Prime Care (GB) Limited

Leyland Rest 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

At the previous inspection on 31 May and 1 June 2015, the service was rated inadequate and placed in special measures with breaches of regulations 9, 11, 12, 13, 14, 15, 16, 17, 18 of the Health and Social Care Act Regulations 2014 and regulation 18 of the Registration Regulations for failure to notify us when appropriate. We took action to ensure people living at the service were protected from the risks posed and placed the service into special measures.

We conducted an unannounced comprehensive inspection on 24 November 2016. We found that the service had made significant improvements and met breaches of the regulations at the time of our inspection. The service has been taken out of special measures and is no longer rated as inadequate.

The care home provides accommodation and personal care for up to 33 people. The building is a large Victorian house with three floors and lift access to all floors.

There were 12 people living at the care home at the time of our inspection. We observed that the first and top floors of the care home were in the process of being refurbished. We were informed by the care provider that they intended to continue to refurbish the care home by also making alterations to the ground floor. There was a newly appointed manager who had been in post approximately four weeks.

A manager was in place and they were currently applying to be registered with us at the time of our 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.

During the inspection we observed the care home was generally clean with some areas which the manager and care provider were aware needed further refurbishment which was already underway. We found some areas were odorous and the care provider told us they were in the process of replacing carpets which were heavily stained to eradicate this.

The service was not always safe. There were hazards posed for people such as not all toilet/bathrooms being easily accessible or having signs and further fire safety improvements were needed. However, work was on-going at the time of our inspection to make the progress required and the fire service were satisfied with the progress being made. There were unpleasant odours in some areas of the care home and further refurbishment needed.

Medicines were being managed and stored safely.

Staff were aware of different types of abuse and had heard of whistleblowing. Recruitment practices were safe and disciplinary procedures were being followed.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed with a framework and DOLS applications in place. Staff had basic knowledge but further improvements were needed to ensure staff had a thorough understanding of MCA.

A new training analysis and matrix had been devised and staff were receiving training such as safeguarding and infection control. A new system of online training had been developed for staff. Staff received an induction.

There was a new system in place for staff to receive supervisions and appraisals which needed to be embedded. The manager was working towards this.

People told us they enjoyed the food and we found their nutritional needs were being met. There was a choice of meals and fresh fruit and drinks were available for people to eat and drink when they wished.

We found people were being supported to seek medical assessments and health care professionals input such as chiropody, dietetics and a General Practitioner when they needed.

The staff demonstrated they were caring; we observed staff treated people with respect, dignity and the interactions by staff displayed patience and kindness.

The staff and the manager involved people in their care planning by speaking to them about what they liked or disliked. People were being provided with choices and were being listened to.

The care home environment needed further improvements to be made in order to provide a dementia care friendly environment for people living with dementia.

People were observed engaging in activities with staff and told us activities were improving within the care home since the last inspection.

People's wishes and choices were being adhered to. We found that people were able to choose when they went to bed, when they ate and when they wished to go on trips outside.

A complaints procedure was in place and complaints were dealt with effectively by the manager.

The manager had implemented changes within a very short time frame since arriving at the care home some four weeks earlier and made improvements in all areas of the care home.

Weekly audits were being completed by the care provider who had a good level of oversight of the care home.

The manager and the new senior management team was aware of the risks within the care home and was working towards an action plan to drive improvements and raise morale within the culture of the care home.

People told us they had met the manager and had noticed improvements since the manager came into post. We viewed compliments written by members of the public regarding the improvements within the care home. The manager was well liked by staff and people who lived at the care home.

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 always safe.

Staff were aware of different types of abuse and had heard of whistleblowing.

Recruitment practices were safe and disciplinary procedures were being followed.

The environment was not always safe with hazards posed for people such as not all toilet/bathrooms were accessible. Work was currently on-going to make the required improvements.

There were unpleasant odours in some areas of the care home and further refurbishment needed.

Medicines were being managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed. Further improvements were needed to ensure staff had an understanding of how the princliples of the MCA needed to be put into pratice .

A new training analysis and matrix had been devised and staff were receiving training. A new system of online training had been developed for staff.

There was a new system in place for staff to receive supervisions and appraisals which needed to be embedded.

People's nutritional needs were being met.

People were being supported to seek medical assessments and health care professionals input when they needed it.

Is the service caring?

Good

The service was caring.

Staff treated people with respect, dignity and demonstrated they were patient and kind.

People were involved in their care planning.

People were being provided with choices and were being listened to.

Is the service responsive?

Requires Improvement

The service was responsive.

People were observed engaging in activities with staff on inspection and told us activities were improving within the care home.

