The Derby Care Home Limited

# Westside Care Home

## Inspection report

90 Western Road
Mickleover
Derby
Derbyshire
DE3 9GQ

Tel: 01332510084

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 4 May 2017 and was unannounced.

Westside Care Home is registered to provide nursing and residential care for up to 26 older people, some living with dementia. At the time of our inspection there were 23 people using the service. The service is a converted residential property which provides accommodation on the ground and first floor. Access to the first floor is via a stairwell or passenger lift. The service is located within a residential area and has an accessible garden to the rear of the property.

The previous comprehensive inspection of 6 May 2015 found a breach of a legal requirement. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirement. At this inspection, we found the service to be compliant with the regulation.

Westside Care Home had a registered manager in post. However they no longer had managerial responsibility for the service and confirmed they would be submitting an application to CQC to cancel their registration as manager. A manager had been appointed and had worked at the service for three months at the time of our inspection visit. The manager informed us of their intention so submit an application to CQC to be registered as the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were trained in safeguarding (protecting people who use care services from abuse). Where people were at risk, assessments had been undertaken, however we found improvements were needed to ensure these fully documented the actions required by staff to promote and maintain people's health and welfare.

People said there were enough staff on duty to meet their needs. Throughout the inspection we observed staff had the time they needed to support people safely. If people needed assistance this was provided promptly. Medicines were managed safely.

People were supported by staff that understood their needs and had received training. People using the service spoke positively about the attitude and approach of staff in involving them in the day to day decisions about their care. The manager was aware DoLS applications for some people needed to be made and plans were in place for their submission. The manager was liaising with health care professionals in the best interests of people, to ensure their needs could be met.

The support and care people required was outlined within their care plans and we found by speaking with staff they had a good understanding of people's needs. However we found improvements to the quality of information about people's individual care would assist staff in the provision of individualised, consistent

quality care based on good practice. We found information within people's care plans to be judgemental when referring to specific aspects of people's care and showed a lack of understanding and empathy in recognising people's health, care and support needs.

People we spoke with were complimentary about the meals provided at the service. Where people were at risk of poor nutrition, advice from healthcare professionals was sought and their recommendations followed. Individual dietary needs were catered for.

Our observations and comments from people we spoke with and their visitors told us they had good access to healthcare. Records showed people were referred to the appropriate healthcare professionals when necessary and that their advice was acted upon.

People spoke positively about the staff, referring to them as caring and kind and that they respected their privacy and dignity. People trusted staff and were at ease with them and happy in their company. People told us they were happy to raise concerns. We saw people relaxed within their environment, watching television, reading and taking part in a chair exercise session.

The provider had an open and inclusive approach towards people using the service and their relatives. Information was available to people about the services provided and people's views and that of their relatives were regularly sought through questionnaires and meetings.

Reports undertaken by independent organisations, which included Healthwatch Derby, the local authority, and the CQC, were accessible along with a report produced by the provider which detailed the outcome of questionnaires completed by people and their relatives which sought their views about the service. The service had retained its award in 'End of Life Care', following a recent assessment by an independent organisation.

The provider had responded to our verbal feedback at the end of the inspection visit, by producing a plan which outlined their commitment to improving the service. This showed willingness by the provider to develop the service to improve the quality of care provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People using the service felt safe. Staff undertook training and systems were in place to ensure people were protected from avoidable harm.

People were aware of potential risks which may affect their safety. Risk assessments were in place and followed to minimise risk to people and promote their safety.

People were supported and cared for by sufficient numbers of staff to ensure their individual needs were met.

There were safe systems in place for the management of people's medicines.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

People's rights were protected under the Mental Capacity Act 2005 but documentation supporting decisions could be improved.

People were supported by staff to have sufficient to eat and drink, however records detailing people's fluid and food required improvement so they were individual to each person and sufficiently detailed.

People were referred to the relevant healthcare professionals in a timely
manner, which promoted their health and well-being.

