

Kilkee Lodge Care Home Limited

# Kilkee Lodge Residential Home

## Inspection report

Coggeshall Road  
Braintree  
Essex  
CM7 9ED

Tel: 01376342455

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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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 6 and 7 March 2018 and was unannounced.

Kilkee Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kilkee Lodge is registered to provide care and support for up to 80 older people. The service is located in Braintree and the care and support provided in a purpose built building over two floors. There were 70 people living in the service when we inspected.

The service had a registered manager who had been appointed and registered since the last 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.

At our last inspection of the service on 14 December 2016, we rated the service as "Requires Improvement" overall. This was because we found shortfalls in the way medicines, risks and nutrition were overseen and managed. We found that the provider was in breach of a number of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan setting out the actions they intended to take to ensure improvement. At this inspection we found that improvements had been made and the service was no longer in breach of the regulations we identified in the 2016 inspection. However we concluded that further work was still needed to ensure consistency of practice across the service. The service remains rated as "Requires improvement."

Improvements had been made to medicine administration and there was a clear process in place for ordering, receiving and disposal of medicines.

There were systems in place to mitigate risks to people. Risk assessments were in place which set out how risks should be managed and the likelihood of harm reduced. People had access to a range of specialist equipment, such as pressure relieving mattresses to reduce the likelihood of them developing skin damage. Moving and handling risk assessments were in place but we have recommended that further advice is sought from occupational therapy about the use of specific slings. The environment was regularly monitored and checks were undertaken on equipment to reduce the likelihood of equipment failure.

People gave us mixed views on staffing levels and told us that there was not always enough staff available. Staffing rotas showed variable numbers of staff on duty on some days. There was a dependency tool in place to assess overall staffing levels and according to this tool there were sufficient staff employed. We have recommended that further analysis is undertaken to ensure that the staffing levels fully meet people's needs.

Staff received training on how to recognise abuse. There were systems in place to review incidents and identify learning.

There were clear processes in place to check on staff suitability prior to them starting work at the service which included references and disclosure and barring checks. The new registered manager had reviewed the training which was previously undertaken and commissioned additional areas. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills. Staff received supervision to support them in their role and identify any learning needs and opportunities for professional development.

The service was clean and there were systems in place to control infection. However parts of the service were cluttered and some equipment in need of replacement which meant that they were difficult to keep clean.

People had good access to drinks and there were clear systems in place to monitor to those individuals at risk of malnourishment. Feedback on the quality of the meals was overwhelmingly positive.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The registered manager understood their responsibilities in regard to the legislation and was working with staff to develop their knowledge.

People had good access to health care and the staff worked to health professionals to promote people's needs. We have however recommended that more formal systems of communication are developed to ensure continuity of care.

Staff spoke highly of staff and told us that they were kind and compassionate in their approach. People looked well-groomed and were wearing communication aids such as spectacles and hearing aids. There were good systems in place to support people to express their views about the quality of the service. The registered manager responded to suggestions from people and their relatives in a positive way.

Care plans were not always sufficiently detailed and while there were systems in place to monitor people's needs these were not always working effectively. This meant that there were risks that changes in people's needs may not be recognised or actioned appropriately.

People had access to a range of stimulating and interesting activities which they enjoyed. The service had built up good relationships with community groups. There were no activities at weekends but the registered manager told us that they were expanding the activities available.

Concerns and complaints were investigated and used to identify learning.

Staff and relatives were all consistently positive about the new registered manager and the progress and changes made since the last inspection. They told us that they were visible and approachable and staff morale had improved.

The registered manager completed a range of audits to monitor the safety and quality of the service. We found that whilst improvements have been made in some areas, there was still some way to go to ensure consistency of care across the service. There remained gaps in recording and there was a lack of oversight. Audits were not always identifying issues.

During this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Improvements had been made to medicine administration and there was a clear process in place for ordering, receiving and disposal of medicines.

There were systems in place to mitigate risks to people. Risk assessments were in place which set out how risks should be mitigated which included the provision of a range of specialist equipment. Staff were clear about the steps they needed to take to reduce the likelihood of harm.