Care needs were being assessed and reviewed.

People's wishes and choices were being adhered to.

A complaints procedure was in place and complaints were being dealt with effectively by the manager.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was well led.

The manager and the new senior management team had implemented changes within a very short time frame and made improvements in all areas of the care home.

The new manager was applying to be registered with the Commission.

Weekly audits were being completed by the care provider who had a good level of oversight of the care home.

The manager was aware of the risks within the care home and was working towards an action plan to drive improvements and raise morale within the culture of the care home.

People told us they had noticed improvements since the manager came into post.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice and the manager becoming registered with the commission	

Leyland Rest 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 24 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector, one adult social care inspection manager, a pharmacist inspector 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 care service.

Prior to the inspection we liaised with commissioners of the service and reviewed the information held by the Care Quality Commission including the notifications we had received.

During the inspection we spoke with nine people who use the service and spoke with five staff members. We made observations around the care home, we looked at three peoples care plans and other care records. We viewed eight people's Medicine Administration Records and other medicine records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection the service was not always safe. The service was in breach of Regulation 12 due to medicines were not being administered or stored appropriately. The service had also been found to have not differentiated between risk assessments and care plans constituting a further breach of regulation 12. There was a breach of Regulation 15 due to the environmental risks posed for people and infection control practices were not being adhered to. The service was in breach of Regulation 13 as they had failed to report all safeguarding incidents appropriately. There was a further breach of Regulation 18 due to inadequate staffing levels. On this inspection we found the care provider had met their legal requirement and were no longer in breach of these regulations.

All five people who lived at the care home who we spoke with told us they felt safe living there. One person said, "Yes, it's safe". Another person told us, "They look after me well". A third person said, "I've never thought about it being anything else. Everyone's nice."

We spoke with staff members who had knowledge of the different types of abuse. They were able to tell us what they would do to keep people safe and were aware of whistleblowing. One staff member told us, "I would report it straight away to the manager". The staff member went on to tell us the manager had disciplined a staff member who went to raise their hand to a resident some weeks earlier. The manager confirmed this and reported to us that they had a zero tolerance policy within the care home.

We checked to see if there were enough staff to provide care for people. One person who lived there said, "The staff seems to be nearly double; it was disgusting before. There are two staff on night duty but a staff member stays late if necessary, no complaint". Another person told us, "I think another person would help. I wait 5-10 minutes if I use the buzzer depends on how busy they are. The night staff come every 2 hours." A third person we spoke with said, "There is now [enough staff]. There are always 2 on at night. I don't wait too long [for help]." Our observations on the day of our inspection were there were adequate staffing levels to meet the needs of the people living at the care home. We observed staff members spending time with people in both lounges which were occupied.

We were informed by the manager there had been a high turnover of staff and there had been some newly appointed staff in the care home. We checked three newly appointed staff files and found all three files contained evidence of a DBS (Disclosure Barring Service) check being completed prior to the staff member beginning to work in the care home. This meant the appropriate checks had been undertaken to ensure the recruitment practices were safe. All staff files we viewed contained two references and evidence of an induction being completed.

We checked the systems within the care home and found there was a system in place of recording and reporting incidents and accidents which were being reviewed by the manager who was aware of the risks within the service. There were new audits seen to identify trends and clear processes were now in place to monitor and act on trends identified.

We looked at whether the environment was safe including fire safety. The fire officer who had visited the care home provided us with a copy of their urgent notice of enforcement which they had served to the care home provider on 17 August 2016. This required them to undertake urgent work to ensure they were compliant with fire safety regulations. We spoke with the fire officer on the day of our inspection who confirmed there had been good progress with fire safety and they were continuing to monitor their progress.

The necessary gas and electrical checks had been completed within the care home. We viewed other safety checks such as LOLER (Lifting Operations and Lifting Equipment Regulations 1998) checks on equipment which were recent. This ensured appropriate safety checks were being carried out.

We found the care home was generally clean in most areas of the care home. However, we found one resident's room had an unpleasant odour which seemed to be due to long term heavy staining to the carpet. Some corridors and bathrooms had a pervasive smell of urine. The manager and care provider were informed about this and told us they were implementing a plan to remove the carpets which were heavily stained and odorous and intended to replace them with new ones.

We found there were adequate staffing numbers including one domestic cleaner within the care home. People were not being rushed when we observed them receiving care and staff were observed to be taking the time to speak with people and were not rushing them.

