Blacklake Lodge Ltd

Blacklake Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We completed an unannounced inspection at Blacklake Lodge on 10 October 2018. When we completed our previous inspection on 29 June 2017, we found breaches in Regulations 12, 13, 17 and 18. The provider did not have safe medicine management systems in place, staff did not always recognise how to protect people from abuse, staff were not deployed effectively and the systems to monitor the service were not effective. This is the second consecutive time the service has been rated Requires Improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well led to at least good. At this inspection we found that improvements had been made to meet the regulations. However, some further improvements were needed.

Blacklake Lodge 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.

Blacklake Lodge accommodates up to 37 people in one adapted building. There were 34 people using the service at the time of the inspection.

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

Improvements were needed to ensure medicines were consistently managed safely to protect people from potential harm.

Records were not always accurate and up to date. Improvements were needed to ensure the systems in place to monitor the service people received were imbedded and sustained.

We have made a recommendation about the environment for people living with dementia.

People were protected from the risk of abuse because staff how to recognise and report suspected abuse.

Risks to people's health and wellbeing were managed and followed by staff who knew people well, which ensured people were supported safely.

There was enough suitability recruited and skilled staff to provide support to people. Staff had received training to ensure they had sufficient knowledge to carry out their role effectively.

People were protected from the risk of infection because the provider had policies and systems in place to control infection risks at the service.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005, which ensured people were supported in their best interests and in the least restrictive way possible.

People enjoyed the food provided and were supported with their nutritional needs. Action was taken to ensure people at high risk of malnutrition were supported effectively.

Advice was sought from health and social care professionals when people were unwell, which was followed by staff.

There were systems in place to ensure people received consistent care from staff within the service and external agencies.

People received support from staff that were kind and compassionate. People's dignity was respected and their right to privacy upheld.

People were supported with their communication needs and information was provided in a format people understood which meant that people were supported to make informed choices.

People received care that met their preferences. People's past lives, cultural and diverse needs were assessed and considered to enable individualised care that met all aspects of people's needs. People had opportunities to participate in social activities, interests and hobbies.

The provider had a complaints policy which was available to people and their relatives.

People, relatives and staff felt able to approach the registered manager and feedback had been gained from people about their care.

The provider had recognised that improvements were needed and action had been taken to plan and implement changes to ensure people received a good standard of care.

The registered manager understood their responsibilities of their registration and worked in partnership with other agencies.

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.

Improvements were needed to the way medicines were recorded to ensure people received their medicines as prescribed.

People were supported by suitably recruited staff and there were enough staff available to meet people's needs. People were safeguarded from the risk of abuse because staff understood how to recognise abuse and the action required to report any concerns identified.

People's risks were managed to keep them safe and staff understood how to protect people from the risk of infection and cross contamination. The provider had systems in place to learn from things that had gone wrong and action had been taken to make improvements.

Is the service effective?

Good

The service was effective.

We have made a recommendation about the environment for people living with dementia.

People's needs were assessed prior to using the service, which took account of their preferences in care and their diverse needs which were used to plan their care.

People's nutritional risks were assessed and managed effectively. People's healthcare needs were met and advice was sought from healthcare professionals to ensure people's wellbeing was maintained. People were supported by staff that were sufficiently trained to carry out their role and there were systems in place to ensure people received consistent care.

The Registered Manager and staff adhered to the principles of the Mental Capacity Act 2005 and people received support in the least restrictive way possible.

Is the service caring?

Good

The service continued to be good.

People continued to be supported by staff that showed care and compassion towards them. People were supported to make choices in the way they received their care in line with their individual ways of communicating. People were treated with dignity and respect and their right to privacy was up held.

Is the service responsive?

Good

The service continued to be responsive.

People's preferences were planned to enable individualised care provision that met people's wishes. People had the opportunity to participate in interests and hobbies that were important to them.

There was an effective complaints system in place and people knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to ensure records were up to date and accurate. Improvement plans had not been fully implemented, which needed to be imbedded into the service and sustained.

People, relatives and staff felt the manager was approachable and had seen improvements to the way the service was led. Feedback was gained from people to help inform service delivery.