### Is the service caring?

Good

The service was caring.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring approach.

Staff encouraged people to make decisions about their day to day lives and about the care and support they received. However people's views were not recorded within their care plans.

People's wishes were listened to and respected by the staff who promoted
people's privacy and dignity.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Information within people's care plans did not fully reflect people's needs, and included wording which was judgemental to those with specific needs. Care plans did not support or reflect a person centred approach to care.

People told us the manager and staff team were approachable should they have any concerns. Concerns and complaints were responded to by the provider and manager.

## Is the service well-led?

**Good**

The service was well-led.

There was an open and inclusive culture, with opportunities for people using their service and their relatives to comment upon and influence the service being provided.

The provider had recently appointed a manager to oversee the day to day management of the service, who confirmed they would be applying to the CQC to be registered as the manager. Staff had specific areas of responsibility within the service for the carryout out of audits to monitor the quality and safety of the service.

The provider had received positive feedback from independent organisations with links to care, and had retained its award in End of Life Care. The provider had responded to CQC's initial feedback following the inspection visit, and had produced a plan to bring about improvement.

# Westside Care 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 4 May 2017 and was unannounced.

The previous CQC inspection report which was published on the 30 June 2015 was available in the entrance hall and included the rating awarded by the CQC.

The inspection was carried out by an inspector, a specialist advisor who had nursing experience 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.

We gathered and reviewed information about the service before the inspection. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the provider. Notifications are information about key incidents and events within the service that the provider is required by law to tell us about.

We contacted local health commissioners who fund many of the people using the service to gather their views about the care and service provided. We also contacted Healthwatch Derby who shared with us their 'enter and view' report.

We spoke with eight people who used the service and one visiting relative to seek their views about Westside Care Home.

We spoke with the manager, a nurse, two senior care staff and two care staff.

We looked at the records of six people, which included their plans of care, risk assessments and daily

records. We looked at the records of three staff, which included their recruitment and supervision records and training. We looked at the minutes of staff meetings and documents the provider used to assess and determine the quality of the service being provided.

Good

# Is the service safe?

## Our findings

We spoke with people and asked them if they felt safe at Westside Care Home. Everyone we spoke with indicated they felt safe. People told us, "I wasn't in a fit state to live at home alone. I do feel safe now." "Now I'm getting to know some of the people, so I feel safer now." "Yes, I feel very safe here because I've got a ground floor bedroom and if I shout from here, they [staff] come, I can't think of anything I'm worried about."

Staff were trained in safeguarding (protecting people who use care services from abuse and avoidable harm) and knew what to do if they were concerned about the welfare of any of the people who used the service. Staff from the service had shared information as requested by the local authority, when they had conducted investigations into safeguarding concerns. This showed a commitment by the provider and manager to share information in the best interests of people using the service to promote and maintain people's safety and welfare.

We found risk assessments had been carried out and used to provide guidance for staff on how to minimise risk, whilst recognising the rights of people to make decisions about their day to day lives. People's comments about their safety and involvement in decisions supported this. "Yes, I feel safe living here because of the people [staff], they're very kind and they help me with everything. I use my zimmer [walking aid] and yes, I do feel safe using it." "Yes, I feel safe here because staff give you confidence; they encourage you to do things." "I've got freedom to move around if I wish, I can move around with my stick." "I've got freedom to move around but I've got to have someone with me because I've had falls." "My legs are a bit unsteady so I've got my stick. I've got the freedom to move around but must be accompanied."

People's safety was further promoted by the maintenance of the building, its systems and equipment, which included fire systems. People's individual needs should they need to evacuate the building in an emergency had been assessed. This meant emergency services and staff were aware of those people who would need support, which included any equipment required.

People's comments supported that there were sufficient staff to keep them safe and meet their needs. "Yes I feel safe here; there are always lots of carers [staff] about. I've got a buzzer. Same at night I've only got to press it and there's someone there." "If I need anything at night I ring the buzzer I don't have to wait long." The manager told us a nurse was on duty at all times, supported by senior care staff and care staff and that ancillary staff were employed to provide additional support with catering, cleaning, maintenance and laundry.

