

MTCARE Property Limited

Meavy View Retirement Home

Inspection report

146 Milkstone Road
Rochdale
Lancashire
OL11 1NX

Tel: 01706861876

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Meavy View Retirement Home is a residential care home providing accommodation and personal care to up to 32 people. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found

All required checks and maintenance to the building were not yet fully completed. Concerns identified in the fire risk assessment had not been fully addressed. Ongoing concerns were found with equipment and the environment. For example, there was a lack of appropriate lap belts for baths and a shower chair, some radiator covers and wardrobes were not fixed to the walls and a part of the kitchen flooring was torn.

Care records relating to the management of risk were not always accurate or complete. All required recruitment checks had not been made prior to staff starting to work at the home. Medicines were not always managed safely. Staff did not have the training required to ensure they could carry out their roles effectively. Care and support was not always designed to meet people's needs or to reflect people's preferences. Information was not always held securely.

Further improvement was needed to systems for auditing, assessing, monitoring and improving the quality and safety of the service. They were not sufficiently detailed or robust and had not identified or addressed issues found during this inspection or ensured the warning notice issued at the last inspection had been met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were aware of their safeguarding responsibilities and knew how to identify and report concerns. Systems in place helped to minimise the risk associated with COVID-19 and other infections. There were no restrictions on people having visitors to the home.

There were sufficient staff deployed to provide people with unrushed, timely care. People were supported to eat a balanced diet. However, records did not always indicate people had received appropriate levels of fluid. People were supported to access health care services and support.

Throughout the inspection respectful, caring and patient interactions were observed. People were involved in decisions about their care. There was a system in place for recording and responding to complaints. We received mixed feedback on how involved visitors felt with their family member's care. Staff were positive about the new registered manager and felt supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (published 24 November 2022.) This service has been rated requires improvement for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meavy View Retirement Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to premises and equipment, management of risk, recruitment, medicines management, staff training, person centred care and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Meavy View Retirement Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors and an Expert by Experience on day 1, and 2 inspectors on day 2. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meavy View Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meavy View Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 7 people living in the home and 5 visitors. We also spoke with 7 staff including care staff, cook, the registered manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building with the registered manager. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and this was a continued breach of Regulation 15.

- All required checks and maintenance to the buildings were not yet fully completed. Recommendations and concerns identified in the fire risk assessment in January 2023 had not been addressed. On the first day of inspection, we found large amounts of combustible materials stored in 3 rooms in the basement.
- At our last inspection we found that bathing and shower seats did not have lap belts. The provider told us they would seek advice from an appropriate professional about safety belts. During our walk round at this inspection we found lap belts were still not in place. The shower chair was also rusty.
- We found 2 radiator covers not secured to the wall and there were 14 wardrobes that were not fixed to the walls. Records indicated the provider had undertaken PAT testing, however not all equipment had stickers to reflect this and there was no log of which items had been tested or serial numbers of equipment. Part of the flooring in the kitchen was torn and lifted.
- An external company had tested and found water temperature levels within required ranges. However, we saw that in-house records of water temperature checks indicated that they were regularly very low and outside of safe levels. Systems in place had not ensured the registered manager and provider were aware of the records indicating unsafe temperatures, and no action had been taken to identify why the readings were low.
- Communal areas of the home had been painted, some had been painted by the registered manager and staff. Some carpets had been replaced. Other furnishings and decoration were still in need of improvement or updating.

Premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider showed us an improvement plan. It did not cover all the concerns found during our inspection. They told us this had been shared with residents, relatives and staff. During our feedback, the registered manager confirmed they had not seen the plan. Following the inspection, the registered manager

told us the improvement plan would be shared with the residents and families and staff in the next newsletter. They also told us the garden had been improved.

- All other required external health and safety checks had been completed. Internal audits and checks of health and safety within the home did not cover all required areas including checking of fixing of wardrobes, radiator covers and window restrictors. We have addressed this in the well led section of this report.
- The provider was in contact with fire officers regarding fire safety concerns and actions. The provider told us they were seeking advice from another external company on the concerns raised in the fire risk assessment. Whilst the fire safety concerns were being reviewed, the registered manager had developed a fire safety pack with additional safety measures. Personal emergency evacuation plans (PEEPS) had been updated, a step-by-step guide on how to evacuate each resident had been provided to all staff. Fire evacuation sheets had been purchased and placed on beds of residents with limited mobility to assist with safe evacuation. The provider removed the combustible materials from the basement on the first day of our inspection. They told us that both baths were not currently being used and that a new shower chair had been ordered.
- Risks to individuals were not always identified or well managed. New electronic care records were now in place. However, records relating to identification and management of risk were not always accurate or complete.
- 3 people required the use of a hoist and sling when being moved. There were no manual handling risk assessments or care plans relating to the use of hoist and slings for the 3 people. There were also no checks or risk assessments for the use of wheelchairs.
- Fluid records indicated poor fluid intake, but there was no evidence of action being taken. All fluid charts indicated the same target amount of fluid. The registered manager and provider could not tell us what the target figure was based on. A person had recently been prescribed fluid thickener, this was indicated on the medicines administration records (MAR) but was not indicated in risk assessments or care plans.
- Records relating to repositioning of 1 person, who had pressure sores, did not reflect the frequency identified as required in care records and there were large gaps recorded. There was no evidence of follow up regarding this.

