening, and like feeding the birds." We saw outside the door in this persons room to the garden were colourful pots, flowers and bird feeders." A second person told us, "Someone comes in and does exercises or painting, there's something going on all the time."

The Registered Manager told us how they had successfully introduced a variety of gardening activities at the home. The management team were further developing this and were planning on bringing people living in the community to St Audrey's to work with the people living there, in an attempt to build friendships with new people in the home, but also to try to support people in the community who may be socially isolated. One person's relative said, "There are a lot of activities, regular coffee mornings every week, they get nice cups out, It makes an event of it the gardens are lovely and there are quizzes, bingo, gardening."

People's personal hobbies and interests were met by staff who knew them well. For example, one person told us how the manager and staff took them out regularly to go shopping or to the bank. They told us they liked that it was always a member of the same sex who took them, and generally the Registered Manager. The person told us, "The ladies have their pamper bits, I though love a good pint of bitter, so the beer tasting we had a while ago was brilliant. Staff were also exploring a variety of different options to support this

person to go on holiday abroad. One staff member said, "Going on holiday is so important to [Person], it may be the last time [Person] can go and I know that the managers are looking at how they can support them to travel."

There was a complaints system in place and copies of this were provided to people. People were able to freely attend meetings to raise concerns regularly with the Registered Manager and Provider, or could raise their own concerns confidentially. We saw one complaint had been received since the last inspection, which had been investigated, responded to and reviewed by the providers senior management team. People we spoke with generally told us they knew how to raise a complaint personally, saying they would raise directly with staff, the deputy manager or Registered Manager. However one person told us, "I don't really know how to complain but my [Relative] would sort it out. I've nothing to complain about." This demonstrated that people were all aware they could complain when needed, but not all were consistently aware of how to do so independently.

Requires Improvement

Is the service well-led?

Our findings

When we previously inspected St Audrey's we found that people's care records were not accurate of updated when needed, and people felt the manager was not visible in the home. Governance and auditing in the home did not address issues that affected the quality of care provided, and people's feedback about the management of the service was not acted upon. At this inspection we found improvements had been made, however due to the recent introduction of a new care planning system, improvements continued to be required in ensuring care records were accurate.

We saw that care records provided conflicting information when documenting people's needs. For example, one person's care plan paper reflected what they had said about their likes and dislikes. We saw the Registered Manager had reviewed the care plan but the section for communication recorded the person was unable to communicate. They clearly were able to communicate some of their preferences. A second person could become resistant when staff tried to transfer them using the hoist. The assessments and guidance were not clear, one section referred to the use of a stand hoist, however a second referred to the use of a full body hoist. Staff subsequently were equally unclear about how to hoist the person, with one staff member telling us about using the stand hoist and a second using the full hoist. As the guidance was unclear, and the practises followed were inconsistent, there was a risk of injury or harm to the person as staff would not know from the record how to safely transfer. This was shown to the Registered Manager who took action to remedy. The staff were in the proves of finalising care plans on the electronic care planning system and it was felt that in the transfer of information to this system some anomalies had occurred. The Registered Manager acknowledged that the accuracy of peoples care records continued to require improvement and committed to makes the required changes swiftly. We also found that records relating to people's MAR records was incomplete, and not accurate when detailing stock records. This led to a false stock tally being maintained. This is an area that requires improvement and the Registered Manager must ensure that an accurate and contemporaneous record of people's care is maintained at all times.

Previously we found that auditing in the home had not been carried out in areas such as people's care records, incidents and accidents, medicines and the environment. We found that the manager had addressed these areas at this inspection, and regularly carried out audits, however these continued to be ineffective in certain areas. For example, the Registered Manager had completed a medicines audit in May 2016. This identified areas such as updating information for allergies, and topical creams, and to record dates of opening medicines. These were not signed off or reviewed. We saw similar patterns in other auditing tools used, which meant that the audit had identified an area for improvement, but had not been effectively reviewed or signed off by the management team, leaving a risk that areas for improvement may never be addressed.

When the Registered Manager reviewed care records, they took a sample of ten percent of the current number of people living in the home. They did not over the course of twelve months ensure they kept a record and referred to this when randomly selecting a person's record to review. This meant that some people may not have their care records reviewed for a period of a year or more. This is an area that requires improvement, and the Registered Manager has taken action to improve people's care records since the last

inspection, however further improvement is required to ensure the newly implemented electronic care recoding system is accurate and maintained appropriately.

At the time of the inspection the Registered Manager was transferring to a electronic recording system that monitored and managed incidents reported to them. Staff were required to enter the details into the system which would then alert the Registered Manager, however as this system was new, some staff continued to require support with inputting data accurately. This is an area that requires improvement to ensure all incidents are communicated to the management team for follow up.

People, relatives, staff and health professionals were positive about the Registered Manager, and all people spoken with told us they felt they listened to them and responded positively. People and relatives told us the management team was visible on the floors, and had brought stability to the home. One person said, "[Registered Manager] is definitely around more, he gets involved with what's going on every day and has really brought the good times back here." One person's relative said, "The manager is receptive and the home is well managed."

The Registered Manager had recently begun speaking to people monthly on a one to one basis to review individually people's satisfaction with the services provided. They demonstrated to us where they had made some changes to the menu's following people's feedback, and were in the process of seeking further feedback during the inspection. A survey of people, relatives, staff and professionals was due to be carried out shortly, and the results would then be analysed and responded to. At the time of the inspection, the lift was out of action, and the home was due to undergo a major redecoration and remedial fire safety improvement work. All the people we spoke with were fully aware of the developments, and told us they had been consulted fully and their views and opinions sought.