Our observations showed there were sufficient staff on duty to provide care and support for those living at Westside Care Home. Staff were visible to people using the service, responding when people activated the call bell and there was always a member of staff based in the main lounge and conservatory where many people spent much of their day.

Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to

people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, and two valid references and health screening. A DBS check is carried out on an individual to find out if they have a criminal record which may affect their working with people and potentially impact on the safety of those using the service.

We asked people about their medicines, they told us they were happy with how their medicine was managed. They told us, "I get my medicine on time and they haven't run out." "The nurse is very good, I get my medicine on time and they never run out." "I always get my medicine on time."

People's medicines were kept safe within a lockable facility along with their medicine administration records (MAR). We found the management of people's medicines was robust and records reflected the safe management of people's medicines. People who were prescribed PRN medicines (medicine that is taken as and when needed) had written protocols in place to ensure people received medicine in a consistent manner. We found MARs had been signed by staff when they had administered people's medicine.

We looked at a report completed by the pharmacist who supplies medicine to the service; they had undertaken a management of medicines audit and found medicine systems to be satisfactory.

Good

# Is the service effective?

## Our findings

People we spoke with were confident in staff's ability to provide their care and support. They told us, "The staff are excellent, they know what they're doing and they listen if you have a problem."

People's needs were met by staff who had the knowledge and skills required to support people. Staff we spoke with had a good understanding of people's needs and were confident in their ability to provide the care and support people required. Staff undertook a range of courses in general care and health and safety, and in topics specific to the needs of people using the service, for example end of life care, falls prevention and management, tissue viability and pressure area care. Training was provided by a college who had a programme of training which meant staff had their training regularly updated.

The manager had provided formal supervisions to nursing staff through one to one meetings; this provided an opportunity for them to talk about their role within the service, their training as well as providing an opportunity to share their thoughts and concerns. The manager had put into place a plan for the supervision of senior care staff and care staff. Some care staff told us they had been supervised by the manager. The manager spoke of their intention to re-organise how supervisions were undertaken, which would include developing the skills of senior care staff, to carry out supervisions.

The service had recently been reassessed by Derbyshire Alliance for End of Life Quality Care, who had, following their assessment, found the service continued to meet the standards required to retain the award. A senior care staff member had the responsibility for being the 'lead' in this area and were responsible for ensuring all staff had up to date information about people who were receiving end of life care through regular meetings.

In some instances people had made an advanced decision about their care with regards to emergency treatment and resuscitation, which meant they had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place. This had been put into place with the involvement of the person, their relative or representative and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed as agreed by all parties involved.

People we spoke with told us staff involved them in decisions about their day to day lives. One person told us, "The staff know me by now, they get used to you and what you like and don't like. They always ask permission, they usually say 'we're coming to wash you is that alright?' I have a shower on a Sunday it's as much as I can cope with."

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 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.

Records showed that mental capacity assessments had been carried out, however these had not been completed in line with the principles of the MCA as they were not decision specific but were an overall assessment of a person's capacity. The manager had been proactive in liaising with health care professionals and getting them involved about decisions about people's care as observed on the day of the inspection visit, with health care professionals visiting to review people's needs. We spoke with the manager, who informed us they would review the implementation of the MCA to ensure its principles were fully reflected and implemented.

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 nursing and care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager informed us a DoLS application had been made to a supervisory body for someone using the service. We saw a letter confirming receipt of the DoLS application. The manager was aware that other DoLS applications needed to be made and plans were in place for these applications to be submitted.

