

Sanctuary Care Limited

East Park 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	

Overall summary

Our Inspection took place on 19 and 20 November 2014 and was unannounced. We last inspected the service on 10 September 2014. At our previous inspection the provider was not meeting the law in relation to the safe administration of medicines. Following our September 2014 inspection the provider sent us an action plan to tell us the improvements they were going to make. We found people were protected against the risks associated with safe management of medicines. This meant that the provider had addressed our concerns in respect of the management of people's medication.

East Park Court is registered to provide accommodation and support for 44 older people, some which may have dementia. At the time of our inspection there were 39 people living at the service. The service provides accommodation over two floors. The home does not provide nursing care.

There was a manager in place at the time of our inspection who had recently taken up their post at the home. Although the manager was not registered at the time they gave us a commitment that they planned to do

Summary of findings

so. 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 manager and staff demonstrated awareness of what could constitute abuse and that matters of abuse should be reported in order to keep people safe. Staff were aware of how to report issues to the provider and to outside agencies so that any allegations of abuse would be responded to.

We found there was sufficient staff available across all the units during the day to ensure people received care in a timely way. Comments from some relatives and staff indicated a need to review night staffing levels was needed.

People told us that they, or their families where this was their choice, were able to have involvement in planning and agreeing the care provided to them. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

We were told that some people's rights and freedom were restricted. The provider had put safeguardings in place through Deprivation of Liberty Safeguards (DoLS), which help to support the rights of people who lack the capacity to make their own decisions or whose activities had been restricted in some way in order to keep them safe. These were however out of date and needed to be reviewed.

People's health and well-being was supported by external healthcare professionals, when required, such as district

nurses and doctors. There were also regular audits in place to identify specific risks to people's health, for example monitoring of people's weight loss and incidents such as falls. We found that staff took appropriate action to respond to these risks.

We saw that people had access to a choice of and sufficient meals and drinks. People were complimentary about the food that was provided to them. We saw that people that needed help with eating were provided with appropriate assistance by staff.

People and relatives we spoke with were complimentary about the service and its staff, describing them as caring. We saw that the way care was provided was consistent with staff providing care that considered the person foremost.

The provider gathered people's views in a number of ways, for example through the use of surveys, meetings and face to face discussion. We saw that the provider had a complaints procedure that enabled people to raise concerns with these responded to appropriately.

We saw that a number of people had the opportunity to participate in meaningful recreation and occupation but some people commented that there was scope for improvement, with a lack of consistent opportunity for their stimulation available.

Regular audits were carried out by the provider and manager. We saw that some issues identified were been addressed, for example improvement in record keeping so that care plans were accurate and up to date.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was sufficient staff available during the day to ensure people received care in a timely way, although night staffing arrangements needed review to ensure people's safety was consistently promoted. People received their medicines as intended to treat their healthcare conditions. People felt safe and staff were aware of how to identify and report any abuse or discrimination.

Good



Is the service effective?

The service was effective

The provider recognised how to protect people's rights when people could not make decisions. The provider was reviewing some agreed restrictions that were in place to ensure these were necessary to promote people's safety. People had access external healthcare services as and when needed. People were happy with the choice of foods and were supported appropriately with their food and drink. Staff were well trained and supported.

Good



Is the service caring?

The service was caring.

We saw staff provided care in a way that was kind and respectful. We saw these staff sought to gain people's views and acknowledged these. We saw that staff provided care in a way that put the person first.

Good



Is the service responsive?

The service was responsive.

We found that people were involved in planning their care. Most people were happy with how they spent their time, but some felt they needed more stimulation. People or their representatives were provided with guidance on how to complain and these complaints were responded to appropriately.

Good



Is the service well-led?

The service was not consistently well led.

The service has not had a registered manager for over a year. A manager had been appointed recently and was beginning to implement changes, with the support of the provider, to improve the quality of the service people received. We found there were systems to assess the quality of the service provided. We found there were still some areas that needed improvement, most of these recognised by the provider.

Requires Improvement



East Park 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 inspection took place on 19 and 20 November 2014 and was unannounced.

