Park View Nursing Home Limited

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Inspection report

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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?	**Good**

Summary of findings

Overall summary

This inspection took place on 10 and 13 April 2018 and was unannounced.

At our last inspection on 27 February 2017 we rated the service as 'Requires Improvement' and identified two breaches which related to safe care and treatment and good governance. Following the last inspection, we asked the provider to take action to make improvements to the management of risks and overall governance of the home. At this inspection we found this action had been completed.

Park View Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides nursing and personal care for up to 43 older people. Accommodation is provided on two floors with lift access between floors. There are communal areas on the ground floor, including three lounges and a dining room. There were 32 people in the home when we inspected.

The home has a registered 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.

Risk management had improved. Regular checks of the environment meant issues were being identified and dealt with promptly. Individual risks to people were assessed and mitigated. People told us they felt safe in the home and we found there were enough staff to meet people's needs. Staff recruitment procedures ensured staff were suitable to work in the care service.

Staff had received safeguarding training and knew how to identify and report abuse. We saw where incidents and accidents had occurred appropriate action was taken to keep people safe. The registered manager had dealt with a number of medicine errors which related to incorrect stock balances and gaps on administration charts. These issues had been referred to safeguarding and addressed individually and collectively with staff and new systems had been put in place to make improvements.

Staff received the induction, training and support they needed to carry out their roles.

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

We saw personalised care was delivered however this was not reflected in people's care records. There was not enough detail in care plans to guide staff about the care and support each person required. We have made a recommendation about making sure care plans reflect individual needs. People's nutritional needs were met. People had access to healthcare services and systems were in place to manage complaints.

People gave mixed feedback about the activities which were mainly provided by the care staff with some external entertainers visiting regularly. However, a new activity organiser was due to start in post the week after the inspection.

People and relatives spoke positively about the care they received and praised the staff who they described as kind and caring. People were treated with respect and their privacy and dignity was maintained.

At the last inspection the registered manager had been the only permanent nurse employed in the home and the service was heavily reliant on agency nurses. This situation had improved as permanent nursing staff had been recruited. This provided the registered manager with more time to devote to governance and enabled them to develop and embed effective quality assurance processes. This was evidenced by us as we found the registered manager had already identified, and was taking steps to address, the issues relating to medicines and care records.

This is the third time the service has been rated Requires Improvement, although the key questions in Effective and Well-led have both improved to Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were managed safely, although recording systems needed to improve.

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment checks were completed before new staff started work to ensure their suitability to work in the care service.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

People's privacy, dignity and rights were respected and maintained by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care although this was not reflected in their care plans. End of life care was provided sensitively and compassionately.

Activities were provided, although some people felt these could be improved.

Complaints were recorded and dealt with in accordance with the provider's complaints procedure.

Is the service well-led?

Good

The service was well-led.

The registered manager and provider worked well together to provide consistent leadership and management.

Effective systems and processes were in place to assess, monitor and improve the service and assess, monitor and mitigate risk.

Park View Nursing Home Limited

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 checked 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 10 and 13 April 2018. The first day of the inspection was unannounced and two inspectors and an expert by experience with experience of services for older people attended. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider knew we were returning on the second day and one inspector attended.

Before the inspection we reviewed the information we held about the service. This included information we had received about the service and statutory notifications we had received from the service. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed how care and support was provided to people. We spoke with nine people who were using the service, two relatives, one nurse, four care staff, an agency care staff member, the cook, the registered manager and the provider. We also spoke with a visiting healthcare professional.

We looked at four people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's

bedrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2017 we identified a regulatory breach in relation to safe care and treatment as we found risks to people and in the environment were not always identified and managed. At this inspection we found improvements had been made.

We saw regular checks were carried out to ensure the safety of the environment. Daily and weekly audits of all areas of the home were recorded and showed action had been taken to address any issues identified. Environmental risk assessments were in place and fire safety checks were up to date. Personal emergency evacuation plans (PEEPs) detailed the level of assistance people needed in the event of a fire and there was an up to date fire risk assessment. Maintenance certificates were in place for areas such as legionella, gas safety and electrical installation. A log showed maintenance works were completed in a timely manner. People and relatives knew the maintenance person and spoke highly of them. One person told us, "We only mentioned that the light was broken this morning and now it's fixed." A relative said, "(Maintenance person) is always about for any problems. When we first came there was a problem with the buzzer and they wouldn't leave until it was fixed."

We found risks to people were well managed. Risk assessments were in place and reviewed monthly. Information about individual risks was also discussed in handovers and displayed on a board in the staff office. Our discussions with staff showed they understood how to manage individual risks to people.