We sought people's views about the meals provided. People told us, "They're [staff] very good here, what I ask for I get. I get what I fancy – you get two courses at lunch, there's tea and biscuits if you want them. I'm enjoying my food now, I'd lost 4 stone before I came in here but now I'm on fortified drinks, they're very good." "The food, if it is something I don't like, I don't like meat but I'm not a vegetarian, they'll get me something else." "I can't have any fat and they know that, that's not a problem because I'll have yoghurt with fruit for pudding. There's a choice of food and your relatives can eat here if they wish to. There's a snack or biscuits if you ask for them." "There's a good choice of food. The meals are so good you don't need anything more. I have breakfast in my room, there's a wide choice at breakfast too. I like food on a Friday; we have fish, chips and mushy peas." And, "The food's great, the menu's always up on the board, only got to ask what's for dinner and they'll tell you."

We spent time with people during the day, which included during the serving and eating of the lunchtime meal. The menu for the day was displayed on the wall in the dining area. Information about individual dietary needs was recorded within the kitchen and understood by catering staff, which ensured people's requirements were met. The dining tables were set with napkins and flowers. People chose where to eat their meal, with some eating their meal in their room.

Records showed people's nutritional needs were assessed and care plans had been put into place which instructed staff to record people's fluid and food intake where necessary. However we found there were areas for improvement to ensure people's needs were fully documented with regards to fluid intake. For example, whilst people's records detailed people's fluid intake was to be recorded; there was no information as to the optimum fluid intake people should receive and the action that should be taken when people's fluid intake did not equal what was recommended. We spoke with the manager, who told us they would take action to ensure people's needs were fully reflected within their care plans and records.

People's weights were monitored, as part of their support and care. Where additional support was required in order for people to maintain a healthy weight, specialist support and advice was sought. This included people who had difficulty swallowing, who were referred to the SALT (speech and language therapy team). Plans of care showed that advice given was being followed and the records we viewed confirmed people's weights were maintained to support their health and welfare.

People we spoke with told us their health needs were met. People's comments included, "Staff would call the doctor if something happened." And, "I woke up with a terrible throat one morning, I rang the bell and

within two seconds they came, they put me back to bed and called the nurse."

Throughout our inspection visit we observed the manager and nurse liaising with a range of healthcare professionals in person and via the telephone. Appointments were made for people to attend appointments with external healthcare professionals, as well as appointments for doctors to visit people at the service. A range of healthcare professionals visited the service during our inspection visit; their services had been requested to support individuals with specific needs. Specialist guidance and knowledge was being sought, to ensure the care being provided by staff was appropriate and effectively met their needs to maintain their health and welfare.

Good

# Is the service caring?

## Our findings

People we spoke with praised staff and said they were kind and compassionate. People's comments included, "They're very kind here, and the care is excellent. It's the truth I'd tell you if it wasn't because it would help other people." "They're very kind very good; you've only got to press the bell. They do everything they can for you. I've no concerns. I've made friends here and I know the manager." "Yes I like them [staff], I trust them. They listen to you, the staff are very good."

A person we spoke with when asked about living at Westside Care Home told us, "It's my home; I don't want to leave it. I know it's a nursing home, but I don't want to leave it. We have a joke [with staff], they tickle my feet."

Within the entrance foyer was an information board entitled 'Planning for My Future Care'. Information was displayed about how people using the service and their relatives and friends could comment and influence the care they received at the end of their life. The provider had developed a brochure providing relevant information. A butterfly is displayed on the wall in the hallway for five days as a sign of grieving and respect when someone using the service dies, sometimes the person's name is also displayed, in accordance with their and their relative's wishes.

Care plans did not include the views of people using the service or their relatives and had not been signed by them. People we spoke with were unclear as to their care plan; however some people told us that their needs were discussed with them or their relative. One person told us, "They do ask me about my care and if I want to make any changes."

People we spoke with said staff respected their privacy and dignity and promoted their independence. They told us, "The staff are very kind they respect your privacy and dignity. They always knock. They pull my leg and I pull theirs. I'm very independent; I get up at 7 am. I choose all my clothes to wear, they do the laundry. The cleaner is good with cleaning the room and my bedding. I wanted to treat her but she said she's not allowed."