The visit was undertaken by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We had contact with the local authority and other statutory agencies prior to our inspection to discuss information that had been shared with them about the service. We also looked at information we received from the service after our last inspection in September 2014 that told us what

improvements the provider has planned. This was to tell us how they would ensure they were meeting the law in respect of safe management of medicines. We used this information to help us plan our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who lived at the service and seven relatives/visitors of people that lived at the home. We spoke with a visiting professional. We also spoke with the manager and a registered manager from one of the providers other service's that was providing support. We also spoke with the deputy manager, four care staff, one domestic, the cook and the administrator.

We looked at three people's care records to see if their records were accurate and up to date. We looked at records relating to the management of the home, including quality audits, complaints records, staffing recruitment, training and development records. We looked at the recruitment records for three staff.

Is the service safe?

Our findings

At our inspection in September 2014, we were concerned about the management of medicines at the home as we found there were errors in the recording of medicines that people were given. In addition observed checks of staff who gave medicines had not taken place. We asked the provider to send us an action plan outlining how they would make improvements. We found that these improvements had been carried out which meant the concerns that we had raised in September 2014 had been addressed.

One person said staff came quickly when they pressed the call bell, "I can hear them running down the corridor when they are needed." Another person said staff come in respond to their call button, "I would say half and half – they come eventually but I've never had to wait long." A third person said when they pressed the staff call button, "They [the staff] are not too long, sometimes on the dot, not too bad". A visitor commented "There's somebody here 24 hours. I've had a call at three am in the morning to let me know that [the person] had a fall". We saw staff checked on people who had chosen to stay in their rooms or sit in the lounges on a regular basis. They ensured people were safe and asked them whether they required any assistance. The staff we spoke with informed us there was enough staff in the day to allow them to respond to people's needs. The manager informed us that staffing levels had recently been reviewed and increased for the ground floor during the day due to the increased needs of people.

Some relatives we spoke with said they had concerns about staffing levels at night. Staff we spoke with also said staffing levels were too low during the night. They told us people could be quite active at night and it could be difficult to maintain vigilance on all people and meet their support needs. One relative we spoke with was concerned about people's safety at night due to other people walking in to their bedrooms. We spoke with the manager about this and they said there had been one incident although this was resolved and the person was not at risk. We looked at the provider's incident and accident monitoring and saw there was a limited number of recent accidents or incidents during the night. We discussed night staffing levels with the manager and agreed that they should review night staffing and increase these if they found evidence of risks to people's safety.

We were made aware of a number of safeguarding concerns by the local authority prior to our inspection. We were made aware that the provider had been asked to investigate some of these concerns where asked to by the local safeguarding authority. We were given updates that indicated they worked with statutory agencies to ensure the safety and welfare of the people involved. We heard from other agencies that the manager had been co-operative when carrying out their investigations.

People told us that they felt safe. One person said, "I feel safe in the home, staff look after me well." Another person said, "I feel safe, it is a very good home." Other people said that they felt safe and did not have any concerns about safety. One relative told us "It's a very good home [the person] is safe here." Other relatives we spoke with also said that they had no concerns about their relative's safety within the home. One relative said people's safety could be improved if a person wore a call alarm which they could use if they fell at night in a place away from the call button. They manager told us that they would consider the possibility of providing this type of alarm.

Staff had received training in safeguarding adults and they were able to explain how they would respond to different safeguarding scenarios. They told us they would report concerns to the management team and would expect the provider to follow the safeguarding process. Staff were aware of who to contact if they felt concerns they raised were not being addressed appropriately by management. Staff were aware of the need to 'whistle blow' on poor practice and felt confident to do so. This showed staff had an understanding of how to recognise and report potential abuse.

We saw incidents and accidents were recorded and analysed to identify trends. The manager told us and we saw in people's records that where people had a number of falls, they were referred to the falls or occupational therapy teams for assessment. This showed that incidents were monitored and action taken quickly to keep people safe.