The provider had failed to appropriately assess the risks to people's health, safety and welfare. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the electronic care records had been introduced in December 2022 and were still being developed. They took action during the inspection to update the records we had reviewed.

Staffing and recruitment

- Systems in place for staff recruitment were not sufficiently robust.
- Staff files did not all contain the necessary pre-employment checks to ensure fit and proper people were employed and 2 staff had started to work at the home before Disclosure and Barring Service (DBS) had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff files contained the required checks of staff identity, but full employment histories had not always been obtained or gaps in employment explored. Reasons for leaving previous employment had not always been sought.

All required checks had not been undertaken prior to people starting their roles. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff deployed to provide people with the care and support they needed.
- Throughout the inspection people were observed to receive unrushed, timely care. People told us, "There are always staff around if I need or want anything" and "The daytime staff are very good if I need anything they come when I call. Sometimes at night you can wait for a long time if they are with someone, but they always come eventually."

Using medicines safely

- Medicines were not always managed safely.
- Controlled drugs were not always recorded or accounted for as required. There were gaps in medication administration records (MAR), with no signatures to indicate if medicines had been given. 1 person's MAR indicated they had been given a medicine 3 times per day on 5 occasions instead of once per day.
- We saw that some protocols for 'as required' (PRN) medicines were in place. For example, 1 person's MAR indicated the person had PRN medicines to help them remain calm, but there was no PRN protocol to guide staff on when this should be administered. Staff told us the person no longer used this, but records had not been updated. Body maps for topical creams were either not in place or not completed. 1 person had their medicines administered covertly. Care records indicated there was a best interest decisions for this, but no records of this could be produced.
- The temperature of the medicines room was not being monitored.

Systems in place had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures to guide staff on the action to take to protect people from abuse.
- Staff had not all had training in safeguarding people from abuse. Those spoken with were aware of their responsibilities and knew how to identify and report safeguarding concerns.
- Records were kept of accidents and incidents. The registered manager reviewed these for themes or patterns to see if any action was needed to reduce future risk.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people having visitors to the home. A visitor told us, "The staff are always very good and there is a relaxed atmosphere every time we visit. It's not an easy job and they each do it very well, its enjoyable to visit."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the training necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and this was a continued breach of Regulation 18.

- Staff did not have the training required to ensure they could carry out their roles effectively.
- There were 24 staff identified on the training matrix. The training matrix showed that, as at the last inspection, no staff had completed all the training the provider had identified as mandatory and for each topic most staff had not completed the required training. For example, only 4 staff had completed manual handling, 3 staff had completed learning disability awareness, 9 staff had completed dementia and 7 had completed health and safety.

Staff had not received the training necessary to enable them to carry out the duties they were employed to perform. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received supervision and told us they felt supported. Comments included, "Oh yes, they [managers] are very supportive" and "If I ever have any problems I would always see [Registered manager]."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider could not evidence that people's care and treatment had been provided with the relevant person's consent. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Any conditions related to DoLS authorisations were being met.
- Systems now in place ensured staff were aware of DoLS authorisations and any conditions in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet. However, records did not always indicate people had received appropriate levels of fluid. We have addressed this in the safe section of this report.
- The cook had good knowledge of people's likes, dislikes and needs. Fresh fruit was served at 11:00 am along with hot or cold drinks. People who stayed in their rooms had a supply of drinks.
- People were generally happy with the food provided. Comments included, "The food is lovely" and "The food isn't bad, but you don't get much variety and you tend to have the same menu each week."

Adapting service, design, decoration to meet people's needs

- The furnishings and fittings were in need of updating. We have addressed this in the safe section of this report. Visitors told us, "They could improve the décor and resident's chairs in the lounge and visitor's chairs rather than the fold up chairs we have to use" and "The décor and furnishings could be replaced and a general update of the building." The registered manager told us themed communal rooms had been completed after discussing with residents what they would like.
- During the first day of inspection the dining area had soft music playing and it was observed to be a very relaxed atmosphere.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to them starting to live at the home.
- Record showed that referrals to GP's and other health care professionals were made when required.
- People told us they were supported to access health care services and support. Comments included, "The staff listen and if I feel unwell I would tell either the manager or deputy and they call the GP" and "I let the staff know if I feel unwell and ask them to ring the doctor which they do for me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection respectful, caring and patient interactions were observed. During lunch service we found the staff were very attentive and worked well together as a team. People told us the staff treated them well.
- Staff knew people very well and spoke about people in caring ways. Comments included, "I like talking about the past with people, where they have come from. You need to get to know your residents, treat them like your own family" and "I am happy here. I like looking after my residents, I've got to know a lot more now. It's nice to chat with them."
- People were involved in decisions about their care. They told us staff listened to them. A person said, "I am involved in my own care planning as I know my body better than anyone."