People gave us mixed views on staffing levels and told us that there was not consistently enough staff available. Staffing rotas showed variable numbers of staff on duty on some days. There was a dependency tool in place to monitor overall staffing levels.

Staff suitability was checked prior to staff commencing employment. Staff received training on how to recognise abuse.

There were systems in place to review incidents and identify learning.

The service was clean and there were systems in place to control infection. However some parts of the service were cluttered and equipment in need of replacement.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Improvements had been made to the oversight of hydration. People had good access to drinks and there were clear systems in place to monitor those individuals at risk of malnourishment. Feedback on the quality of the meals was very positive.

Staff received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards. The manager was in process of imbedding this training to ensure consistency of practice.

**Good** ●

People had good access to healthcare.

The building was well maintained and there were systems in place to highlight and address urgent repairs.

### **Is the service caring?**

**Good** ●

The service was caring.

People's dignity was promoted.

Staff were kind and compassionate in their approach.

People were supported to maintain their independence.

People were supported to express their views about the quality of the service.

### **Is the service responsive?**

**Requires Improvement** ●

The service was not always responsive.

People needs were assessed prior to their admission and they had a care plan which included information on their care preferences.

Care plans varied in detail and the systems in place to monitor how people's needs were being met did not always work in an effective way. People's wishes and preferences regarding their end of life care should be clarified as part of the care planning process.

People had access to activities to promote their wellbeing.

Complaints were investigated and used in a positive way to improve the quality of care.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

The service was improving and the registered manager had a plan to address the issues we identified about consistency of practice.

There was visible leadership and people told us that the new manager was approachable and supportive.

People's views were sought and used to inform the quality of

care.

A range of audits were in place to check on the quality of care, although they had not identified all the areas we found.

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

This inspection took place on 6 and 7 March 2018 and was unannounced. On the first day of the inspection, the team consisted of one inspector, a professional advisor and an expert by experience. On the second day of the inspection, the inspector returned to the service to speak with staff and look at records relating to the management of the service. The professional advisor present at the inspection was a nurse and had experience of clinical oversight. An expert by experience is a person who has had personal experience of using a service or caring for someone. Our expert had experience of older people and dementia care.

Before the inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

We looked at eight care plans and associated care documentation and at how people's medicine was managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas, staff training records, a range of audits and the results of quality assurance surveys. We looked at three staff files to check whether the service had recruited staff safely and looked at complaints and compliments received by the service.

We spoke with eighteen people living in the service, four relatives and twelve members of staff. We spent

time with the registered manager, and other senior staff discussing the service. We spoke with two visiting health professionals about their experience of visiting the service.

## Is the service safe?

### Our findings

At the last inspection on 14 December 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because medicines were not always managed in a safe way. At this inspection we found that improvements had been made. Medicines were appropriately stored and the room temperatures were monitored. There was a clear process for ordering, receiving and disposal of medications. Medicine administration sheets were accurate and up to date. Staff wore a tabard when undertaking the medication rounds to highlight what they were doing and prevent interruptions. However they continued to carry the telephone and we expressed concern that this could cause interruptions and increase the likelihood of error. The registered manager agreed to look at this further. There was clear guidance in place on where and when people's creams and lotions should be administered. The medicines checked tallied with the records and there were clear systems in place for the management of any controlled medicines. Regular audits were undertaken to check on medicine administration and identify any shortfalls. Staff received training and their competency to administer medicines safely was checked twice yearly.

At the last inspection on 14 December 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because the service was not doing all that was reasonably practicable to mitigate risks to individuals. At this inspection we found that there were systems in place to manage risks. People had individual risk assessments which set out how risk of harm should be minimised. These addressed areas such as skin damage and mobility. A range of specialist equipment was in place such as pressure relieving mattresses to minimise the risk of skin damage and sensor mats to reduce the likelihood of falls. We observed staff using the hoist to support people to transfer during the inspection. Staff executed the moves in a confident way and provided reassurance to the individuals. However we have recommended that the registered manager review the use of access slings for some people and seeks advice from an occupational therapist.