The PIR showed there had been a number of medicine administration errors over the previous 12 months. All of these incidents had been thoroughly investigated, referred to safeguarding and notified to CQC. Many of the incidents related to inaccuracies in stock balances and gaps in recording on medicine administration records (MARs). Records we reviewed showed the registered manager had addressed these issues with individual staff through supervision and disciplinary processes. A nurses meeting had also been held in January 2018 specifically about medicines. The registered manager told us they had worked with the safeguarding team and had recently put in place new risk based systems to ensure any errors were identified and addressed promptly.

Our review of the MARs showed most medicines had been signed for when administered. However, there were gaps where staff had not signed to show nutritional supplements and creams had been administered. These had been identified by the registered manager and were being addressed.

We saw protocols were in place to guide staff in the use of 'as required' medicines. Body maps showed where to apply topical medicines such as creams and ointments. We checked two people's medicines and found the number of tablets left matched the record on each person's MAR.

Controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the right way. We checked a sample of controlled drugs and found stock balances were correct.

People told us they received their medicines when they needed them. One person said, "My legs are painful.

They give me my tablets when I need them. It helps with the pain."

People's medicines were stored securely in individual medicine cupboards in their bedrooms along with their medicine administration records (MARs). Some medicines were kept in the treatment room and the temperatures of the storage areas, including the medicines fridge, were checked to make sure they were within the recommended limits. However, we found temperature checks in bedrooms were not consistently recorded and were sometimes above the safe range of 25°C. This had already been identified by the registered manager through their audits and was being addressed.

Staff told us their medicines training was kept up to date and their competency was assessed by the registered manager. This was evidenced in the training matrix and staff records we reviewed.

People told us they felt safe and there were enough staff to meet their needs. Comments included; "There's enough staff for me. I go to bed when I want, I don't need assistance" and "There's enough staff. I go to bed when I want to, I get hoisted. Staff get me up at the same time every day, when I want to get up." Relatives also felt there were sufficient staff. One relative said, "There is always someone available. Last Friday the red buzzer went [in family member's room] the staff beat me back to the room. Whenever we come there's always enough staff." Another relative told us, "Yes, there's enough staff, slightly less staff at the weekend but it doesn't affect [family member]. I can always find a staff member."

A dependency tool was used to calculate safe staffing levels taking into account people's dependencies and the layout of the building. The registered manager told us this was reviewed monthly or whenever people's needs changed. We observed there were sufficient staff to meet people's needs. People who chose to stay in their bedrooms told us staff visited them regularly and responded to any calls for assistance. We saw staff were available to people in communal areas. Staff told us the usual staffing levels of two nurses and seven care staff during the day were enough for them to deliver care to people without rushing.

Staff told us the recruitment process was thorough. Our review of staff files showed the provider completed recruitment checks, such as obtaining references and criminal record checks through the disclosure and barring service (DBS) before new staff started work. Checks were undertaken to ensure nurses had valid and current registration with the Nursing and Midwifery Council (NMC). The provider told us gaps in employment were discussed with staff, however they acknowledged these discussions were not always recorded and said they would ensure this was completed in future.

Staff we spoke with understood the different types of abuse and knew how to identify and report any concerns or allegations. They were confident management would act on any concerns they reported and were aware of whistleblowing procedures. Contact numbers for the safeguarding team were displayed in the office for staff. We saw safeguarding incidents had been fully investigated and appropriate action had been taken to protect people. Referrals had been made to the local authority safeguarding unit and notified to the CQC. Accidents and incidents were recorded and analysed monthly by the registered manager for any themes or trends.

There were effective infection control systems in place. People and relatives told us the home was kept clean and tidy and we found it was when we visited. We saw staff wore personal protective equipment (PPE) such as gloves and aprons. We saw facilities were provided to ensure good hand hygiene was maintained.

Good

Is the service effective?

Our findings

Needs assessments were completed by the registered manager or nurses before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment required. Staff told us before a new person came in they had a group supervision where they discussed the person's needs so everyone knew about the person when they arrived.

Staff told us training was a mixture of e-learning and face-to-face. They said the training was good and kept up to date. One staff member said, "We've just had fire training which was really good. We were shown how to evacuate the residents and how to use the different fire equipment like the sledges." Another staff member said, "We've recently got new (hoist) slings and we've had training on how to use them and slide sheets."

The training matrix showed the majority of staff were up to date with all their mandatory training which included areas such as fire safety, moving and handling, safeguarding and infection control. The matrix identified those who still required an update and a plan was in place to make sure this was provided. Developmental training was also provided in areas such as person-centred care, end of life care and stroke care. One staff member told us they had recently completed training in catheter care and percutaneous endoscopic gastrostomy (PEG) feeding and was booked to attend end of life care later this year. Another staff member told us they were undertaking a care qualification and how they had been supported to do this through group learning.

