

Liberty Healthcare Solutions Limited

Park Farm Lodge

Inspection report

Park Farm Road
Kettlebrook
Tamworth
Staffordshire
B77 1DX

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01 February 2017

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28 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 31 January and 1 February 2017. Park Farm Lodge is registered to provide accommodation for up to 80 people. The home is divided into two units, one providing nursing care for people living with dementia, and the other providing nursing care for people with physical health care needs. At the time of our inspection, 72 people were using the service.

There was a registered manager in post. 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.

This was our first inspection since the location had reregistered with a new provider. We had previously inspected the home on 21 April 2016, when it was under a different provider. When the new provider took over the home, the registered manager and staff remained the same. We have referred to the previous inspection within this report. We had told the previous provider to make improvements to ensure there were enough staff to meet people's needs and keep them safe. At this inspection, we found that the required improvements had been made. However, we found that other improvements were needed.

Staff gained people's consent before supporting them. However, when people were not able to make certain decisions for themselves, staff had variable understanding as to how this should be done legally and in accordance with guidance available. When people lacked capacity and were being restricted, the provider had ensured this was done lawfully. People did not always receive care that was individual and personal to them. Some people were not able to participate in stimulating activities that they could engage with.

There were enough staff to meet people's care needs, and the provider had safe recruitment processes in place. People were protected from harm by staff who knew how to recognise and report any concerns. Risks to people were assessed, managed and reviewed to minimise potential harm. People's medicines were managed safely by staff who were suitably trained and supported to do this.

Staff received training to enable them to carry out their roles. People were supported to maintain and balanced diet and good health.

People were cared for by staff who were respectful and kind towards them. Staff knew people well and supported them in a dignified manner. People's privacy was respected and their independence promoted. Visitors were made to feel welcome and important relationships were maintained.

People were involved in the planning of their care and knew how to raise any concerns which were then acted on. There was a positive culture within the home and staff felt supported to carry out their roles. People were encouraged to share their views and give feedback about the support they received. The quality of the service was monitored and this information was used to drive continuous improvement.

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.

There were enough staff to meet people's care needs, and the provider had safe recruitment processes in place. People were protected from harm by staff who knew how to recognise and report any concerns. Risks to people were assessed, managed and reviewed to minimise potential harm. People's medicines were managed safely by staff who were suitably trained and supported to do this.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff gained people's consent before supporting them. However, improvements were needed to ensure staff were following legal requirements when people who lacked capacity needed support with decision making. The provider had applied for the appropriate legal approval where people were being deprived of their liberty in their best interests. Staff received training to enable them to carry out their roles. People were supported to maintain a balanced diet and good health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful and kind towards them. Staff knew people well and cared for them in a dignified manner. People's privacy was respected and their independence promoted. Visitors were made to feel welcome and people's important relationships were maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive care that was individual and personal to them. The provider had recognised the need to offer activities that met people's individual needs and preferences. People were involved in the planning of their care and knew how

to raise any concerns which were then acted on.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture within the home and staff felt supported to carry out their roles. People were encouraged to share their views and give feedback about the support they received. The quality of the service was monitored and this information was used to drive continuous improvement.

Park Farm Lodge

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 visit took place on 31 January and 1 February 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and two experts by experience. A specialist advisor is a person who has professional experience in a particular area of work. This specialist advisor was a registered mental health nurse who had experience of working with people living with dementia. 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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also received feedback from the local authority who provided us with current monitoring information. We requested feedback from other community professionals who visit the service. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with 20 people who used the service, 13 of their relatives and two visiting healthcare professionals. We also spoke with nine members of care staff, a care home advanced practitioner, a kitchen assistant, an activities coordinator, a housekeeper, a registered nurse, the registered manager and the provider. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of eight people to see if they were accurate and up to date. We reviewed three

staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. These included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection, we found the former provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough skilled and experienced staff to ensure people received safe, compassionate and effective care. This was specifically in relation to the people who lived on the ground floor nursing unit. We issued a requirement notice and told the provider to take action. At this inspection, we found that improvements had been made.

