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Park Lane House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 02 May 2018. The inspection was unannounced. At the last inspection of the service in March 2017, the provider was rated as Requires Improvement in the key questions around Effective, Caring and Well-led. We met with the registered manager and a representative of the provider following the previous inspection to discuss concerns and these were acknowledged. At this inspection, we found that there had been improvements made but there continued to be concerns related to the Well-led question. .

Park Lane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Park Lane House is registered to provide nursing, care and accommodation to a maximum of 30 older people, some with a diagnosis of Dementia. At the time of the inspection, there were 23 people living at the home.

There was a registered manager in post, who was present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were supported by specific risk assessments. Overall, staff were aware of people's needs and responded to them appropriately. People felt they received their medicines and on the few occasions this didn't happen audits flagged up any concerns with medicines, which were actively dealt with.

Staff were provided with an induction and training to ensure they were skilled and competent in their role. Staff felt supported, well trained and were confident in approaching the manager for support. People were supported to make choices at mealtimes and drinks and snacks were available throughout the day to help people maintain a healthy weight. People were supported to access a variety of healthcare services in order to maintain good health.

Staff obtained people's consent prior to offering support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support from staff who they described as kind and caring. Staff treated people with dignity and respect and ensured people were involved in making decisions regarding how they spent their day. Staff treated people with kindness and responded to their needs. Information was available in people's care records to assist staff to support them.

People and relatives were involved in the planning of their care. Staff were aware of people's preferences

and what was important to them. People were supported to maintain relationships and friendship groups. Staff respected people's choices and supported people to take part in activities. People had no complaints but were confident that if they raised concerns they would be responded to appropriately.

Audits in place had supported the manager to identify areas for improvement, however the audits carried out had not highlighted all concerns effectively.

The previous ratings from our last inspection were on display.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe. Detailed and specific risk assessments were in place. There were enough staff to care for people. People received medicines as required.

Is the service effective?

Good

The service was effective.

Staff felt supported and received training which provided them with the skills for the job. People were supported to maintain a healthy diet and good health. Staff routinely obtained people's consent prior to offering support.

Is the service caring?

Good

The service was caring.

People were supported by staff who they described as kind and caring. Staff treated people with dignity and respect. People were supported to express their views and make choices regarding their daily living.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people's health and social care needs and their personal preferences with regard to likes and dislikes. People were able to engage in activities and form friendships. People were confident that if they raised a complaint they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

We did not always receive notifications as required. A variety of audits were in place, but they did not always identify concerns relating to risk. People knew the registered manager well and felt at home.

Park Lane House

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.'

The inspection was prompted following concerns raised with us about the care received by people living in the home. These concerns included not enough staff to care for people and not enough time given for personal care. Not enough food given at tea-time and concerns around staff knowledge on food and nutrition. People not allowed to get up and move from the lounges, set toilet times only and people being left in bedrooms with no choice when they go to bed or get up. People not hoisted when they need to be, people not kept clean and staff having a negative attitude towards people. We looked at these concerns as part of the inspection and were unable to find any evidence that people were at risk from the issues raised.

This inspection took place on 02 May 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, that included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We asked the provider to complete a Provider Information Return and received it as requested. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with eight people who lived at the home and five relatives. As some people were unable to tell us their views of the service, we completed a 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 also spoke with four members of staff, the cook, and the registered manager.

We looked at the care records for four people as well as five people's medication records. We checked records held in relation to staff recruitment and training, accidents, incidents, complaints and systems in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I have no concerns regarding falls or safety". Relatives shared with us, "[Person's name] has a frame to help her steady herself and she goes in a wheelchair too. It keeps her safe and she won't fall" and, "[Person's name] was unsettled in hospital and when he returned here it was like he knew he was home, even though it's not his home he knew he was safe. We would definitely know if he was distressed and unhappy and he isn't". Staff were able to discuss with us how they would respond to any concerns they had in relation to the safety of people. One staff member told us, "I would tell the member of staff there and then if I witnessed a safeguarding concern and then report it to [registered manager's name]. If nothing else was done I would take it to the provider or CQC". We found that accidents and incidents had been recorded and we saw action had been taken when required.