We asked people if they received their medicines when they needed them. One person told us, "They [staff] give me my tablets regular, bring straight into my bedroom". Another person said, "[Medicines] always on time" and a third person told us, "Whenever I need to use an inhaler, I just press the buzzer [the call button to request staff assistance]". We saw staff give people their medicines and this was done safely, for example they checked to make

Is the service safe?

sure people took their medicines and ensured they had water. We found systems were in place to ensure medicines were given to people as prescribed. Medicine Administration Records (MAR) carried people's photographs to help staff identify them and we saw medicine records were maintained and signed by staff after medicines were given. We saw individual protocols were in place for each person who had 'as required' medicine such as for pain relief and these were reviewed six monthly by their doctor. Staff we spoke with demonstrated a good understanding of when 'as required' medicines should be given to people and followed the protocol in place.

Staff told us daily audits were in place to check medication and any errors would be picked up straight away. During our inspection we found one person's medicine had not been recorded correctly. We spoke to the manager and

found it had been refused by the person and not recorded. The manager rectified this record at the time. We saw medicines were stored appropriately, for example in locked rooms and cupboards and at the correct temperatures. We saw that these temperatures were monitored to ensure medicines were safe.

We looked at the recruitment checks for staff that were recently employed. We found that appropriate checks had been carried out prior to the employment of these staff. These included Disclosure and Barring Service checks (DBS). DBS checks enable employers to check the criminal records of employees and potential employees so they can ensure they are suitable to work at the service. Staff we spoke with confirmed they did not commence work until their DBS checks were completed.

Is the service effective?

Our findings

People told us, “Always happy with the [staff] I get on with them, quite content, everyone is really good” and the staff, “Are pretty good to me”. Visiting relatives told us, “Always helpful staff, if ask anything get a good response” and, “At times I can’t stop [the person] crying but the staff handle it so well and stop [the person] crying”. A visiting social care professional told us, “I don’t see upset residents, all well-presented, no dirty nails”. We observed staff when they provided people with care and support on a number of occasions and saw that they explained what they were doing, asked and waited for people’s consent and provided care that indicated they were aware of how to support people appropriately.

We spoke with staff about their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack the capacity to make decisions are protected. DoLS are safeguards used to protect people where their liberty may be restricted to promote their safety. Staff had an understanding of how they should promote people’s rights and minimise any restriction in accordance with the MCA and DoLS. The staff told us two people were subject to a DoLS and how people’s rights were protected, with the use of minimal restrictions. We found one person’s DoLS had expired, although we were made aware that this was under review. There was no formal confirmation of the other person’s DoLS in their records, nor confirmation of how their liberty could be lawfully restricted. The manager confirmed after our inspection that they would contact the supervisory body to check if the person’s DoLS was still appropriate.

The manager was able to explain how they promoted people’s capacity and said people had their mental capacity assessed on admission and monitored for change by their GP, other clinicians and the staff on a regular basis. We saw information in people’s records that showed people’s mental capacity was reviewed. Where needed we saw people’s records carried information about ‘best interest’ meetings held with other professionals to support any decisions made where the person may lack capacity. We saw staff sought consent when talking to people, for example we saw a care assistant take a person’s photograph. They explained why they wanted to take the

photograph (for the person’s care records) and only did so when the person consented. They also showed the person the photograph afterwards. This showed that the service sought people’s consent, or involved other appropriate persons to make decisions in their ‘best interests’ where they were unable to.

People told us they saw external healthcare professionals as and when needed. One said they, “Had my doctor in a few times, seen optician and dentist”. Another told us about a current health concern they had and that they were seeing the appropriate health specialists for this. A relative said that the staff were good at arranging visits to the hospital and they had arranged for nurses to come in. Another relative said, “They are very good getting the doctor in. The district nurse comes in and they monitor [the person’s] health. I’d give this place 9.75 out of 10.” We looked at people’s care plans and risk assessments and found that risks to people’s health and welfare were well documented and up to date. People’s risk assessments had been updated to reflect changes in their needs that we saw reflected in people’s daily records and showed staff were following care plan guidance. An example of this was where we saw people’s fragile skin was monitored, with specialist advice sought and appropriate equipment used as needed.