Staff felt supported to carry out their role and supervisions had been implemented to enable staff to discuss their role and raise any issues.

The provider understood their responsibilities of their registration with us and had notified us of any events that had occurred at the service. The rating from the previous inspection was displayed.

Blacklake Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 10 October 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 personal experience of using or caring for someone who uses this type of service.

We used information the provider sent us in the Provider Information Return to formulate our planning tool. 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 viewed notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with 13 people and six relatives. We also spoke with four care staff, the deputy manager, the registered manager and the provider. We observed how staff supported people throughout the day and how staff interacted with people who used the service.

We viewed six records about people's care and six people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, and staff recruitment and training files.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider was meeting the regulation. However, further improvements were still required.

People we spoke with were happy with the support they received to take their medicines. One person said, "All my medicines come on time, including the antibiotics I'm still taking". Another person said, "I have my medicines on time and the correct ones as I know which medicines I need". We viewed the Medicine Administration Records (MARs) which showed that people had received their medicines as prescribed. However, we found improvements were still needed to ensure there was an effective process in place to record the amounts of medicines in stock and to ensure staff had specific guidance when administering 'as required' medicines. For example; we were unable to check that the stock of medicines held at the service balanced with the amounts recorded on the MARS. This was because when the monthly medicines were delivered any medicines left over had not been carried forward. The registered manager told us that they were aware of these issues and had discussed this with staff and the medicine audits due to be completed at the end of the month would pick up any issues with this system. The audit to be implemented contained checks on stock held at the service and checks to ensure staff had maintained the records as required.

PRN protocols were not available for medicines that were prescribed 'as required' such as pain medicines. Staff we spoke with understood why people needed these medicines and explained how they administered them when needed. On the day of the inspection the registered manager was unaware that these protocols were not available to staff. After the inspection the registered manager informed us they had found protocols on the computer from the previous manager and had checked they were up to date and made these available to staff. Where people needed support to apply creams we found that these had not been recorded on Topical Medicine Administration Charts (TMARS) or a body chart to show where these were needed. People told us they received their creams as required and staff were aware of the support needed to apply people's creams. After the inspection the registered manager forwarded examples of TMARs they had put in place immediately after our visit to ensure that staff had up to date guidance to follow when administering 'as required' medicines. This demonstrated that improvements were needed to ensure medicines were consistently managed safely. We will check that the actions taken by the registered manager are imbedded and sustained at our next inspection.

At our last inspection, we found that people were not consistently protected from harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was meeting the regulation.

People who used the service told us they felt safe. On person said, "I feel safe because they [staff] look after me". Another person said, "The night carers don't close my door until they see I'm in bed which makes me feel safe and cared for". Relatives we spoke with were happy with the treatment their relatives received and told us they felt their relatives were safe and well looked after at the service. Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. This

included reporting unexplained bruising. We saw that unexplained bruising that had been identified was reported and investigated to ensure people were receiving safe care and treatment. The records we viewed showed that any concerns had been reported to the local safeguarding authority and an investigation had been carried out to ensure people were safe. This showed that people were protected from suspected abuse.

At our last inspection, we found that the provider had not deployed sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was meeting the regulation.

People told us that there were enough staff available to meet their needs. One person said, "The staff are always about and if we ring they come straight away even if they cannot help immediately". Another person said, "I can always get staff support when I need it". We saw that there were enough staff available to provide support in a patient and unrushed manner. People were supported to stay in their rooms or access the communal areas. The staff were deployed across the building to ensure they were available to people. Staff told us that the improvements that had been put in place to the way staff were managed. One staff member said, "There is a new staffing system which is working well. We [staff] are more settled as we have a clear view of our working days and there is an allocation of daily tasks/roles for each staff member so we know what we need to support people with". The allocation sheet we viewed confirmed what staff had told us. The provider told us and we saw they regularly reviewed staffing levels and ensured that there were enough staff to meet the needs of new people before they were admitted to the service. This meant improvements had been made to ensure there were enough staff who were deployed effectively to meet people's needs.