There were a range of risk assessments in place with regard to the environment however these needed to be in greater depth. For example we saw that one person had stored a number of items in their room which could have posed a fire or trip hazard but these were not identified or addressed in the risk assessment. The registered manager subsequently confirmed that the risk assessment had been revised and updated to take account of the issues identified.

The maintenance staff regularly assessed equipment to ensure it was safe for people to use. The temperature of the hot water was regularly checked to ensure that it was within a safe range for people to use. Regular fire safety checks were completed and personal electrical appliance (PAT) testing had been carried out to ensure electronic equipment was in safe working order. Equipment such as moving and handling slings and hoists were checked by an external contractor and there were certificates in place to evidence that gas safety and electrical items were checked. Water samples were regularly tested to identify legionella but records were not maintained of routine checks and it was agreed with the registered manager that this would immediately be undertaken. The registered manager subsequently confirmed that this had been undertaken.

People and their relatives gave us mixed views on the levels of staffing. They told us that there was not always enough staff but the impact was reduced as staff worked hard to respond to their needs. The comments included, "The girls are rushed off their feet, they manage pretty well, they are very good to me, and I never feel rushed." "The worst waiting time is mornings very busy, mostly they come and say we will be back and they do come back." "It's very nice here, we are well looked after, staff are good and do chat when they have the time, waiting times are acceptable."

Staff told us that they were very busy and their "feet don't touch the ground" They told us that a lot of people needed repositioning but it was difficult to achieve this within the timescales. We spoke to the registered manager about this and they acknowledged that there had been a small number of people who had developed pressure ulcers but improvements had been made. One member of staff said, "Staffing levels have the biggest impact, the work load is heavy, it's a large busy home." Another member of staff said, "It's a good home. We work very hard, but we are put under pressure by the level of staff here. We do the best we can."

The registered manager told us that the service monitored people's needs and used the residential forum tool to guide them in setting staffing levels. We saw that they regularly assessed people's needs in line with the dependency tool and they assured us that they were operating above the levels identified. We looked at the staffing roster and saw that there were significant variations on the numbers of staff available each day and were unclear about the rationale for this. We have recommended that staffing levels are reviewed along with the current dependency tool to ensure that people's needs are met in a consistent way.

The service had a number of staffing vacancies to which they were recruiting but they continued to be dependent on agency staff. The registered manager told us that they provided guidance to all new agency staff to ensure that they were familiar with the service and people's needs before commencing work.

There were clear systems in place to check on the suitability of staff prior to appointment. We looked at staff records and saw that they contained a copy of the member of staff's job descriptions, references and proof of identity. All the required employment background checks, security checks and references were reviewed before they began to work at the service. New employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

Staff had undertaken training on how to recognise the signs of abuse. Most staff were able to outline the actions they would take to protect people and told us that they completed body maps where they monitored changes to people's skin and any bruising. We saw from the records that incidents had been recognised as safeguarding and appropriate referrals had been made. The registered manager maintained a log of any safeguarding concerns which had been raised and actions taken.

There was a process in place to assess, monitor and respond to accidents such as falls and other incidents. Staff understood the need to report accidents and safety incidents. We saw that following accidents people's welfare was monitored and referrals made to other agencies such as the falls service.

The registered manager reviewed the incident records to look for any trends or changes, which may be needed to people's care. For example they told us that they had recently purchased mirrors to better monitor people's heels after an individual developed a pressure sore on their heel which was not quickly identified.

Infection prevention and control policies were in place. The service was clean and there were no offensive

odours. Staff were able to talk about the importance of infection control for the safety of people living in the service and themselves. We observed staff using aprons and gloves when required. However we noted that people did not always have their own sling to prevent infection. We spoke to the registered manager about this and they told us that they were in the process of purchasing more slings. Some of the furniture and equipment was showing signs of wear which made it difficult to clean, for example we saw that some of the chair arms were fraying and a toilet frame was rusty. The registered manager told us that they would address this; however we had concerns that audits were not effectively identifying these matters.