There were enough staff on duty to meet people's care needs and keep them safe. One person commented, "I have noticed that there are more staff now, and they are less rushed than they were." One staff member said, "There are enough staff and numbers have been increased recently." Another staff member told us, "We are able to do things people need, and if short, we'll do extra shifts; we all muck in together." The registered manager told us, "We have increased the number of staff on both floors, and have an ongoing recruitment process to fill the vacancies. We do still need to use agency staff, but the numbers have decreased." We reviewed some recent staff rotas, and saw that the assessed numbers of staff were usually available for each shift. However, there had been occasions when the staff levels had been below the numbers required. This included the first day of our inspection when five members of staff had not arrived for their shifts. The registered manager had made arrangements to cover these absences. We saw that people's care needs were met and the staff on duty had systems in place to ensure they attended to people when needed. When people requested assistance from staff, we were told that their call bells were usually answered in a timely manner. One person said, "When you ring the bell, they come as quickly as they can." Another person told us, "The call bells are answered quickly, but it can take longer in the evening and at weekends." The registered manager had a system in place to monitor the response times and told us, "There has been a reduction in waiting times for people and we have noticed that the alarms do not go off as often as they used to." We saw that people's support needs were reviewed and the registered manager used this information to determine the levels of staffing that were needed.

We checked to see how staff were recruited. One staff member told us, "I had to wait for my references and police check to come through before I could start working here. I also had to provide my employment history so there were no gaps." The staff files we looked at confirmed that the necessary checks had been completed prior to people commencing their employment. This included checks from the disclosure and barring service (DBS). The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people working in services. This demonstrated the provider had safe recruitment processes in place.

People were safe receiving support from the staff. One person said, "I feel safe and well looked after." One visitor told us, "My relation is 100% safe here." A visiting professional commented, "I have no concerns in how the people here are cared for. It's a good care home." Staff knew about the different types of abuse that could happen and were aware of the signs they would look out for. One staff member told us, "You would know if there was something wrong; a person's character might change, they may be different to how they usually are." Another staff member said, "If we have any concerns at all we know to report it to the nurse or manager straight away." Staff told us they were confident that if any concerns were raised, these would be

reported and looked into. One staff member said, "I'm reassured that something would be done; it wouldn't be ignored." We saw that when incidents had occurred the registered manager informed us and the local authority safeguarding team as required.

Risks to individuals were assessed, managed and reviewed. Some people were at risk of falling and required equipment to help them to transfer safely. One person told us, "I need to use a hoist to move, and there are always two staff to help me do this. They will always explain what is happening. I used to have a lot of falls when living at home, but I've not had any since living here." We observed people being supported by staff so they were able to walk around the home. We saw that rails had been placed in the corridors to assist people in walking round the unit safely. Staff told us how they would report any changes in people's mobility to the nurse or registered manager. The care records we reviewed showed that these risks had been assessed and reviewed, and gave staff guidance to follow to reduce the potential risk of falling.

Some people who used the service could become anxious and upset. We observed staff respond quickly to one person when they were calling for help. The person was reassured and the staff member stayed with them until they were calmer. We saw another person was helped to settle as a staff member held their hand. When the person became anxious, the staff member remained calm and spoke to them in a gentle manner. The records we looked at gave staff guidance in how they should support people when they became anxious and we observed staff following this.

Some people were at risk of developing sore skin. One relative told us, "The staff are really good in managing pressure care for my relation. They do all the turns as needed, and since being here my relation's skin cleared up in a week." We observed staff reposition people in their chairs and ensure people were sitting on pressure relieving cushions when needed. We heard staff explain to people what they were doing and why they needed to help them to move. People's care plans showed that the risks had been assessed and referrals had been made to other professionals when needed, for example tissue viability nurses.