Respecting and promoting people's privacy, dignity and independence

- Information was not always held securely. A display board in the dining room contained sensitive information relating to people who lived at the home. This included a completed body map, a DoLS tracker including details of conditions, and a DNACPR form. We have addressed this in the well-led section of this report.
- People told us their independence was maintained and promoted. They said, "I am very independent and the staff are aware of this and allow me to do what I want to do" and "I do what I can for myself the staff are always willing to help with the things I can't do. Nothing is too much trouble."
- A staff member told us, "When I go into someone's room, I always make sure the door and curtains are shut, I always explain what I'm doing, I always put my gloves on."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured care was designed to meet service users' needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and this was a continued breach of Regulation 9.

- Care and support was not always designed to meet people's needs or to reflect people's preferences.
- People had been involved in decisions about their care and support. New care records had been developed, some included person centred information about what was important to and for the person. However, this had not been developed into activities based on people's preferences.
- There was no plan of structured activities and no structured time for staff to spend with those who stayed in their rooms.
- A person said, "I get bored." A visitor said, "I would like to see more activities especially activities to keep their brain occupied like quizzes."

Care was not designed to meet service users' needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were listened to if they found someone's support needs had changed and that care records would then be updated. One said, "Yes, I do change things, we are the eyes and we see changes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard.
- Care records included information about how people communicated and the support they may need.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints.
- People told us they could raise their concerns. Comments included, "I know how to complain and have done so which has now been resolved", "If I was unhappy with anything I wouldn't hesitate to speak up I haven't needed to" and "I feel the staff do listen and I am comfortable speaking to all the staff. I wouldn't put up with anything and I am not afraid to speak up."

End of life care and support

- People's wishes for end-of-life care and support were identified and recorded if they wished.
- Records identified advance decisions about resuscitation.
- Senior staff were undertaking end of life care and support training at a local hospice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and this was a continued breach of Regulation 17. This was the third consecutive breach of Regulation 17.

- There was a range of audits and monitoring in place. However, they were not sufficiently detailed or robust and had not identified or addressed issues found during this inspection or ensured the warning notice issued at last inspection had been met.
- Audits and checks of health and safety, premises and equipment within the home did not cover all required areas including, checking and fixing of wardrobes, window restrictors, radiator covers and bathing lap belts. Issues raised in the fire risk assessment had not all been addressed. The registered manager and provider were not aware of internal checks indicating unsafe water temperatures, so no action had been taken. The providers audit process did not include a system to ensure such checks were completed therefore safety issues had been left unnoticed.
- The buildings improvement plan developed by the provider did not address the issues found during the inspection.
- A medicines audit conducted in March 2023, and systems for medicines management and oversight, had not identified the concerns found with medicines management or records.
- There was no evidence of audits or checks on the recruitment process. On all 3 files we reviewed, the check list at the front of personnel files was either inaccurate or had not been completed. Staff had not received the training they required to undertake their roles, there was no formal plan in place to improve training uptake and completion.
- Systems in place had not ensured that information was held securely. Personal information was displayed in a communal area.
- There was no oversight or records of activities people were offered or how people's preferences were being met. There was no plan in place to improve activities. Audits of care records had not identified that care records were not all up to date, accurate or complete.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager stated they were aware of some unfixed wardrobes, and had raised this with the provider, but they had no records of how many were unfixed or any action taken. During the inspection the registered manager undertook an audit at our request and found 14 wardrobes were not securely fixed to the walls. They told us they would ensure they were fixed. Following our inspection, the registered manager told us they had developed additional health and safety, premises and equipment checks and had increased the frequency and detail of medication audits. They told us they were in the process of completing a full audit of care records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been no residents or relatives' meetings or satisfactions surveys in the 12 months before this inspection. A newsletter had been completed, this detailed some activities people had taken part in and updates on decorating of communal rooms. The registered manager told us this would be completed 3 monthly and would be used to share information and news with people and their relatives.
- There was a statement of purpose and service user guide to inform people about what they could expect from the service.
- We received mixed feedback on how involved visitors felt with their family member's care. Some visitors told us, "We do not feel included or involved in our loved one's care" and "They do not contact me." Others said, "We feel very much involved in the care side and have been able to put our views across on what our loved one prefers" and "The staff always ring if they have any concerns or have contacted the GP they are very considerate and always let us know of any changes"
- Staff told us they were able to share ideas and were kept up to date via supervisions and meetings. One said, "Yes, we do have meetings they tell us if anything is changing regarding the residents."
- Staff were positive about the new registered manager. They said, "[Registered manager] is very supportive. She's one of the best I've known. She's very approachable and understanding. I can contact her anytime I want. It's rare to find a nice manager" and "She is very nice to speak to, and she will sit down and listen to you. If you have any concerns she will always listen, she will try and help you out, she's a nice lady."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. CQC had received notifications as required.
- The provider had a range of policies and procedures to guide staff on what was expected of them in their roles.
- The provider and registered manager had regular contact with the local authority.