## Is the service effective?

### Our findings

At the last inspection in December 2016, we identified a breach of Regulation 14 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because staff were not adequately monitoring people's fluid intake. This meant that we could not be certain that staff were consistently taking the appropriate action to protect people against the risk of dehydration. During this inspection, we found the registered manager had made changes to the systems in place to address our concerns.

We observed that people had good access to drinks of their choice. Where people were found to be at risk of a low fluid intake or malnutrition this was recorded in their care plans, and staff monitored and recorded their food and fluid intake. People were regularly weighed and those at risk of malnutrition were provided with meals which had been fortified to increase their calorie intake and weight. Staff were knowledgeable about people's specific dietary requirements and were able to tell us about which individuals had been assessed as at risk of choking and were on a pureed diet or required thickener in their fluids.

The feedback on the food was overwhelmingly positive. The comments included, "There is a very good food choice, we get fresh fruit and vegetables, the carrots are nice and fresh, they ask if we would like something else if you don't like what's on." "Food is very nice here, I have no complaints about the food, anything you want you can ask for." "We get enough fruit and veg, I like the homemade cakes."

We observed that people were offered choice, including a cooked breakfast each day. The meals served looked appetising and people ate different items depending on their needs and preferences. Staff encouraged people to remain as independent as possible by providing them with scoop plates and adapted cutlery. Staff supporting people to eat, did so with dignity and respect and allowed people to take the time that they needed. Staff sat with people and chatted, giving verbal prompts and encouragement when necessary without rushing them.

People's care and support was delivered in line with current standards and guidance. The registered manager was involved with the prosper scheme which is a scheme run by Essex County Council and works with services to improve safety by working to reduce the number of falls, pressure ulcers and urinary tract infections. The registered manager said that they worked with the prosper team to monitor these areas and had targeted training to develop staff skills and knowledge.

Improvements had been made to training since the last inspection. The new registered manager had reviewed what was previously undertaken and commissioned training to identify shortfalls in areas such as end of life care equality and diversity and use of oxygen. The training commissioned included a combination of face to face and eLearning. Staff were positive about the training and told us that it was informative and helpful. The registered manager maintained oversight of what was completed through a training matrix which identified when refresher training was due.

Staff received supervision to support them in their role and identify any learning needs and opportunities for professional development. All of the staff members we spoke with told us they felt well supported and had

regular planned supervision sessions and appraisals. Staff told us that they were able to access additional qualifications such as Qualification and Credit Framework. Newly appointed staff who were new to the care sector completed the care certificate which is a national initiative to develop the abilities of staff and demonstrate they have key skills, knowledge and behaviour. In addition, staff completed an in-house induction to ensure they were familiar with the environment and specific values of the service. Staff told us the induction had provided them with the skills and confidence to begin work at Kilkee Lodge.

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 Act requires that, as far as possible, people make their own decisions and when needed are helped to do so. 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. Care plans showed that MCA's were in place and addressed areas such as the delivery of personal care.

Staff had completed some training on their responsibilities under the legislation and best interest decisions. The registered manager had identified that further work was needed to imbed staff understanding and was in the process of asking staff to complete questionnaires' to test their understanding of what they had learnt. Some individuals had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place but we saw that the master list was in need of updating which meant that there was a risk that staff may not be aware of people's wishes in an emergency. The registered manager agreed to address this as a matter of urgency. We also asked the registered manager to review one of the DNACPRs with the individuals GP as it had not been written in line with the recommended guidance.

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. We saw the service had correctly identified when people may require a DoLS and had made the necessary applications to the local authority, for example, if people were not free to leave the service unaccompanied.

People told us that they had good access to health care; one person said they were, "Going to the dentist today to pick up new dentures. The optician comes, the doctor comes and District nurses."