We found that detailed and person specific risk assessments were in place, these included control measures to keep people safe and actions taken. An example of this related to the risk assessment of a person with skin frailty where there was information on the correct procedure to take when removing dressings and applying barrier creams and guidance for contacting professionals if required. We found that bedroom risk assessments had also been completed and these looked at the risk of slips, trips, falls and fire in the bedroom. There was an individualised personal evacuation plan with guidance to follow and staff were aware of these. Where records were required to be kept to address potential risk this was done and we saw up to date, completed turning charts, weight charts and input and out-put of food and fluid. A relative supported the evidence found by saying, "The doctor has asked to have [person's names] weight monitored this is being done".

We saw that any equipment needed to assist people had been discussed with professionals and was in place. People who utilised hoists had their own specific slings and staff ensured that only the correct ones were used. We found that people had their own slide sheets if they needed help to be moved and pressure relieving items were specific to the user. A staff member told us, "We let the maintenance man know immediately if there are any issues with the equipment, but it very rarely goes wrong". We saw that there was a nurse call bell in place and this had been recently serviced and staff responded when it was used.

There were mixed feelings on the amount of staff available to people. One person told us, "The carers are pretty good and I have got to know them well and they are kind to me. I don't think there are enough of them sometimes and would like some more, nice ones though". However a second person said, "Yes there are lots of staff, there are enough". Relatives also shared mixed opinions telling us, "I don't feel there are enough carers, but I don't feel it's the homes fault it's the whole care system, they [staff] all seem to work so hard, they are friendly, helpful, polite and respectful at all times". However relatives with differing views shared, "I do feel there are enough carers, they are all very lovely and know [relative] very well and the things she likes to do and the things she doesn't like too", and "I feel there are enough carers but, they do seem to do a lot of paperwork". Staff members told us, "We aren't rushed we have time to spend with people and do activities with them", and, "We have enough staff to cover absences and there are always enough staff. We all do our fair share of the work so it frees one of us up to do activities or 1-1 with people". We looked at staff rotas and found that the amount of staff allocated to each shift corresponded with the level of need of the

people being cared for. We also saw that enough staff were available to people and that people did not have to wait long for assistance.

People told us that they received their medicines as they should, with one person telling us, "I know when it's time and I get them [medicines]". We observed medicines being given to people effectively, with people being treated respectfully and being asked for their consent. We looked at the Medication Administration Records [MARs] of people who took a high number of medicines and found that people were given medicine appropriately. There had been a recent incident where a person had received too much medicine as the GP's new instructions had been misinterpreted by staff. This had been dealt with and both staff member and registered manager told us that they had learnt from the situation. Our findings from this inspection were that people were receiving their medicines correctly. We saw that medicines were kept securely and at the correct temperature and medicines were disposed of in an appropriate manner.

People commented positively on the cleanliness of the environment. One person said, "The cleaner is always here". Relatives told us, "[Relative] is always clean and the surroundings are kept clean too, her room is cleaned regularly and she is in clean, fresh clothes every day when I visit her", and "His room and the home in general are always very clean". We found that environmental checks were in place and to ensure safe usage equipment was serviced and checked regularly

We saw that lessons had been learned since previous inspections and found that staff no longer used incorrect terminology when addressing people and that they were very mindful of maintaining people's privacy and dignity when supporting them to use the bathroom. Staff now used utensils to give people their medicines, which provided more dignity than the previous method of putting fingers into people's mouths.

Good

Is the service effective?