The provider had arrangements in place to respond to emergencies. We saw that people had personal emergency evacuation plans which gave staff information they needed to support people, for example in the event of a fire. These were kept in a 'grab bag' and staff were aware of its location and the information it contained. The registered manager had informed us about a recent occasion when the plans were put into practice, and the staff had responded well to this situation and followed the guidance they had to ensure people's safety was maintained.

People received their medicines as prescribed. One person told us, "It's always on time, I never miss any." Another person said, "I just leave it all to the staff, they know what they are doing." We observed people being given their medicines. We saw staff spent time with a person when they were reluctant to take their medicines. They were supportive and reassuring in their interactions and this was done in a cheerful manner. This resulted in the person accepting their medicines happily. We saw that there were protocols in place for when people had medicine prescribed 'as required' rather than every day. The clinical lead explained that the forms used were being updated to ensure that the time of administration and stock counts were also recorded. When people were not able to state if they needed to take their 'as required' medicines, for example for pain relief, we saw that staff had guidance to follow. This explained how they should observe people's facial expressions and body language, which would indicate if they were in pain. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them. Staff received training to ensure they were competent to administer medicines and we saw that their competencies were checked. This demonstrated the provider had effective systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff had variable knowledge regarding the MCA and DoLS. Some staff we spoke with were not familiar with the principles of the Act. One staff member told us, "I think this is about treating people the same." Another staff member told us, "I'm aware of this, but not really sure how it's used." A third staff member said, "Do you mean the big dolls that some people hold?" Another staff member we spoke with did not understand that some people who lacked capacity were being restricted, for example by sitting in chairs they were not able to get up from or having bed rails. They understood that these were in place to keep people safe, but did not see this as a restriction and how the MCA would apply in these circumstances. We discussed this with the registered manager and provider who agreed that further training in the MCA was needed for the staff to increase their knowledge and understanding.

When people were not able to make decisions about their care and support, we saw the provider had considered this within their care plans. In the records we looked at, we saw that capacity assessments had usually been completed and best interest decisions were recorded. When people who lacked capacity were being restricted, we saw that applications had been made to do this lawfully, and some people had the necessary authorisations in place from the local authority. Some people had representatives in place to make certain decisions on their behalf as they were not able to do this themselves. We saw the provider had checked the representative had the correct legal approval to do this.

Staff sought people's consent before supporting them. One person told us, "The staff will always ask me before they help me." Another person said, "They will listen if I say I don't want something done." Staff explained how they would support people to make decisions about their care. One staff member said, "Some people can just tell you, but others may need some help. It's important that we use communication that they can understand. We may need to show them options or understand what their body language means." This showed staff understood the importance of consent.

People were supported by staff who had the knowledge and skills needed to carry out their roles. One relative told us, "The staff's expertise is second to none." We observed the handover meeting that took place. The registered manager held this meeting every day with representatives from each department. We saw that information was shared about the people who used the service. Staff were given details about any professionals that were due to visit and any changes in people's healthcare needs. This information was

then shared with staff on the units. One staff member told us, "These meetings are really good as we know what is happening, things that need to happen and give us up to date information about their people's needs." Another staff member said, "We always have a handover; this is where the important information comes from so we know what we are doing." This ensured staff had the information they needed to meet people's changing needs.

Staff were supported to carry out their roles by having an effective induction process in place. One staff member told us, "The induction I had was good. It gave me all the important information I needed to do my job. I spent time with other staff for me to get to know people and them to get to know me." The registered manager was introducing the nationally recognised Care Certificate for new employees. The Care Certificate sets out common induction standards to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us, "This will form an important part of the induction and will support staff in their roles."