People we spoke with expressed satisfaction with the food and drink that was available. One person said, “Food’s good – there’s plenty of it.” Another person said, “Food is very good. I’ve been here for five years and put on three stones”. A third person said, “Big dinners, very nice and easy to chew” and staff, “Always make sure have drinks, cup of tea”. A relative told us, “The food is fantastic. [The person] is a fussy eater but they never complain about what they get here. It’s spot on. Menus are always there and there’s always a choice. It’s better than what I cook at home”. People told us that staff monitored their weight and we saw this was recorded in their records.

We saw lunch served in two dining rooms and saw people were offered a choice of meals. We heard some people say they did not want what was on the menu and staff were seen to offer and provide an alternative meal that met with their satisfaction. We also saw that people that needed assistance with their meals were supported by staff, this support reflecting what we saw recorded in their care plans and risk assessments. We saw staff encouraged people that were reluctant to eat, but also allowed others to eat independently with encouragement where needed. We

Is the service effective?

also saw that fruit was available in the dining rooms and drinks were readily available to people when they wanted them, with people who chose to stay in their rooms had fresh drinks made available in jugs. We saw staff recorded people's diet and fluid intake and these were reviewed to ensure people had sufficient food and drink, and we saw where there were concerns about weight loss this was brought to the attention of external healthcare services.

We spoke with the chef who was knowledgeable about the people who required special and fortified diets. They told us they met with new people when they moved in to discuss their dietary preferences with them and their relatives. We saw that information about people that required special diets was documented in people's care plans, and we saw that staff provided these diets in accordance with these plans.

All the staff we spoke with told us they had received sufficient training in subjects that gave them the knowledge to provide people with safe and effective care, for example how to move people safely, health and safety and supporting people with dementia. We spoke with recently employed staff about their induction and they confirmed they were provided with an induction that helped them understand their job. One member of staff told us other staff, "Helped all the time, didn't feel on my own". We saw that the provider had systems in place for the monitoring of staff training and these showed us staff had received the training they needed to maintain their skills and knowledge.

Is the service caring?

Our findings

People told us that staff were caring and they were happy with how support was provided. One person told us, "The staff are brilliant, they are all lovely and they look after me very well". Another person told us, "People are kind. It's as good as it could be, staff are very good". A third person said the staff, "They are very nice, some very caring". We saw staff were very caring, respectful and treated the people at the service with dignity. The staff were able to tell us about people and their preferences, likes and dislikes which reflected what we saw and what was written in people's records. They knew what was important in the lives of the individuals as they said they had spent time talking to the person, their relatives and reading people's care plans.

A visiting relative told us, "Staff are very good, my [the person] can be difficult and very aggressive but they handle it a hundred times better than I can, I can't praise them highly enough". A visiting professional told us they saw staff sitting with people and said people were comfortable with the staff, having seen them laughing together on many occasions. We saw staff spent time speaking with the people as they assisted them with their care and daily routines. The staff spoke to the people in a caring and friendly way, whilst showing the person respect and addressing them by their preferred name. We heard staff talking clearly with people and where it seemed they did not understand what the member of staff said, they repeated information in a slightly different way to gain the person's understanding where ever possible. We saw that a member of staff spent time in lounge areas where the majority of the people chose to sit. We saw staff routinely engaged with people, for example we saw a member of staff engaging people in discussion about current affairs and they were joining in the discussion. We saw many occasions where discussions between people and staff

were light-hearted and jovial which showed positive relationships. This showed people were communicated with effectively and in a way in which they could understand.

We saw that staff ensured everyone was supported to maintain their dignity. Some people told us how they chose their clothing and were dressed in accordance with their preferences. We saw people had received assistance with their personal appearance, for example they had clean and trimmed finger nails. We saw staff going round people and asking if they wanted their nails trimmed and offering to varnish their nails with their chosen colour. We saw staff knock on doors and ask to enter people's rooms. We saw the staff spent time to stop and chat with people and when people had chosen to stay in their room, they would check to ask if they needed anything.