A structured induction programme was in place, which included new staff members shadowing experienced staff. Staff who had no previous care experience completed the care certificate. The care certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support. We spoke with two staff who had started working at the home in the last eight months. Both told us their induction was thorough and said the shadowing period had really helped them to get to know people well. One staff member said, "I learnt more in three weeks here than I did in a year at the previous home I worked in."

Staff told us they received regular supervisions and an annual appraisal. The supervision and appraisal matrix confirmed this and showed staff received group supervision to improve practice in particular areas such as hand hygiene and falls, as well as individual supervision. Supervision records we reviewed were detailed.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training and understood the requirements of the MCA and DoLS. The registered manager kept an overview of when DoLS were due to expire so they could reapply within time. However, the overview did not contain information regarding the conditions which were attached to some of the DoLS. We checked one person's DoLS and found action had been taken to meet the conditions, although the registered manager acknowledged the recording of this needed to improve as there was limited detail.

Where people had a Lasting Power of Attorney (LPA) in place this was referred to in the person's care record and a copy of the LPA was kept by the provider. A LPA is a legal document that appoints one or more people (known as 'attorneys') to help a person make decisions or to make decisions on a person's behalf.

We saw staff sought consent from people before providing any support and consent to care and treatment was recorded. Where people lacked capacity to make a particular decision we saw capacity assessments and best interest decisions were recorded. For example, use of bedrails.

People we spoke with were generally positive about the food. Comments included: "I like English food not the foreign stuff, though some like it. There's plenty of choice and there's drinks and stuff in the dining room"; "I like the corned beef fritters. I don't like curry"; "The food's okay. I can't fault it" and "The food's alright, it's nothing special. I prefer tea time – cheese on toast and fish finger butties – and I like my breakfast. I'm not keen on lunch."

We saw people had breakfast as they got up at different times throughout the morning. People were offered a choice and assistance was provided where needed. Tables were laid with cloths and napkins and condiments. We heard people being asked at breakfast what they would like for lunch and two choices were offered. A pictorial menu showed the meals for the day.

People could choose where to have their meals and we saw some people stayed in the lounge, others in their bedrooms and many went to the dining room. We observed lunch in the dining room. The meal was served on plates which were covered and then put on trays to take to the tables and to people who were eating in the lounges or their bedrooms. Sauces, gravy and butter were presented in individual dishes so people could help themselves. We saw people were offered seconds and alternatives were offered to those who did not appear to be enjoying the meal. We heard people make the following comments about the meal; "It's very good, very hot"; "It's very nice" and "They make great custard." We saw people were gently encouraged to eat independently before staff came to help where needed. One-to-one support was provided to those who needed it. This was discrete, respectful and appropriate. We saw people were offered regular drinks and snacks throughout the day.

The cook had a list of people who had specific dietary needs which was displayed in the kitchen for all staff to see. The cook also had information from the speech and language therapy (SALT) team to ensure they met people's needs. The provider and cook planned the menus and we saw these incorporated dietary advice from the dietician in relation to some individuals. The menus we saw did not include details of the fruit and vegetables on offer, however when we visited on the second day the provider told us these were now included.

We saw systems were in place to monitor people's weight which identified any loss or gain and the action

taken in response.

Care records we reviewed showed people had access to healthcare professionals such as GPs, opticians, dieticians, the SALT team and mental health services.

Good

Is the service caring?

Our findings

People told us they liked the staff, describing them as kind and caring. One person said, "[Staff] are very kind, they shake hands. I only have to ask if I want a shower and they sort it out for me." Another person said, "The staff do whatever you ask them to do, if it's possible they do it." A further person said, "Staff are very good. They're nice and caring. They let me do as I want."

Relatives also praised the staff. One relative said about the staff, "They're very helpful and very kind, always caring and understanding. [Family member's] always kept clean and nice." Another relative told us, "All [the staff] we know are absolutely brilliant, there's not been one problem since [family member] came last year. [The manager] has brought in good staff. We ring the home every day and they come up and help [family member] with the mobile phone so we can talk to [family member]."

There was a caring, friendly atmosphere and we saw all staff interacted with people pleasantly at every opportunity. We saw one person having a laugh with the maintenance person, other people were chatting with the cook and the domestic staff. We heard staff acknowledging people by name when they walked past and asking if they were all right. When people had visitors they were also greeted warmly by staff. Some visitors brought their dog in and we saw this generated chatter and smiles from people.