Our findings

At our last inspection in March 2017, we found staff only had a basic understanding of the Mental Capacity Act [MCA] and were unable to tell us who was deprived of their liberty. Staff were not always aware of people's specific needs and how to care for people. This meant that people were not receiving effective care, which resulted in the provider being rated as Requires Improvement in the key question of Effective. We checked to see if improvements had been made and found that staff had received on-going training with regards to people's mental capacity and liberty and that they were able to speak with us in detail about any impact this had on people. We found an improvement in that most staff members on shift were now very clear on how best to support people's needs. Staff were able to knowledgably inform us of individual people's requirements and how they met them effectively, such as being aware of who received a pureed diet. However, we saw one staff member responding to a diabetic person's request for sugar by offering them the sugar bowl. They were stopped by a senior member of staff who said the person was not allowed it. The sugar was then taken away with no alternative offered. This was raised with the registered manager who immediately spoke with the staff member and told us that their lack of knowledge would be addressed at the earliest opportunity in the form of training and further support.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions to authorisations to deprive a person of their liberty were being met. We found that they were. Although no DoLS had yet been granted by the appropriate authority we found that applications had been made and were awaiting assessments. Staff were able to discuss the MCA and DoLS knowledgably with us. We found that any decisions made regarding people's care involved family members and professionals where required. Decisions taken in people's best interests were recorded. Do Not Resuscitate orders were completely appropriately and kept in people's files. Staff had a clear understanding of these. We saw staff asking people for their consent when assisting them and one person told us, "Staff always ask first". Staff members shared with us, "We always ask for consent and will read a person's body language if they can't answer" and, "We always ask people when they want to get up or go to bed. One person can't give consent and she gets up early so we take her to bed when she looks tired but she can refuse if she's not ready for bed".

We found that people's needs had been assessed prior to them moving into the home and that care records held information including people's specific requirements related to their medical history, dietary requirements, family history and preferences. We saw that a 'this is my life' booklet was in place, which included likes and dislikes, interests and preferred routine including waking and retiring to bed times. Not all people living in the home were from the same ethnic background and we could see that this was reflected in the choices they were offered, such as specific cultural food.

Relatives told us, "We are confident that our relative's needs are met in all areas, I definitely feel he is happy", "The carers all seem very helpful and seem to know everything about the person I have come to visit", and, "The carers are all very lovely and know [relative] very well and the things she likes to do and the things she doesn't like too". A staff member told us, "I am really confident in what I am doing". Staff members we spoke with were able to share with us their knowledge on caring for people, in particular those who required specific interventions, such as the use of equipment to aid them.

Staff felt that they were well trained, with staff telling us, "We have lots of training to help do the job" and, "I have regular training. I had Dementia training last week and I have Dementia Level 2 and Infection Control coming up". We saw the training matrix which showed what training staff had completed and when further training was due. The registered manager told us that they had changed training providers, so that most training courses were now updated annually rather than on a three yearly basis. We also found that training had been completed specifically in areas where it was found knowledge needed improvement at the previous inspection.

Staff members told us they had received an effective induction, with one staff member saying, "I shadowed other staff at first for three shifts and assisted on the third, I felt supported". Staff told us that they received regular supervisions and a staff member said, "Issues can be raised it is helpful". We saw that discussions from supervisions were recorded. Appraisals were also carried out and used as a tool to reflect on practice from the previous year and plan goals for the coming 12 months. Spot checks were carried out by the registered manager and these focussed on staffing issues, choice, food and cleanliness of the home amongst others, We saw that where issues arose these were used as discussion points with staff.

We saw people were supported to maintain a healthy diet. People received a hot meal at lunch time and sandwiches and finger foods at tea time, with drinks and snacks being served throughout the day. One person told us, "You only got to ask for a drink or something to eat and they [staff] will bring it. It's a home away from home and I can't fault it" A relative shared with us, "The food looks good and healthy, plenty of choice, [relative] has put weight on since being here so that's a good sign. There is a menu board in the dining room updated daily". A second relative told us, "There is always plenty to eat and there are choices. There is always an opportunity to have more if you wanted. Chicken is [relative's] favourite, it always looks appetising and it's soft for her to eat". We saw that people also received adequate amounts of drinks, with one person saying," I have plenty of cups of the tea throughout the day, I only need to ask someone". We saw a staff member giving a person some blackcurrant juice and when the person stated how much they had enjoyed it the staff member fetched them some more to their delight. The cook told us how people's dietary requirements were reviewed in conjunction with the registered manager on a monthly basis and any changes made were disseminated to care staff.