Care records showed that staff supported people to attend medical appointments such as those with their GP and hearing clinics. Referrals had been made to specialist healthcare professionals, including dieticians and speech and language therapists, for additional advice. Staff had documented the outcome and advice received. There were clear plans in place to support people with specific health concerns such as diabetes which provided care staff with guidance to follow. District nursing staff visited the service regularly but we found that there was no formal system of communication and it was agreed with the registered manager that they would progress this to ensure continuity of care.

The building was well maintained and there was a system in place to highlight and address urgent repairs. Some of the furniture was looking worn and tired and there were issues with storage in some parts of the service, with items being stored in the communal areas. The registered manager agreed to address this and look further at storage. People told us that they were able to spend their time where they wished and we observed people accessing different parts of the service.

## Is the service caring?

### Our findings

People told us that staff treated them with kindness and compassion. One person told us, "They are so kind to me, they speak to me nicely, are always here for me, I have got to know them, they are busy but when they are with me they chat." Another person told us, "Staff are always pleasant, always knock and always say shall I help you."

We saw that a number of the staff had worked at the service for some years and knew people well. They were able to tell us about people their needs and what they enjoyed. Information about the individual life and preferences were included as part of the care plans. The service had a key worker system in place and staff were encouraged to build relationships with people and maintain regular contact with their families. Staff spoken with could tell us about the person they were supporting and their responsibilities as keyworker.

The interactions we observed were relaxed and warm. We heard a member of staff say to an individual who they were assisting to lie down, "Have a good sleep, have one for me" and they all laughed together. We heard a member of staff say to an individual, "Just lets brush your hair, make you more beautiful and then I will take you down to the hairdressers."

Staff supported people to make choices in their day-to-day care. We observed that they gained consent before supporting people, for example in asking them if they wanted their food cut up or whether they wished to use the toilet. People told us that they had choice about where they spent their time; they told us that they could attend activities or spent time in their room. Relatives we spoke with told us that they were made welcome at the service and were involved where appropriate.

We saw that there were formal opportunities for people to have a say in how the service worked. Residents meetings were held on a regular basis and we saw from the minutes that people were encouraged to contribute. There was a food committee where people had a say in the meals provided. A suggestions box was in place and we saw that people had made a range of suggestions including opening a shop and a library. The registered manager had responded to each of the suggestions made, on a poster and told us that they were in all progress.

Staff treated people with dignity and respect. People looked well-groomed and were wearing relevant communication aids such as glasses and hearing aids. Screens were used when assisting people with moving and handling in the communal areas to protect people's dignity. Staff consistently knocked on people's bedroom doors and waited to be invited in before entering. We saw that staff ensured that people's curtains were closed before providing personal care and we observed that they discreetly adjusted people's clothes to maintain their modesty.

## Is the service responsive?

### Our findings

People spoke positively about the care and the dedication of staff and told us that they were involved in decisions about their care and support. One person told us, "It is all good, here, I feel safe here, and I came for respite and stayed". Another person told us about the progress their relative had made since moving into the service, "It's a very good home, My relative was not well when they came from hospital and they said that they could do no more for him but they have looked after them well...and now they are here in the quiz."

There were care plans in place to provide guidance to staff but these varied in quality and detail. Some were informative and provided information on peoples care preferences, needs and interests, but others lacked detail.

Information was located on separate care planning documents, which meant that information was not always easy to find. The care and support provided was not always reflective of the care plan. For example one of the people whose care we looked at had stated in their care plan, that they would like a shower twice a week but when we looked at the recording tools we could not see that this was happening. We looked at other people's records and saw a similar pattern and we could not see that people were receiving regular showers in line with their documented preferences.

We saw that staff completed a range of recording tools to enable people's needs to be monitored. This included the monitoring of bowel movements; however we found that there were large gaps in the recording and we could not see that there was effective oversight which meant that some people were at risk of constipation.

Staff told us that they received handovers at the start of their shift on the wellbeing of the people they supported to enable them to support people safely. However we were not confident that issues were being consistently identified and addressed. For example we saw that one person had fallen and had been complaining of pain but we could not see that this had been clearly documented or monitored. Following our inspection the registered manager confirmed that they sought medical advice for the individual.