We found the environmental design of some areas of the care home needed improvements. For example, one bathroom/toilet used by one person was not accessible for them to walk in using their walking frame and subsequently they left their walking frame at the door and walked in unaided. There were no grab rails fitted to the walls of the toilet which posed an increased risk of falls for the person when using the toilet/bathroom. We viewed other bathroom/toilet areas which were hazardous. For example, one bathroom/toilet door on the ground floor led to another toilet area which was an open plan design providing no privacy between the bathroom and toilet areas. There was another door leading from this area to an isolated toilet with a refuse bin located in front of the toilet, blocking access to it. This posed a hazard as someone living in the care home could wander into the inaccessible space and could fall whilst attempting to navigate their way around the refuse bin. We discussed this with the manager and care provider who confirmed they had plans in place to improve the layout of this area of the care home.

We checked how food was being stored and prepared and found that the service had been rated 5 stars in food hygiene by the Food Standards Agency. We found there was a system in place for storing and replenishing food items with a range of fresh and frozen vegetables and other food items.

We identified a number of concerns about medicines handling at our last inspection in May 2016. Action had been taken to make improvements and as a result we saw significant improvements. We looked at eight people's medicines records, medicines stocks and associated medicines care plans and information. Records and medicines stocks were generally well organised and their handling followed national guidance. The home had now reverted back to paper based records from electronic records and this had helped improve their accuracy and general management.

Improvements to medicines audits (checks) had been made since our last visit. These now included weekly and monthly checks by senior staff and the manager. Issues that had been identified by audits had been acted upon and improvements made. Detailed information to guide staff how to safely administer when required medicines had been developed and this was generally accurate and up to date. Two people that were looking after their own medicines were safely supported to do so and appropriate paperwork was in place. We identified some recording errors with creams that we fed back to the manager and were assured

action would be taken to prevent them happening again.

Medicines were stored securely in a locked room and access was restricted to authorised staff. One of the cupboards was not of standard medicines cupboard design and we recommended that this was updated to improve security. Controlled drugs were stored in a suitable cupboard and access to them was restricted. Medicines which required cold storage were kept in a suitable fridge within the medicines store room. Medicines were disposed of appropriately. Staff had all received medicines handling training and their competencies had been assessed to make sure they had the necessary skills.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we identified a breach of regulation 11 of the Health and Social Care Act due to the care provider not following the principles of the Mental Capacity Act 2005 (MCA) and was rated inadequate for this domain, "effective". There was also a breach of regulation 18 due to staff not receiving adequate training and a further breach of regulation 14 as a result of people's nutritional needs not being met. On this inspection we found the care provider had met their legal requirement and were no longer in breach of these regulations.

The 2005 Mental Capacity Act (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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

On this inspection we found improvements had been made in the care provider following the principles of the Mental Capacity Act 2005 and implementing a mental capacity legislation framework within the service. We viewed the mental capacity/DoLS file which contained information regarding the Mental Capacity Act 2005 legislation and copies of DoLS applications sent to the Local Authority. The care provider had applied to the Local Authority for DoLS applications when appropriate and recorded information in the care plans in relation to the person's mental capacity. We viewed one person's DoLS application which clearly explained the reasons for the application including the reasons why bed rails were needed to keep the person safe.

We looked into whether staff had the appropriate knowledge and skills and found staff were aware of the mental capacity legislation and had heard of best interests. However, we concluded that their knowledge was at a basic level and further work including competency checks were needed to check each staff members understanding. Training followed by competency checks are needed to check staff have understood all aspects of the training and highlight if further training is needed.

Staff were aware of what was good practice regards medicine management. Staff told us they had received up to date training in safeguarding, manual handling and the mental capacity act. We viewed the new training matrix devised by the new manager which also included dementia care training and infection control. It was clearly documented when staff had completed training and when a refresher training session was next due. Since the last inspection, the care home purchased a lap top for staff to use a new online training system.

A new system of implementing supervisions for staff and appraisals had begun and staff confirmed they were aware of this. This was an improvement since the last inspection but further work was needed to embed the system of regular supervisions and to provide each staff member with an appraisal. Staff were provided with an induction when they started work at the home and were required to complete the Care

Certificate over a 12 week period from the start of their employment and a Level 2 Diploma within two years of employment. The Care Certificate is a set of standards which social care and health workers implement in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We checked if people living in the care home were being provided with enough to eat and drink. We observed there were bowls of fresh fruit in the dining room and drinks were seen in people's rooms. Staff were also overheard asking people what they would like to drink and were providing choice. We spoke with the chef who had clear documentation and knowledge as to people's dietary needs, including any special diets with consistencies specified such as "fork mash". The chef had a well organised menu plan with a range of choices on the menu for people to choose their breakfast, lunch and evening meal. For example, the breakfast choices were fruits, cereals, porridge, toast and cooked breakfasts to order. The chef had already planned the Christmas Day, Boxing Day and New Year's Day menus with choices for people. We found people were happy with the quality of the food. One person told us, "The new chef did her first meal yesterday. I couldn't believe it: the nicest dinner since I came here." Another person said, "They come up every day to ask what you would like for dinner and tea." This person had specific dietary requirements and was confident that staff knew what they should/shouldn't eat. We observed the person was offered fresh fruit rather than cake/yoghurt for their lunch time pudding advised by their Dietician.