We found that most members of staff supported people appropriately at lunch time, but similarly to findings during the last inspection a small number of people who needed assistance went un-noticed by staff initially, with staff going to them later during the meal. This was raised with the registered manager who said that raising staff member's awareness of people's needs was an on-going priority and we did see a great deal of improvement in staff responses from the last inspection. We found that where people chose to eat in the lounge areas they were given their meal in a timely manner and staff ensured that they were comfortable to eat, with the table in the correct position.

Where weight records were required to be in place these had been completed, as had charts recording people's food and fluid intake and output. We found that if a person was losing weight there was no delay in contacting the GP who monitored people's health.

We saw people were supported to maintain good health. One person told us, "The doctor sees me if I need them". A relative told us, "They [staff] always get the doctor in if she needs to be seen, they are on the ball with that", and a second relative shared, "They do keep me informed of any sickness or injuries, they are good at getting the doctor to see [relative] and she is at the moment on antibiotics for a chest infection, it was dealt with very quickly". A staff member told us, "If people are poorly then help is sought for them". We found records that showed people had medical checks carried out regularly, such as optician appointments and diabetic eye screening, podiatry, dentist and dermatology appointments. We also saw that staff worked alongside professionals to ensure people's health needs were supported, for example following the guidance of occupational therapists in order to support people regaining skills to enable them to walk.

The home was decorated with appropriate information and images throughout, including photographs of the local area past and present. Photographs of people doing activities and enjoying parties were also on display, which helped to visually link people to their home. Another example of this was a notice board displaying a newspaper cutting of a resident having a 100th birthday. A notice board gave people information, such as a service user guide, information on memory loss, fire safety and the right to vote amongst others, some in an easy to use format. We saw that people had their own belongings around them and there was a budgerigar in a cage in the lounge that people enjoyed giving attention to.

Good

Is the service caring?

Our findings

At our last inspection in March 2017, we found that staff did not always maintain people's dignity, in particular whilst administering medications. Additionally people's belongings often went missing with no explanation and there had been complaints about cold rooms. This meant that people received care and support that was not always caring and resulted in the provider being rated as Requires Improvement in the key question of Caring. We checked to see if improvements had been made and found that all issues relating to these concerns had been addressed.

People were complimentary of the care provided by the staff and one person told us, "I am happy, I like it here, I have made some friends, carers and other people that live here, the carers are all lovely and chat to me and some give me a kiss on the cheek sometimes". A relative told us, "It is caring here, [relative] settled here really quickly within two days. She has made lots of friends too". A staff member told us, "We have parties and events [at the home] which we get to bake cakes for Halloween, Easter and Christmas for example. We always make a cake when it's a resident's birthday unless the family are bringing one in, just to show we care". We saw there was a good rapport between staff members and people and their relatives, with lots of jokes being shared.

We saw examples of how staff communicated with people in a caring manner, examples being; one person was agitated and began shouting, which in turn upset other people sitting nearby. A staff member quickly noticed and sat with the person, distracting them with magazines until they felt calmer. In other situations we saw staff giving people their time and reassurance when they felt it was needed. Additionally, we saw a person was offered a cushion for their head when staff noticed they looked uncomfortable.

We saw people were able to make their own choices and decisions where they were able to. One person told us, "I go to bed about 8pm and get up at 6am, these times are when I choose to go to bed and get up, and nobody tells me I have to go then". We saw people choosing where they wanted to sit, what they wanted to eat or drink and people told us that they had chosen the clothes they were wearing that day. People told us they were encouraged to be as independent as possible, with one person saying, "I do what I can for myself". We saw that where a person requested to put their own boots on, staff stood back to let them do so and only intervened when they struggled.