We spoke with one person who said staff helped them to be independent and said, "I wash myself" and "Staff, they are very helpful, very patient, a lot of hard work". We saw staff encouraged people with their mobility, walking with them to give reassurance and promote their independence. We also saw that staff allowed people independence when eating, providing assistance when needed. We saw that staff were observant as to how people walked and offered assistance if needed.

One person told us staff had offered them a key to their bedroom. They said they had chosen not to have one. Other people we spoke with told us that they were able to choose if they wished to stop in their bedroom if they wanted privacy. We saw that people were able to take their visitors to their bedrooms if they wanted to see them in private. Staff we spoke to were aware of some people's choice as to where they chose to spend their time. People who agreed to talk to us in their bedrooms told us they were able to personalise the room in the way they liked.

Is the service responsive?

Our findings

People told us that they received care in a way they were happy with. One person said, “Staff always ask me before they provide care if I am ok with it”. Another person told us that the staff had discussion with them about their likes and dislikes and they had, “A choice of what to do”. They told us about when they moved into East Park Court and said that they had chosen not to visit, but their relative had done so on their behalf. They said they had made, “The right choice”. Another relative told us that staff had visited a person in hospital and they had been involved in the person’s assessment. Relatives we spoke with told us they were kept up to date with any changes and that staff would inform them if there were any concerns.

The deputy manager told us that they discussed people’s personal history, their choices and preferences with them, and their families. Staff we spoke with said this helped them get to know people when they were admitted to the service. They told us as they spoke with people they were able to gain more information which helped them ensure that the care they provided reflected their needs and preferences. We saw that this information was usually recorded in people’s care records. The management and staff were able to demonstrate an understanding of people’s needs and preferences that reflected what people told us, and what we saw during our inspection.

The manager told us that people’s care was reviewed on a six monthly basis with the person and their families informed of these and invited to attend. This involvement was confirmed by some people and relatives we spoke with. The manager said that if families were not able to attend their relative’s review, then they would spend time with them when they next visited to ascertain their views. We saw these reviews were recorded in some people’s care records.

Opinions on how people spent their time were mixed although most people we spoke with were happy with how they spent their time. One person told us, “A man comes in and does physical exercise. Some singers come and there are quizzes and film shows. I can go out but have to use Ring and Ride”. Another person told us about a trip they and others went on to the Black Country museum. They said they enjoyed this and we saw photos of the event on a notice board. Another person said they were not interested in doing a lot but they were happy with what was available.

They preferred to spend time reading magazines and completing word puzzles which they showed us. One person told us that the person that came in to do exercise sessions, “Used to come but I haven’t seen him lately”. Their relative told us “[The person] watches TV mainly. [The person] is getting bored now as a lot of residents are. Musicians used to come in but they’ve stopped. I wouldn’t mind putting some money in a box to go towards entertainment”. Other relatives comment that there were events that people participated in and enjoyed.

We saw staff were involved in social activity or hobbies and interests with people, for example sitting and talking, playing games, drawing or helping with their nail care. Staff we spoke with said as there was only one activity organiser, they tried to stimulate people when they could. The activity organiser was acting as a senior care worker on the day of our inspection, which detracted from time they had to facilitate people’s interests and hobbies. While we saw staff helped people with social activity the staff told us it would be better if there were dedicated staff available on each floor to offer people support with their individual interests and hobbies. This indicated that some review of the opportunities that were available to people would be worthwhile, this to ensure that everyone was happy with how they spent their time.

People did however tell us their religious needs were being met. One person said, “I can’t go to the church but the deacon from my church visits every two weeks. I haven’t been neglected on that front”. Another person told us that they were made aware when the vicar came in and asked if they wanted to see them.

People we spoke with told us that they were able to complain to staff. One person told us, “Tell [staff] if I have a grumble, I’m alright”. We spoke with relatives who had raised concerns and one told us “I sent an e-mail to [the provider] as I was concerned about a manager not being there. They said that they were interviewing for one. At another time I complained when there was no hairdresser, but they always come back to me”. The other relative said their concern, “It was sorted out”. One relative said they had raised a verbal complaint and felt this had been dismissed. We looked at the complaints record and found it had not been recorded, although the concerns were addressed. The manager said that they would ensure verbal concerns raised were recorded in future.