People's risks were managed to keep them safe. One person said, "The staff help me to move with the lift [hoist] they always make me feel comfortable and I feel safe in their hands". A relative said, "The staff always ensure that my relative uses their pressure cushion to help reduce any soreness". We saw that people who were able to walk independently moved freely around the service because the environment was clear of any hazards that could be a risk to people such as; trips and falls. We observed a person being supported to move with the use of equipment in a safe way. An explanation was given to the person of how staff were supporting them to move and the person was reassured whilst they were being moved. The person's care plan and risk assessment documented the support they needed to move which reflected what we observed. We also saw that people were protected from risks to their skin. We observed that people who needed specialist pressure cushions were seen with these in place to ensure their skin integrity was maintained. Although staff knew people's needs the care plans we viewed did not always contain the specific details that we were told. The registered manager was aware of these issues and was in the process of updating the care plans in line with their improvement plan. This meant that people's risks were planned and managed to protect them from harm and action was being taken to ensure records reflected people's needs.

Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers. The registered manager had carried out checks with the Disclosure and Barring Service (DBS). DBS carries out criminal record checks to ensure staff are suitable to work with vulnerable people. This meant people were supported by staff that were of suitable character and had been recruited safely.

People and relatives told us that the service was always clean. One person said, "One thing I love is how clean it is here". We saw that the environment and equipment were clean and there was a cleaning schedule in place. We saw domestic staff cleaning all areas of the service throughout inspection. We observed staff wearing gloves and aprons when they supported people and staff told us that these were always available

for them to use. The registered manager explained how they ensured that staff prevented the risk of cross contamination. This meant people were protected from the risk of infection and cross contamination.

The provider had been open and transparent with us (CQC) and had reported concerns with the service. Action had been taken to make improvements and the provider had kept us informed of their progress. They had learnt from previous inspections and the provider audits that had been implemented had picked up areas of concern which had been acted on. This meant that lessons were learnt and action was taken when things went wrong at the service.

Good

Is the service effective?

Our findings

At our previous inspection improvements were needed to the way people's mental capacity was assessed, staff training and the support people received with their food and drink. We rated this area as requires improvement. At this inspection we found improvements had been made and we rated this area as good.

People's needs were met by the adaptation and decoration of the service. We saw that the corridors of the service aided people's mobility as they were large and spacious with no trip hazards, which meant people's risk of falling was lowered. The provider had replaced flooring where it had become worn to ensure people were safe. Adapted facilities were available which included bathrooms with equipment to ensure people were supported safely when bathing. There was information available to people in a pictorial form to help them understand what was the date, weather and the menus for the days meals. However, further improvements were needed to ensure the environment was suitable for people living with dementia to aid orientation around the service.

We recommend that you use current guidance available to make improvements to the environment for people living with dementia.

People told us that they enjoyed the food. One person said, "The menus are good we get plenty of choice. Staff know I like smaller portions and they respect this as bigger portions over face me" Another person said, "The food is very good, nothing is too much trouble. I was hungry one evening after tea and a carer went and made me some crackers with lots of butter on, they were lovely". We carried out observations during breakfast and lunch. There were table cloths and tables were set with mats and condiments for people to use. People were offered a choice of food by staff and where people requested a second helping of food this was provided. Some people needed assistance to eat their food and this was undertaken by staff in a caring and unrushed way, giving people time to eat their food and asking if they wanted more. Staff understood people's nutritional and dietary needs which matched people's care records we viewed. Staff encouraged people to drink and drinks were available for people throughout the inspection. People's weight was monitored and referrals had been made to professionals where concerns had been identified, such as Speech and Language Therapists (SALT). This people's nutritional and hydration needs were met to promote people's health and wellbeing.

People and their relatives told us that they were involved in the assessment of their care. One relative said, "We were all involved to make sure staff understood what my relative needed. Religion has always been an important part of their life and the staff make sure they are still able to practice". An assessment of people's needs was completed to ensure that the service could meet their needs. We saw that information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. The assessments also included details of people's diverse needs, such as sexuality and religious beliefs. This information had been used to formulate care plans to ensure that all aspects of people's needs and preferences were considered.