Staff received training to enable them to develop their skills. One staff member said, "Some of the training is face to face, other is e learning on the computer. We've got some specific training coming up soon on dementia which will help us support people who live here." Another staff member told us, "We cover the main areas like moving and handling, fire safety and health and safety." Another staff member explained about the 12 week course they had completed to enable them to take on more responsibilities within the home. They commented, "Now I've done this training I can administer the medicines for people and I can do more to support the nursing staff. I still carry out the care duties, but am now able to help out in more complex situations." The registered manager told us, "There are various areas of training we've identified that I would like to improve. Such as how we evidence the training staff have completed and how we assess their competencies as to how they put their learning into practice." This demonstrated the registered manager was committed to developing staff's skills and knowledge.

People enjoyed the food and one person said, "We have very good food here." People were able to make choices about the meals they had. One person told us, "We have a choice of what we want to eat." Another person commented, "We will be given the options of what's on the menu and then choose. But there are other things we can choose if we don't fancy the main meal." We observed a lunchtime meal and saw people's preferences were accommodated. One person was offered a meal which they declined, and we observed them being given an alternative which they ate happily. One staff member commented, "There is more variety available for people now as we have changed suppliers." People enjoyed their meal times and one person commented, "I like going into the dining room for my meals; they put on a good show." People were able to access drinks easily, and one relative told us, "There are always drinks available in my relation's room."

Where people had specialist dietary requirements, we saw the provider had a system in place where they could refer people directly to the speech and language team. This meant that people did not have to wait for a referral to be made by the doctor and people were seen quickly. We saw that when recommendations had been made regarding their eating and drinking, the information was shared with the kitchen staff so they could put the actions into place. One staff member told us, "We have a sheet with all the information we need about people's diets." When people needed to have their drinks thickened because they were at risk of choking, we saw staff would prepare their drinks according to the recommendations made. People's weight was monitored when needed and actions were taken if there were any concerns. This demonstrated that people were supported to maintain a balanced diet.

People had access to healthcare professionals when required. One person told us, "If there is anything

wrong, the staff will contact the doctor. There's never a problem with that." One relative said, "There has been a marked improvement in my relation's health since they have been here. They are far more stable." Another relative commented, "If my relation is unwell, the doctor is called quickly and I'm kept informed." A visiting healthcare professional said, "This is one of the best homes in the area; I always get the information I need when I ask. The staff will follow any recommendations that I give." We saw that people were referred to various healthcare professionals when needed and the staff followed any recommended action plans given. This demonstrated that people were supported to maintain good health.

Is the service caring?

Our findings

People were supported by staff who were kind and compassionate. One person told us, "The staff listen to me. They are good; nothing is too much trouble. They will come and have a chat when they can." Another person said, "I think the staff are brilliant." One relative said, "It's like I've found a second family for my relation." One staff member said, "Even if I'm just popping into someone's room, I'll always make time to interact with them; that makes me feel I'm caring." Another staff member told us, "It's all about the way we approach people; give reassurance, speak to them as we would want to be spoken to, and understand about them." Staff knew people well and one visiting professional told us, "The staff know all about the people who live here." We observed one staff member finding the glasses for two people who used the service as they had noticed they were not wearing them. When drinks were served, the staff knew what people's preferences were, and were also aware of their preferred cups and mugs. One relative told us how the staff had supported their relation to arrange a special party for them. They said, "It was so lovely, and the staff were great; they helped to put it all together and we had a wonderful day." This demonstrated that staff were caring in their approach.

People were involved in making decisions about their day to day care. We observed one person decline having a clothes protector put on when eating their meal. The person said, "I don't have a bib." The staff member responded, "Of course you don't, I'm sorry." They then put the clothes protector away. Another person commented that they were sitting too low in their chair. A staff member fetched a cushion for them, and the person responded, "That's better." This demonstrated that staff listened to people's choices. Staff addressed people in the way they preferred and the interactions we observed demonstrated that people were treated in a respectful manner.