Is the service responsive?

The provider had a complaints procedure but this was not on display on the first day of our inspection. We found that it was displayed in the reception area after we told the manager and a suggestions book had been made available so that people could write informal comments about their views of the service.

We saw that the provider had an electronic complaints system for formal complaints and records. There was two

formal complaint received since the manager had recently commenced at East Park Court and we saw that one had received a response following investigation. The other was still under investigation, but a holding letter to inform the complainant of this and timescales for feedback had been sent.

Is the service well-led?

Our findings

There was not a registered manager in place who oversaw the day to day running of the service and one had not been in place for over a year. 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 provider had recruited a manager who had commenced at the service shortly before our inspection, and was still completing their induction. They told us that they intended to apply to be the registered manager for the service.

Most people we spoke with felt the home was well managed and two people told us that the manager, "Was good." Most people we spoke with said the management was very approachable and supportive. One person told us, "I feel safe; it's a very good home the best in the area". A visitor to the home told us, "Have no concerns with the home what so ever." Some of the relatives we spoke with were also complimentary about the service provided by the new manager. The manager was not registered with us at the time of our inspection, although confirmed their intent to register with us following the completion of their induction with the provider.

The staff we spoke with had support from the manager and deputy manager. One member of staff told us, "The new manager is doing a good job and can rely upon them to make sure things happen". Another member of staff said, "No one feels superior to anyone else; we all get on well and work as a team". We saw the manager and deputy interact with people and staff and saw they had a good rapport. They showed they knew people well and took note of how they liked to communicate.

People said they were able to share their views with staff. One person said, "They [the staff] do talk to us about different things for example food". Other people and visitors told us there were meetings with people and their families. Staff we spoke with confirmed these meetings took place although the last record of a meeting was in April 2014. One person told us about recent meetings with the chef to discuss menus, which confirmed what the chef had told us. One visitor said, "They get enough input from me, I just go to the front desk and tell them". We saw that information

about local support services, for example advocacy was available with contact details were available to people within the service. The manager told us that there were regular meetings with the families of the people who lived at the home. They also told us that the provider used annual surveys to gain the views of people that used the service. The last provider survey showed that respondents were overall satisfied with the service that they received.

The manager said they met regularly with the staff and would work with the staff to help them understand what their job entailed, and to maintain contact with people. Staff told us the manager held daily meetings with the senior staff team to ensure everyone knew what was happening each day and plans could be made to meet all needs. One staff member told us, "I cannot always get to the staff meetings, but the manager always comes and tells me what was discussed. If they are not around my colleagues keep me up to date". A visiting trainer said the manager was supportive to staff and, "Is supportive and will deal with staff issues". Staff said they had regular supervision sessions where they were able to talk to their manager about any issues of concern.

There were quality assurance systems in place to monitor care and plan on-going improvements in respect of the care people received. For example there was thorough provider audits that we saw had been completed, the last one in September 2014. These looked at a number of areas including staffing, people's life and staff experiences, incidents and medicines. Based on the provider's findings and recommendations we did find areas where improvements had been made for example in respect of how medicines were managed. We found that there were regular audits in place to identify specific risks to people's health, for example monitoring of people's weight loss and incidents such as falls. The manager acknowledged that there were still areas that required improvement but we saw that a number of these were identified and action plans were in place. An example of this was the need to improve record keeping. While we found people's care plans usually reflected the needs and preferences of people there were a number that had some omissions that showed they had not been updated, and were not accurate. An example of an omission was where assessments had identified a risk of weight loss for a person but this had not lead to their care plan been

Is the service well-led?

updated. Staff were able to provide information that showed they were aware of any information that was omitted, this in conjunction with what we saw and what people and relatives told us about their care.

The manager told us they had regular support from the provider, and was supported during our inspection by a registered manager from another of the provider's services. They told us that they had been well supported since

recently starting their job. They acknowledged there were a number of challenges they needed to address such as improving the consistency of the service's quality across all the service. They told us how they aimed to be visible to people and staff and saw this as a key factor in developing the home, as it had not had consistent manager for some time.