The Mental Capacity Act 2005 (MCA) provides a legal framework or making certain decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make certain decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's consent was gained before staff provided support. One person said, "Staff always ask before they help me to make sure I am okay with what they are going to help me with". We observed staff allowing time for people to make decisions demonstrating patience and gave people the opportunity to respond. Where people were not able to make decisions about their care and support we checked that the provider was meeting their responsibilities outlined in the MCA. Staff demonstrated to us that they understood the process for supporting individuals who could not make decisions about their care and support and we saw decisions were made in people's best interests. 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person's DoLS authorisation contained a specific condition, which was being met by the provider. Staff understood why certain people had restrictions in place to keep them safe and how they needed to support them in the least restrictive way. This meant that people were supported in the least restrictive way in line with the MCA.

People and relatives felt that staff had sufficient knowledge and skills to support them safely and effectively. A relative said, "The staff know what they are doing, I have no issues and I would say if I thought they were not trained". Staff told us that they received an induction and training before they provided support. Staff we spoke with demonstrated their understanding in certain areas such as; safeguarding and MCA by explaining their role in supporting people to make informed decisions and protecting people from abuse. We observed staff supporting people to move with the use of equipment which was carried out in line with current guidance. The registered manager told us that since they had been employed at the service they had recognised that staff had not received refresher training to ensure they were up to date with current guidance. We saw the registered manager had implemented a training matrix and a plan for staff to undertake this training. This showed staff had received training to carry out their role and action had been taken to ensure staff received important updates in training to support people effectively.

People had access to healthcare services. One person said, "Recently I had a chest infection and didn't tell anyone. They [staff] knew though and sorted me out and the doctor came and sent me to hospital as I needed antibiotics". Staff told us about the specific health needs of people and the documentation we saw evidenced that referrals to healthcare professionals had been made. For example, we saw records that showed when people had been assessed by the SALT team which gave staff guidance on how to support people effectively with their food and drink. District nurses visited when staff identified a deterioration in people's skin and G.P visits were arranged if people felt unwell. We observed that the advice received was followed by staff. This showed us that staff worked in partnership with other organisations to ensure people were supported to maintain their health and wellbeing.

Staff received a handover at the change of each shift to ensure that the support people received was consistent and staff were aware of people's needs. The handover record contained details of appointments with health professionals and any changes in people's needs that staff needed to be aware of. The handover also detailed people's emotional and physical wellbeing during each shift to ensure staff were aware of any specific support people needed. This showed us that staff worked together to deliver effective care.

Good

Is the service caring?

Our findings

At our previous inspection caring was rated as good. At this inspection the service continued to be caring and was rated good.

People told us that the staff were kind and caring towards them. One person said, "Staff are superb, they have such a lovely way with me". Another person said, "They [staff] look after you to the best of their ability. They come to comfort me if I'm upset, they're all so very kind". Relatives told us that staff showed compassion towards their relatives and they were always made welcome to visit their relatives. One relative said, "My relative loves it here. Staff are exceptional in many ways and they are always there for my relative when they need them. They [staff] are genuinely caring, confident and competent".

We observed staff sitting with people throughout the day, chatting and holding hands with people. Staff made people feel important by giving people compliments such as; "You look lovely today. Have you done something different to your hair?", "I like what you are wearing today", and "How are you feeling today?" Staff regularly asked people if they were warm enough and whether people wanted a blanket over their legs. Staff were given time to provide caring support for people in an unrushed manner. This showed that staff treated people with care, kindness and compassion.

People responded well to the way staff interacted and staff had a good understanding of people's individual ways of communicating their needs. For example; one person had limited speech and staff spoke with this person slowly asking short questions so that the person was able to respond easily and make choices. There were pictorial menus and information boards available to ensure information was accessible to all people that used the service. This meant people were supported in line with their communication needs.