We found that people were treated with dignity and respect. People told us they felt that staff were sensitive when it came to making sure their dignity was maintained. One staff member told us, "I always ensure curtains are closed when I am in the bedroom helping someone to change and I knock before entering the room". A second staff member shared, "When I carry out personal care I am descriptive of exactly what I am doing". We observed numerous examples of staff upholding people's dignity including; staff asking people discreetly if they required assistance to use the toilet and ensuring that people's clothing was covering them whilst using the hoist. We saw positive interactions where a person's hair had become a little messy during the day, a staff member noticed and smoothed it down for them into their usual style.

People told us that they received visitors whenever they wanted to, with one person saying, "My family visit

all the time". A relative told us, "I come very regular, the staff are welcoming and never mind". We saw good relationships between staff and visitors.

Where people may require the support of an advocate, the registered manager told us that arrangements would be made to access these services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

Prior to moving into the home, people's care requirements were assessed to ensure the provider was able to meet their needs and pre-assessment information had been included in the care plan. Care records showed that people and/or their relatives had been involved in this process with one relative telling us, 'My [other relative] deals with all the care planning". We found that care plans were updated monthly or sooner if required. Care plans were detailed and specific to the person's need's, they included information on personal care and hygiene, mobility and risk of falls, communication, medicine, health and mental health needs and tissue viability amongst others.

Staff were able to describe people's preferences well. One staff member told us, "The priest comes in to see a religious person" [as they had requested], and we saw how one person who had a strong faith always had their prayer book close by and staff passed it to them when they knew the person was anxious about the books' whereabouts. Staff informed us that they would be able to source a religious leader from various denominations should this be requested. Staff told us how one person with a sensory disability liked staff to assist them to walk and to use every day items and we saw staff complying with their requests.

We did not observe any planned activities on the day of the inspection; however we saw some 1-1 discussions between people and staff. People told us that they enjoyed activities that did take place, with one person saying, "I like to listen to the radio and to the television. I like to sing, I love Elvis, when the singer comes in he will always sings for me and I like a dance but, I am unsafe to stand and do it so I sit and dance instead" Relatives had mixed opinions on activities, one relative told us, "They have a singer in every other week I think and I have seen some nail painting being done and they have birthday parties for the residents". A second relative told us, "There is something going on every afternoon for people to do. They have a singer in every few weeks, everyone can get up and sing if they like. They do baking and have exercise with a ball", but another relative told us, "Not much in the way of activities, I once saw someone throwing a ball to the residents, not good for a person who is blind though". People told us about the Easter Bonnet parade they had been involved in and we saw that photographs had been taken.

Staff told us that where people had a sensory disability communication was adapted to meet the person's needs. We found that care plans and risk assessments gave information on how best to support the person and saw an example of staff supporting a service user to navigate safely around the home and give verbal guidance where required. The person informed us that staff had asked consent in order to support them effectively.

People told us they had no complaints. A relative told us I haven't had to make a complaint but I would speak to the carers and to the management if there was a problem, [relative] would always tell them if she wasn't happy with something". We found that where concerns had been shared with the service by external organisations these had been dealt with effectively. We saw that a complaints procedure was detailed within care plans.

Although systems were in place to support and record people's choices with regard to their end of life care,

this was in a generic format and didn't detail anything further than carrying out last wishes with dignity and respect. The registered manager informed us that there were plans to hold meetings with people involved their family and GP to put written proper plans into place. However the registered manager told us that people at the end of their life would be supported as far as possible to have a peaceful passing.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in March 2017, we found that no action had been taken to improve staff member's knowledge on MCA and DoLS. Audits did not always identify issues and records were not always completed as they should be. At this inspection we saw that improvements had been made in these areas. In March 2017 we found that no notifiable incidents had occurred meaning that we didn't require notification, however during this inspection we found that although incidents had been responded to within the home and recorded as required internally, not all of these incidents had been shared with CQC or the local authority. Some of these incidents were serious such as falls resulting in bangs to the head with open wounds or deep skin wounds which required hospital attention. The registered manager told us that they were not aware of what constituted a 'serious injury' and some clarity was provided to the registered manager at the time. The registered manager informed us that the local authority would be visiting to support them to have more of an awareness of notifiable incidents and raising safeguarding concerns. It was agreed that these notifications would be sent in to us retrospectively and we have since received them.