We observed the lunch time experience for people and found everyone appeared very happy with what they were offered to eat and drink. The lunch was served hot to each person and appeared appetising and healthy with three vegetables with meat and potatoes. One service user said, "Mm, lovely" as they ate. Staff were focusing on those who needed more help, cutting up food, support to drink and were assisting people who needed help with the use of cutlery. Music was played in the dining area and more than one service user appeared to enjoy this, tapping hands and moving shoulders to the rhythm. The atmosphere in the room was calm and sociable, with conversation between service users and staff which was not just limited to what they wanted to eat.

There were people living in the care home who were living with dementia. NICE (National Institute for Clinical Excellence) provides guidance for care providers who are providing people with dementia care. The guidance makes reference to the environment having the appropriate lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment. Some areas of the care home were not conducive to a dementia friendly environment. For example, one person who had dementia had a loosely fixed light fitted to the wall which appeared unsecure above their bed. Not only was the light fitting not secure but it would have been difficult for the person to locate requiring them to reach above their head to switch it on/off. The head board of their bed was also loose not providing secure back support for the person. The design of the bathrooms and toilets were also in need of re-assessment to meet the needs of people living in the care home. Some toilet and bathroom doors were not clearly signed for people to know it was a toilet or bathroom. We discussed this with the manager and the care provider and explained the care home needed further improvements to be regarded as dementia friendly. The manager and care provider told us they were committed to adapting the care home to make these improvements for people.

We looked in records to establish if people were being referred to health care professionals when appropriate and asked people if they were being supported to seek medical assessments when they needed them. We viewed one person's care plan which evidenced that the manager had referred the person who was at risk of further weight loss to a Dietician and the person was subsequently prescribed food supplements. One person who we asked told us, "Yes, quickly (General Practitioner) and I've seen the chiropodist this morning." The person also described the use of the home's minibus to take people to

hospital if needed. They told us, "Staff usually attend but sometimes the driver escorts the person in to their appointment."

Good

Is the service caring?

Our findings

On the last inspection the service was found to not always be caring rated requires improvements. People were not being provided with choices or meaningful interactions with staff apart from task based activities such as when someone needed personal care. The service was in breach of regulation 9 Person Centred Care on the previous inspection. We found they had met their legal requirement and were no longer in breach of this regulation on this inspection.

We made observations of how caring the service was during our inspection and asked the views of the people who lived there.
Bathroom/toilet doors were not always signed for people who lived there for them to be aware it was a toilet/bathroom. One bathroom door had a safety glass window built into the door through which the outline of a person would be seen, not maintaining dignity.

One person we spoke with described how staff knocked and waited before entering their room. Another person told us, "I've made some friends already [meaning new staff]. They say hello when they come in and goodbye when they leave." Another person said, "I can't praise them enough." Most people we spoke with told us staff had time to sit and talk with them and knew what their likes and dislikes were.

We observed positive interactions between staff and people who lived at the care home throughout the inspection. We observed one staff member supporting one person who had difficulty walking and found the staff member spoke with the person in an encouraging way and walked patiently next to the person walking at their pace.

Another staff member was observed sitting next to a person in the lounge conversing in manner which was familiar and natural, with the conversation flowing as though the staff member knew the person well. We observed another staff member supporting someone with eating difficulties in a calm and patient manner, providing the person with the opportunity of taking their time to eat. One person was eating their lunch in a linked but separate area of the dining room. When we asked about this we were told that the person sometimes ate in the dining room but could get agitated by having too many people around them, so the staff member served the person's meal in the quiet space. The person appeared to be eating calmly and with enjoyment. This demonstrated staff were thoughtful and considerate to the needs of people.

We found the care home environment was calm with music playing in some rooms. The service offered advocacy services within their service user's handbook which could be arranged for people when needed.