The manager welcomed visitors at all times with the exception of mealtimes, where visiting was discouraged. The manager told us this enabled staff to provide support to people and promoted people's privacy when eating as they were not disturbed by visitors.

People using the service had access to the land line telephone, when people received a telephone call the handset was taken to the person so they could speak in private. The manager told us that some people had a mobile telephone provided by their relatives to promote contact with family and friends.

Requires Improvement

# Is the service responsive?

## Our findings

Our observations showed that staff had at times, a task orientated approach to care, rather than a person centred approach, which would support people based on their individual needs. People's comments supported this, one person told us that staff started to get people ready for bed at 6pm, whilst a second person told us it was 7pm. One person told us that staff had started to get him up at 6ish on one occasion and when he didn't want to get up at that time they [staff[ weren't please.

We observed people being supported to go to the dining room for lunch, sitting at the table in some instances from 12 noon, when their meal was not served until 40 minutes later. We found hot drinks were served at set times of the day. Staff told us people could request a drink at any time; however our observations did not fully support this. On one occasion a member of the inspection team asked for a cup of tea for themselves and someone using the service, and was told the tea trolley would be around soon.

People's care plans were very similar in content, and did not reflect people's wishes and preferences or take into account information about the person which could be used to personalise their care so that staff could respond to people's individual needs. For example, people's care plans, for people with diabetes, stated their blood sugar levels were to be regularly checked, but records did not detail what the person's optimum blood sugar level should be or the action to be taken by staff should the person's blood sugar level be outside of their optimum range. This meant there was a potential for people to receive inconsistent or unsafe care as there was no clear guidance for staff to follow.

People who had moved into the service a few weeks prior to our inspection visit did not have care plans in place for all areas of their care and support and care plans that were in place were not robust. For example, a person was experiencing difficulty in sleeping. Whilst staff were aware of the issues there were no clear actions detailed within the care plan as to how staff should support the person. A person living with dementia asked about their family members as they were anxious about them, there was no guidance, specific to the person, for staff as to how to reassure them.

People living with dementia or mental health needs required support from staff, which included occasions where their behaviour could be challenging due to their health. The terminology used showed a lack of understanding and sensitivity as to people's health needs and the support they required. For example, people's care plans stated, 'staff to record bad behaviour on chart' and 'can get very irritable and rude towards staff, family and residents.' And, 'can be rude, resistive and withdraws from staff.' For people, living with dementia, their care plans stated that staff were to 'orientate them in time and place and to be supportive'. The care plans did not provide information specific to each person as to what and how staff were to provide support. For example, when someone became distressed were there particular topics of conversation or other distraction techniques which could be used to provide the person with reassurance and ease their distress. We spoke with the manager about the development of people's care plans to reflect personalised care and they told us they would take action.

People or their relatives at the point of commencing with the service were asked for personal information

about themselves. For example, information about their childhood, family, work, hobbies and interests. This information was stored; however we found no evidence that it had been used to develop people's care plans or influence people's care. People's care plans had not been signed by themselves or their representative and when we spoke with people they were unaware of their care plans. The manager told us they would consider all information known about a person as part of their development and review of people's care plans.

Staff were employed to provide opportunities for people to take part in activities. People told us, "I've not joined in dominoes, but they brought a man in with animals like mice, a tortoise and a snake. I joined in and it felt good. I like the exercise in the chair." We observed a member of staff support people with a short session of chair exercises, which people enjoyed and took part in. Another person told us a piano accordionist came to the service and that they had enjoyed the sing along.

Several people were seen to be watching the television, whilst others occupied themselves, reading books and newspapers. A member of staff responsible for providing activities told us, they spent time with people on an individual basis, reading to them or sitting with them, especially when due to their health needs they remained in their room. The garden to the rear of the service was accessible and provided a pleasant area for people to sit, which included a gazebo, which meant people if they chose could spend time outside and enjoy the garden on warmer days.