The shortfalls constitute a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to support people at the end of their life to have a dignified pain free death. Care plans contained statements such as, "comfortable and pain free", or "liaise with family". However people did not have detailed information setting out their views as to how they would wish to be cared for at the end of their life and if needing to receive palliative care. The registered manager had identified that this was an area that required further attention and was in the process of developing links with the local hospice. Staff told us that the registered manager had also recently introduced training for staff on end of life care.

People had access to a good variety of organised activities however these were only available during the

week and not at weekends. One member of staff told us, "Activities have improved – those more able could do with a bit more to do. I do see the Activity coordinator go round and do one to one sessions with people."

The activity coordinator told us that they provided one to one sessions for people and organised a variety of events in the communal area for people to access. We observed that the events on the day of our inspection were well attended and people enjoyed what was provided.

People spoke positively about the activities on offer, One person told us that they, "Did the quiz this morning, musical bingo this afternoon, we get musical talent in once a fortnight, and get talks. There is enough to do." Another person said, "I join in with games, I went to the panto that was very good, church services come and you join if you want to, they don't pester you."

We saw that the service had developed good links with the local community and a range of community groups visited the service. The registered manager told us that they were looking at extending the provision available to enhance people's experience.

People and their relatives told us that their concerns were investigated. We looked at the records of complaints and saw that concerns had been investigated promptly and where shortfalls were found, apologies had been given and actions identified.

# Is the service well-led?

## Our findings

People and their relatives spoke highly of the care that was provided and told us that the service met their needs. One person told us, "I would recommend it, 99.9% of the staff are friendly and perfectly OK." A relative told us, "I would recommend it, [My relative] is always clean, staff are fine and always speak, there is no real smells and staff seem to know my relatives likes and dislikes", Another relative told us, "It is lovely, fantastic, I have only got good vibes, staff are friendly and caring."

The service has had a period of instability with a number of management changes over the last couple of years. The new registered manager has been in post just over six months and told us that their initial focus had been raising standards by developing staff knowledge and skills through training. Staff and relatives were all consistently positive about the new registered manager and the progress and changes made since the last inspection. They told us that they were visible and approachable. Comments from relatives included, "The new manager has improved things, it seems a happier place, staff seem more cheerful and happier, morale does seem better." A member of staff told us, "Morale has been low but things are improving."

We found that whilst improvements have been made in some areas, there was still some way to go to ensure consistency of care across the service. For example we found that there were gaps in recording and there was a lack of oversight. Issues were not always being picked up at an early enough stage. Staffing levels continued to be raised as an issue and further analysis is required to ensure that the levels fully meet people's needs.

Staff meetings were taking place and we saw from the minutes of the meetings that the provider had also attended some of these meetings. These provided an opportunity for staff to discuss any concerns and as well as receive information on the development of the service. Staff told us that these were helpful but that they could happen more regularly. The registered manager was supported by a senior management team and staff told us that they were supportive and where necessary worked alongside them to meet people's needs.

All staff had received annual appraisals of their performance and had access to regular supervision. Staff told us that they were encouraged to raise issues and contribute to the development of the service. People's views were gathered in a number of ways including through meetings and surveys. Links with partners such as prosper local community groups and the hospice were being developed by the registered manager. These networks will enable the manager to share information and inform good practice

The registered manager collated a range of information on quality and risk. Incidents and accidents such as falls were logged to identify any patterns and actions were clearly documented. Similarly with weight loss, there were systems in place to review people's weight over a number of months and clearly see that action was being taken.

The registered manager undertook a number of audits to check on the care delivery. These looked at a

range of areas including care plans, mattresses, infection control, call bells, medicine and health and safety. These audits had identified some but all of the issues we found. Checks were not yet been undertaken on the night care arrangements but the manager told us that this was planned.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not always up to date or reflective of people's needs. People did not always receive care in line with their care preferences or needs.