People told us that they were given choices in how and when their care was carried out. One person said, "I am quite independent and I am able to make all of my choices. If I need a bit of help it's good to know staff are there for me". Another person said, "I choose when I get up and go to bed. I like to spend most of my time in my room and staff respect this". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. Staff asked people where they wanted to sit in the lounges or in their private rooms, if people wanted to be involved in activities and what food and drinks people wanted. Staff told us that they always asked people what they wanted help with and it was important to encourage people to be involved in choices about their care. This meant people's choices were promoted and listened to by staff.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "The staff are all very respectful. I have no complaints at all". Another person said, "Staff make me feel comfortable when they help me to wash and I think it is good how they knock on the door of my bedroom before they come in". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when they asked people what they needed help with. People were supported with personal care in privacy and were supported to access private bedrooms and quite areas when they wanted some time alone. Staff we spoke with were aware of the importance of dignity and were able to

explain how they supported people to feel dignified. This meant that people were treated with dignity and their right to privacy was upheld.

Good

Is the service responsive?

Our findings

At our previous inspection responsive was rated as good. At this inspection the service continued to be responsive and was rated good.

People told us they had opportunities to be involved in hobbies and interests. One person said, "We do Yoga which is good. We play bingo and indoor bowls which is good too". Another person told us they had their nails painted by staff and were proud to show them to us. One person told us how they had been entered into a competition and won for growing the largest sunflower in the area. They were very proud and said, "I'm going to grow a bigger one next year". This person told us how they enjoyed gardening and they were supported to do this with staff. This information was detailed in their care records. A relative told us how religion was important to their relative and staff ensured their relative regularly accessed communion from their local church. During the inspection we saw both care staff and the activity staff member spending time with people. The activity co-ordinator had arranged a singer in the afternoon, staff played connect four with people and a person was teaching a carer how to play their favourite board game. People responded positively to time spent with staff by smiling and laughing in a relaxed manner. This demonstrated that people had the opportunity to be involved in hobbies and interests which met their preferences.

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One person said, "I don't look at my care plan but I know it is there. I am happy because staff know what I like". A relative said, "Both myself and my relative have been fully involved and I am always told if a review is being held and we then discuss any changes". People told us that they were asked whether they preferred a male or female carer to support them and we were told that the staff respected their wishes. Staff we spoke with had a good understanding of people's preferences and the way people like their care providing. The care plans we viewed contained people's preferences in how they wished their care to be provided and details of who people wished to be involved in the planning of their care. This showed that people were involved in their care planning which was provided in line with their preferences.

Staff were responsive to people's needs. For example; we heard one person was distressed in the lounge. A staff member went over to them and sat with the person holding their hand. This person told staff they were upset because they were missing their family. Staff spoke with the person about their family and the person became calm with the interaction from staff. Staff told us that this person often became distressed when they thought about their family and it was important to give this person their time to discuss how they were feeling. This important information was detailed in the person's care plan which ensured they received consistent care that helped lower this person's distress

People and their relatives told us they knew how to complain. One person said, "When I speak my mind things get done here. For example, I didn't like a meal and I said so and sent it back, since then it's improved we always have 2 choices". Another person said, "I know who to go to with a problem or complaint, it depends on the nature of the problem as to who I go to. It has always been sorted out for me". The provider had a complaints policy in place, which was on display in the reception of the home. We saw there was a

system in place to log any complaints which had been implemented by the registered manager. This meant people knew how to complain and there was a system in place to deal with complaints received at the service.

At the time of the inspection there was no one who was being supported at the end of their life. People had advance plans in place which gave some information of people's wishes, such as funeral plans and involvement of relatives. The registered manager told us a specific care plan would be completed when people reached this stage of their life to ensure people were treated in a caring way in line with their wishes.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found that the provider did not have effective systems in place to monitor the service and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider was meeting the regulation. However, further improvements were still required.

Prior to the inspection visit the provider had identified concerns with the governance of the service. The registered manager had been employed at the service for two months and was in the process of implementing changes to the way the service was managed. There was an action plan in place which the registered manager was working with to achieve the improvements they had recognised at the service. The action plan contained details of improvements needed to the areas we had identified at the inspection and showed the action needed to improve. For example; there was a plan in place to update staff training, a schedule had been implemented to ensure the registered manager requested DoLS when they had expired and an audit was in place to ensure medicines were managed safely. The registered manager said, "I had completed an action plan for my recent registration interview to show what improvements had been identified and my plans to make these improvements". We viewed audits that had been devised and the registered manager had started to implement these to monitor the service. However, these had not yet been fully imbedded into the service. After the inspection the registered manager provided an updated action plan, which how and when they would make the required improvements. We will assess the improvements at the next inspection to ensure these actions have been completed and sustained.