A majority of people we spoke with had not raised any concerns about their care. A visitor who was at the service to visit their relative told us they had raised concerns. Records provided by the manager showed their complaints and concerns had been investigated, which in some instances had involved the local authority. Records showed the actions taken to address the issues raised.

Good

# Is the service well-led?

## Our findings

At our previous inspection of 6 and 8 May 2015 we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Duty of candour. We issued a requirement notice, which required the provider to ensure the commission was notified of events for which they have a legal responsibility to do. Improvements had been made as CQC has been informed about events, which has included when people have died.

We found that the provider, manager and staff promoted a positive and friendly culture which provided opportunities for people to comment upon and influence the service they receive.

The entrance foyer of the service had a 'Welcome to Westside' noticeboard, which provided information on events and activities within the service. Copies of reports from external organisations such as Healthwatch Derby, the local authority and the CQC were available by the visitor's book for people to read, along with a report, produced by the provider, which reflected the views of people using the service and their relatives. This showed the provider's commitment to openness and transparency.

A second noticeboard provided information on domiciliary services such as hairdressers who visit the service. The 'Planning for Future Care' board provided information about end of life care, including literature to support people following a person's death.

We found communication between staff at the service was managed well. Staff told us that where they were concerned for people's health or welfare they informed the nurse on duty. Nursing and care staff understood their individual roles and responsibilities in promoting people's health and welfare. There was a written 'handover' record between all staff which ensured people's changing needs were communicated.

The quality of the service had been monitored externally by Derby City Council who provided a report as to their findings, which included any actions the provider needed to make to improve the quality of care. The service had attained the 'End of Life Quality Award', which had been awarded by an external agency. The report completed by Healthwatch Derby was positive and included information gathered from their visit and through the questionnaires they had used to gain people's views

Staff with lead responsibilities, undertook a range of audits to monitor the quality of the service. , these included visual checks on equipment such as beds and wheelchairs. Any issues of concern were reported for action to be taken. Medicines audits were undertaken to ensure medicine management was managed well.

The overall atmosphere was pleasant and informal. Meetings were held for people's relatives and friends and quality assurance questionnaires were regularly sent to people and their relatives which provided an opportunity for people to comment and influence the service provided. Records showed that any issues were addressed. For example, a relative had commented that it would be helpful if staff wore badges which detailed their name and role. We saw this had been acted upon and staff now wore badges and the names of the staff on duty each day were detailed on a board in the main lounge for people to see.

People's responses in questionnaires showed a majority of people were happy with the service provided and in many instances people's relatives had made additional comments, which included: 'Westside nursing home is an excellent home.' 'All the staff are interested in the residents and care about them. This makes it a happy place to be.' And 'food is freshly cooked and very good.'

Westside Care Home has a registered manager; however they no longer had any managerial responsibility for the service. They informed us of their intention to submit an application to the CQC to cancel their registration. A manager who had been in post for three months at the time of our inspection visit who did have managerial responsibilities informed us they would be submitting an application to the CQC to register as the manager.

The provider, manager and nursing staff had met following the manager's recent appointment to outline areas of responsibility. The provider and manager had also met to outline initial areas for action, which had included the completion of DoLS applications, revising the system for the supervision of staff and changes and improvements for staff that had 'lead' roles for specific aspects of the service, such as end of life care and care planning.

The provider, following the inspection visit, sent to us an outline of their plan which reflected our verbal feedback provided at the end of the inspection visit. The plan outlined their commitment to responding to our comments and how they planned to bring about change to improve the service for people. The plan reflected the issues we had raised, which included the development of person centred care plans and the appointment of a member of staff to oversee dementia care, along with plans to recruit an additional nurse, enabling the manager to focus on the management of the service.

The PIR submitted by the provider prior to our inspection visit outlined planning improvements for the next 12 months. These included training in risk management and quality assurance, along with a commitment to attain the dignity award, with two staff enrolling to become dignity champions.