We asked people if they were listened to and had the opportunity to be included in the planning of their care within the care home. One person told us they attended a residents meeting when everyone was introduced to the chef who asked them what they liked or disliked to eat. Another person told us they had attended a meeting at the care home. All the people we spoke with told us they were asked which staff they would prefer provide care for them which demonstrated the service were seeking the views of people and providing choice.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection there was a breach of regulation 9 Person Centred Care and the domain 'responsive' was rated inadequate. There had been a further decline in the activities provided for people and people were not receiving person centred care. On this inspection we found the care provider had met their legal requirement and were no longer in breach of this regulation.

We asked people if they were involved in their care planning. One person said, "They've been and asked me one or two things and told me it's for the care plan. I have seen something – a file with my photo on it." Four people we asked told us they did not think they had signed their care plan but they recalled being asked questions about their care. We viewed the computer system in which the care plans were located and they were printed off upon request. The care plans were detailed and specified who they had consulted with to obtain the information in the care plan. The care plans also contained risk assessments which detailed specific risks for people such as falls risk assessments and medication risk assessments. We were provided with a file containing records of when the manager had discussed the care being provided with each person living in the care home. We could see from these records that the manager had asked people individually if there was anything which needed to be changed or improved regarding their care.

We checked to see if staff had been made aware of people's preference and wishes tailored to meet their needs. One person told us, "Yes, I can live as I wish (now). For example, I have my breakfast at 7:50 because I'm awake early .It's the last job of the night staff before they go." Another person said, "I go to bed when I want to." Another person told us, "I negotiate bath times. I'd have a bath every day if I could and that's getting better". Staff were able to tell us about people's specific needs.
Of the three care plans we viewed we found care needs had been clearly recorded and were being reviewed when there were changes such as with a person's manual handling or weight.

People we spoke with told us there had not been enough activities but this was now improving. We observed staff providing activities for people during the inspection such as craft based activities. Staff were engaging with people when providing activities for them. One person said, "They're trying their best with activities now."

We viewed the compliments and complaints received about the care home. There were positive comments written by people visiting the care home commenting on the improvements made within the care home. For example, one comment written dated 15 November 2016 stated, "The changes are so noticeable, it now gives the impression of a hotel reception area and a very welcome situation. My congratulations to all members of staff. I look forward to seeing more changes as you all settle into this new regime. Very well done."

There was a system of managing complaints in place and some people we spoke with told us they had made a complaint. One person told us, "I complained to the boss [manager] and they told them off." Another person told us they complained about people coming in without knocking and said; "It got stopped."

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires Improvement

Is the service well-led?

Our findings

On the last inspection we found a breach of regulation 17 Governance due to ineffective quality control systems not capturing what needed to improve within the service. We also reported a breach of regulation 18 of the registration regulations due to not all incidents being reported to the Care Quality Commission. The service were rated inadequate in this domain on the previous inspection. On this inspection we found the care provider had met their legal requirement and were no longer in breach of these regulations of the Health and Social Care Act Regulations or the Registration Regulations.

During this inspection we found significant improvements had been made since our last inspection during which time there had been a change at senior management level. We attributed the improvements to effective leadership and determination to strive to improve the care delivery for people living in the care home.
A manager was in place and they were currently applying to be registered with us at the time of our inspection

We spoke with the people who lived in the care home about the changes within the care home since the new manager arrived and they all commented on the changes being positive in some way for them. For example, for one person the change that improved their care was the improvements in the activities being provided, for another person they told us, "Big improvements in the actual run of the place – care and attention."

The manager provided us with a report and action plan which highlighted what needed to be improved with time frames. During the inspection we found improvements had been made in relation to the cleanliness and infection control practices, medicine management, training for staff, a system for staff to receive supervision and appraisals, standard and choice of foods being offered and people's nutritional needs were being met.

We found the culture within the care home was a zero tolerance approach with strong leadership, placing people who lived in the care home at the centre of decisions and changes being made. Staff told us they found the manager approachable and they had confidence in them to take action when needed. The manager was well informed about the needs of the people who lived in the care home and had spent time speaking to people on a one to one about their care. People told us they felt the care home was being well led by the manager.

Risks were being well managed with evidence of audits being completed including medicines audits and an analysis of incidents and accidents.

The manager and care provider both had a good level of oversight of the care home and acknowledged that despite there being significant improvements since the last inspection they demonstrated they were committed to further improving aspects such as activities, the design of some areas including bathrooms and toilets with signs clearly displayed, further mental capacity training for staff and implementing

appraisals for staff.

The manager was well liked. People told us they had met the manager and had noticed improvements since the manager came into post. We also viewed compliments from members of the public regarding the improvements within the care home.

There was evidence of staff meetings taking place and we viewed the minutes of the meetings.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice and the manager becoming registered with the commission.