We found that improvements were needed to ensure that people's records were accurate and contained a true reflection of people's needs. Staff we spoke with knew people's needs well and explained how they needed to be supported. However, the records we viewed did not always reflect what staff told us. For example; one person told us staff helped them keep their skin in good condition, we saw they were sitting on a pressure cushion and staff explained the support they provided. However, the person's care plan did not contain the specific details of the support they needed to manage their skin. Another person required their food preparing in a specific way to reduce the risk of choking. We saw this person had received advice from the SALT team. Although we saw this person was supported as required this important information had not been accurately updated in their records. The registered manager told us and we saw they were in the process of updating care records as they had identified that improvements were needed. The action plan we received following the inspection showed that all records were scheduled to be updated and reviewed by the 12 November 2018. We will assess that this has been completed and sustained at our next inspection. This meant improvements were needed to ensure records were accurate and the system in place to review and audit records is sustained.

People and relatives told us that the registered manager was approachable and they had made improvements to the service. One person said, "From what I've seen of [registered manager's name], she seems to be helpful. I have my care plan checked through with me regularly". Another person said, "The home has been through some difficult times but I do think it is improving and is more efficient. On a practical level I can go to [registered manager's name] and be straightforward, she does make a difference".

One relative said, "I can speak with [registered manager's name], they seem good, very straight and approachable. The provider has always been very helpful and acted on any concerns straight away". Another relative said, "Things have improved greatly and I think the culture within the home has changed with [registered manager's name]".

People and relatives told us that they had attended resident/relative's meetings to discuss the care provided. One person said, "There are resident's meetings and a newsletter which lets us know what is going on". We were told that the meetings were informative and a good opportunity for the registered manager to discuss the improvements to be made at the service. The registered manager told us that it was important to involve people and to ensure they knew the actions that were being taken to make improvements. They told us it was an opportunity for people and relatives to feedback any concerns and make suggestions. This meant that the registered manager was available to people and feedback was gained to inform service delivery.

Staff we spoke with told us that the registered manager was approachable and had made improvements to the service. One staff member told us that improvements had been made to the service since the new registered manager had been employed. They said, "[Registered manager's name] is approachable and I am hoping that she will stay and the service will settle. I have always got on with the provider. The morale has improved already and the manager gives praise to staff as well as ensuring staff are performing as required". Another member of staff said, "It's a lot better now, improvements are still being made as the registered manager has only been here a few months but it already feels better". Staff told us and we saw that the registered manager had implemented an allocation sheet for staff so that they understood where they were deployed during each shift. Staff told us this was working well as staff were clear of their roles and responsibilities. We saw this working on the day of the inspection which ensured people received support when they needed it.

Staff also told us staff meetings had been held and the registered manager had started to carry out supervisions. One member of staff said, "We have staff meetings quite regularly, it's a good opportunity to get together and discuss any issues or improvements needed. [Registered manager's name] listens and takes on board what we say". Another member of staff said, "I have had a supervision with the new registered manager, which was good. We discussed any development needs and I felt comfortable talking about anything I needed to". The registered manager told us that supervisions had started to be carried out and they had a schedule in place to ensure staff received regular supervision. This showed that improvements had been made to ensure staff felt supported in their role.

The registered manager had implemented an accident and incident log. Accidents and incidents which had occurred at the service had been analysed by the registered manager to ensure that the appropriate action had been taken to reduce people's risks. Where people had fallen action had been taken to protect them from the risk of further falls. For example; one person's risk assessment had been updated to show their risk of falling had increased and how staff needed to support this person to reduce this risk. Equipment had been sought to ensure this person was safe when accessing the toilet in their room, whilst promoting their independence. This showed that there was an effective system in place to monitor accidents and incidents and action had been taken to mitigate risks to people.

The provider understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.