People's independence was promoted. One person told us, "I try to do as much as I can myself, and the staff do help me with this." One staff member said, "It may just be small things like taking a bowl to someone so they can wash their own face with the flannel. I will ask people to tell me what they want to do themselves; it's all about keeping people's dignity." People's privacy was respected and we observed staff knocking on people's bedroom doors before they entered. When people chose to leave their doors open, staff would ensure these were closed before supporting them with their personal care. Staff told us some people removed the covers when lying in bed. One staff member said, "When we go past their room we will always try to look in and see if they need their covers re-arranging." We observed staff straighten people's clothing so they were covered up, and would discreetly wipe people's faces if needed. This demonstrated that people were supported in a dignified manner.

Visitors were made to feel welcome and there were no restrictions made about when they called in. One person said, "My relation pops in when they want." One relative said, "I can come when I like and stay as long as I want." We saw that visitors arrived throughout the day, and staff knew them well and greeted them warmly. This meant that people could maintain relationships that were important to them.

Is the service responsive?

Our findings

People's individual wishes were not always considered. For example, we saw that one person's call alarm was not within their reach. They told us, "That happens quite often; they will come in to help me and move it out of the way, then not remember to put it back near me. It doesn't mean I'm not safe as I can call out, but I couldn't use it if I needed to." We spoke with three people who were in a lounge watching a cookery programme. One person commented, "I don't really want to watch this programme, I don't like cooking. But we don't have the control to change the channel." The people sitting in this lounge were not able to get up from their chairs to fetch the control that was out of their reach. This demonstrated that staff had not considered what people would prefer to watch.

People did not always receive care that was individual to them. One staff member said, "A lot of the care is based on people's routines. We don't really have much time to sit and talk with people or do nice things with them. The tasks we have to do are very important; turning people, making sure they are safe, and meeting their personal care needs. We never want to see people lying in a wet bed. But it's the rest of it that people can miss out on." Another staff member said, "It can sometimes feel like a juggling act; you need to complete the tasks, but also want to give people some quality time." One relative told us, "They all work very hard; it's just that they don't have enough time. My relations care needs are met, but it's more about the other things, the smaller things that are still just as important, like spending time away from their bedroom."

We received mixed feedback about the activities that people were able to participate in. One person told us, "All I seem to do is sit here all the while." One visitor said, "There are only a few activities and little entertainment to stimulate the residents." Another visitor commented, "There isn't a lot going on. I know there is a flower arranging session each week, but not everyone wants to do this." We did see a game of bingo had been arranged by the activities co-ordinator. However, there were insufficient game cards for people to use and the ball machine was not working correctly. People were given sheets from a calendar to use instead, and one member of staff commented, "Well at least it's got numbers on it." We saw that at various times of the day, people were sitting in communal areas without staff being present. Staff were busy supporting people in their own rooms or meeting their personal care needs. At these times we saw people would be nodding off as they did not have anyone to engage with, or any activity to stimulate them.

Other people told us they were able to choose activities that they enjoyed. One person said, "I like to spend time listening to my music or reading a book. Sometimes I prefer to be in my room, but if I want to go into the lounge for something, the staff will come and fetch me." We observed staff fetch important items for people and they then responded positively by smiling and engaging with the staff. We saw some people being supported by staff to dance and sing along to their favourite music. A coffee morning had been held on the second day of our inspection and people told us they had enjoyed this, and various visitors had attended.

The registered manager told us that a second activities co-ordinator was being recruited to enable people to have more options available to them. The provider told us, "There are various improvements we will be making. We want the home environment to be more suitable for people living with dementia. We are looking

at how to do this best. We have ideas for the lounge areas so that people will be encouraged to use them more." We were told how they had plans to improve the garden area so it was more accessible for people, and we discussed how people could have greater access to stimulating activities that could enable people to have things to occupy their minds further. This demonstrated the provider had recognised that improvements were needed and was committed to promoting people's wellbeing.