We saw evidence of and staff told us of how they were required to complete a Disclosure and Barring check (DBS) to ensure that they were suitable to care for people. However, we found DBS checks were not always updated at regular intervals following the initial check being carried out in line with good practice. Additionally, when there was found to be a criminal disclosure on a DBS no risk assessment was in place to ensure people using the service were protected from any potential risk of harm. The registered manager told us that they would ensure that this was immediately done retrospectively and we saw them take steps to start the process. Staff members told us and we saw that employment checks such as identification and references were completed prior to the staff member starting work. We found that where an incident regarding staff conduct was discovered such as a medication error, the disciplinary procedure in place was utilised effectively and action was taken to ensure that the member of staff was fit to practice.

We saw that audits were in place to assess the quality of the service and included care plans, medication, falls and infection control amongst others. We found that an audit had discovered the recent medicine error and further audits had also identified people who experienced a large number of falls in a short amount of time. This resulted in action points raised to ensure more supervision of these specific people, particularly in communal rooms. We saw that reviews of these actions were also completed. The audits carried out however, did not discover the shortfalls in the process for carrying out criminal checks of staff and action was only taken on this when we raised it. We found that the provider received a regular report on issues within the home and also improvements being made. Staff members told us that the provider was approachable and visible in the home and both staff and the registered manager told us that they found the provider supportive.

People told us that they liked being at the home. One person told us, "I think it is lovely here and I can't fault the carers and all the hard work they do". A relative told us, "The home has a homely feel which we like". A staff member shared, "I would certainly be happy to live here myself and would recommend this home to family and friends if they needed to go somewhere. I have worked in other homes in the past so I am able to compare and I think this one is good". We saw people interacting well with the registered manager and it

was clear that they knew each other well. One person said, "I do know the manager [registered managers name], she is a very nice lady, always says hello and can talk to her when needed". A relative said, "This is the first care home [relative] has been in. if we have any concerns we have been able to speak to either carers or the manager, she is always available and very approachable". A staff member told us, "[Registered manager's name] is great, she is very supportive. She has been there for me. If I say that something needs doing she's on the ball and gets it done".

We saw that the local community continued to be involved in life at the home and that recently local schoolchildren had visited to plant some flower bulbs for people. People told us how much they enjoyed these visits.

We found that meetings took place for staff where they discussed issues such as staffing, audits and the home environment. A staff member told us, "I discuss changes to people's needs with other carers and if anything needs fixing you can say and the home owners will fix it or replace it quickly". People and relatives told us that they attended meetings and enjoyed taking part.

We found that the provider had taken the guidance offered by CQC following the last inspection seriously and that many improvements had taken place in the home. We saw that following previous discussions with the registered manager emergency staff meetings had been called with some urgency in order to address the issues and throughout the inspection we could see where changes had been implemented, in particular staff knowledge.

People and relatives told us that they received requests for feedback on the service in the form of questionnaires. One person said they [registered manager as part of questionnaire] ask questions and I respond". A relative told us, "I do get a questionnaire sometimes, I am not really involved in meetings but they do keep me informed of any changes". We found a high number of responses from people and relatives to a recent survey carried out. Whilst most were positive a number raised the issue of not enough activities. The registered manager told us that this information was being collated so that the results to be given to people and the findings would be taken to the provider in order to request a specific activities coordinator.

Staff told us that they felt able to speak with the registered manager openly, however if at any point they felt that action was not being taken appropriately staff were aware of the whistle-blowing procedure and told us they would use it. One staff member shared, "If I ever saw anything [of concern] I would feel confident in raising it externally". A second staff member said, "If I saw any bad care practice from carers I would say something to them, I haven't seen anything that I felt was inappropriate since I have been here". A whistle-blower is a person who reports wrong-doing.

We found that the rating from our previous inspection was on clear display in the home as required by the law.