People and their relatives were involved with the planning of their care. One person said, "I was asked for a lot of information, things that were important to me and what I needed help with." One relative told us, "The family was fully involved and they listened to everything we said." We saw that people's care needs were assessed and reviewed. One staff member said, "The care plans are helpful as they give us the information to help us understand people's needs and any risks we should be aware of." The care plans we looked at were individual to people, and included details about their histories, preferences, and things that were important to them. These records gave staff information that enabled them to engage with people.

People knew how to raise any issues of concern. One person said, "I would certainly speak to the staff if there was anything I wasn't happy about." One relative told us, "I did have to raise some issues at first, and the situation has now improved." Another relative commented, "I would be more than comfortable raising any issues with the manager or provider." We saw there was a complaints policy in place and the registered manager had systems to manage and monitor this. We saw the registered manager had responded to any issues that arose and had then taken action. This demonstrated that the provider listened to people's experiences and used these as an opportunity to make improvements.

Is the service well-led?

Our findings

People were positive about the recent change in provider of the service. One relative told us, "I've noticed a sense of excitement from the staff in the past three weeks." Another relative commented, "I think the changes will be for the best." The provider showed us the 90 day plan they had to bring about improvements. They said, "There were some things we wanted to do immediately, and other things will take a bit more time. We have identified areas where we can streamline some of the processes; for example the time staff spend completing records which will mean they will be more available for the people who live here." The registered manager told us, "There are a lot of things that we have identified that need acting on, from repairs and maintenance within the home, ensuring staff get their new uniforms, continuing with our recruitment into vacant posts, as well as the management of absences. But I am confident that we will get there and the provider is there to support us with this." This demonstrated the provider was encouraging continual improvements within the home.

Staff enjoyed their work and one staff member said, "I really enjoy working here, in fact I love it." Another staff member told us, "I am always made to feel like I'm part of the team here." Staff understood their roles and were aware of the different duties each team member had. People spoke positively about the management and leadership in place. One relative told us, "I have found the management are very responsive; they listen to me and do ask my opinion about my relation's care." One staff member said, "Since the manager came, it's fantastic." Another staff member commented, "They do get things done and deal with things." A third staff member told us, "The management team are approachable and supportive; I've found them to be fair to all the staff."

Staff were supported in their roles. One staff member said, "We all support each other and pull together." Another staff member commented, "I find my supervision sessions helpful. We can discuss anything really; including things that I'm unsure about. I also get feedback about my work so I can then improve in these areas." The registered manager told us, "I have had more support in recent weeks than previously, and the provider has been here regularly." Staff meetings were held and we saw the notes were shared with the staff team. Staff told us they used these meetings to discuss any changes within the service and were encouraged to share their views. One staff member told us, "They always want to know ideas about what's working or not working; we are told that this is our chance to bring things up." Staff were aware of the whistleblowing policy that was in place. This supports staff to raise any concerns they may have, anonymously if they preferred. One staff member told us, "I wouldn't hesitate to raise any issues." We saw the registered manager had responded to any concerns when needed. This demonstrated an open culture was encouraged within the home.

The registered manager encouraged feedback from people who used the service and their relatives. We saw that surveys were completed and newsletters were sent out to update people about any changes or developments within the service. A 'you said; we did' information board was being reinstated following the change of provider and this would help people know what actions had happened in response to their feedback. A staff survey was completed and there was a suggestions box for people to use in the foyer of the home. The provider told us how they were remodelling the reception area so it was more welcoming for

visitors. The registered manager explained how the staff member on reception would be there seven days a week so care staff would not have to be disturbed from their duties by answering the door.

The registered manager had effective systems in place to assess, monitor and improve the quality of care people received. They had reviewed the frequency of these audits and told us, "Some of the audits were monthly and these have now been increased to weekly so they are more effective." We saw that information was gathered about pressure care, people's mealtime experiences, medicines and care documents. The registered manager identified any trends and then put actions into place to address issues. For example, care practices were discussed within the dignity meetings that were held. The registered manager understood their responsibilities as a registered person. They maintained detailed records that were kept securely and had notified us of any significant events that had occurred at the home.