We saw staff were patient and compassionate and noticed when people needed support. For example, staff noticed one person looked uncomfortable in their chair. Staff crouched down to speak with the person listening carefully to them. Cushions were used to provide more support with staff repositioning them several times until the person was comfortable. Staff were cheerful but also sensitive to the person's low mood and once the person was settled in the chair they sat holding the person's hand chatting to them quietly, reassuring and comforting them.

We saw staff treated people with respect and ensured their privacy and dignity was maintained. This was clearly demonstrated when staff assisted people to transfer using the hoist which we observed on a number of different occasions. Staff were competent and patient in applying the slings and did not rush. They made sure people's clothes had not been displaced ensuring their dignity was maintained. We saw they explained what they were doing and checked people were okay throughout the process, providing reassurance where needed.

Personal care was carried out in private and staff were discrete when asking people if they required assistance. People looked well-groomed and comfortably dressed. We saw people's bedrooms were personalised with pictures, photographs and other personal effects.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the care they received. One person said, "I've no complaints on that score, I'm well looked after." Relatives also expressed satisfaction with the care provided. One relative told us, "[Family member] is looked after very, very well."

Our discussions with staff showed they had a good understanding of people's needs. Staff told us communication was good and said they were kept informed of any changes in people's conditions through detailed handovers. One staff member said, "The handovers are really good. They've been changed so they're more indepth now and we know exactly what the residents need and if anything has changed." Written handover reports we reviewed were detailed and highlighted any changes to care. There was also a board displayed in the office with clear guidance for staff about people's care needs and the action to take in response to any risks. For example, the recommended daily fluid intake for individuals who were at risk of dehydration.

We found personalised care was being delivered, however this was not always reflected in people's care records. The service used an electronic care recording system. We saw care plans were given a risk rating which the registered manager told us was determined by the nurse. There was no criteria or scoring system to assess the risk level. We found inconsistencies in the level of detail provided about people's care needs. There was some personalised information for example, one person's care plan showed they preferred to sit on the edge of their bed rather than in a chair, detailed the time they liked to go to bed and how often they wanted to be checked by staff during the night. The person told us these things had been discussed with them and were their choices.

However, we also found information that was generic rather than person-centred. For example, we saw care plans had standardised phrases such as 'ensure toileting programme adhered to' and 'care staff to assist with all toileting' which gave no detail about the specific requirements of the individual. One person's care plan stated, 'encourage 1.5 litres of fluid each day in form of favourite drink' yet there was no information about what the person's favourite drink was. Another person's care plan stated staff were to be aware of the person's likes and dislikes regarding food. There was no information recorded within the care plan as to this person's food preferences.
We found there was a lack of detail. For example, one person's care records showed they were verbally aggressive towards a staff member however there was no further information. The time of the incident was not recorded, neither was the location or which member of staff was involved. We found there was no analysis of behaviours in order to identify triggers.

A section of the care records was entitled 'About me' and again there were variations in the amount and type of detail recorded. For one person there was no information recorded in this section. For another person the record stated they were Catholic but this had not been expanded on to show whether they were practising their faith and wanted to go to church or wanted a priest to visit them or whether their faith had lapsed. A further person's records provided more detail and clearly reflected the answers they had given when staff had asked them questions to find out more about them.

The registered manager had identified shortfalls in the care records through their audits. As a result of this they had recently introduced at the end of March 2018 a 'Resident of the Day' system whereby nurses carried out a full review of one person's care each day which included all their care records. The registered manager told us any issues raised through the review would then be addressed by the nurse at that time. The registered manager would then audit all the reviews each month. Care plan reviews nurses had completed on 30 March 2018 showed issues were being picked up and addressed. However, the registered manager acknowledged this system needed to be fully embedded to ensure the improvements made were sustained. We recommend that the service ensures care plans contain sufficient detail to reflect individual care needs.

We found people received sensitive and compassionate end of life care and support from staff. One relative contacted us shortly before the inspection to praise the care that had been provided to their family member who had died in the home this year. The relative said their family member's 'wonderful care carried on until the very end'. Other relatives we met praised the care provided to their family member who was approaching the end of their life. They also appreciated the support provided to them as a family.

People gave mixed feedback about the activities. Comments included; "I like the entertainers, bingo and a quiz. I've never had a complaint, I'm really chuffed with all I have here"; "A fella came to talk to us yesterday and we have singers and bingo occasionally, there's nothing going on really. Some of the singers are all right"; "There's no activities. I would like boxing, badminton and skipping" and "They should come and tell us 'there's a singer on this afternoon', but they don't, I'd like to go, there's nothing else going on that I know of."

The registered manager told us the previous activity organiser had left and activities were currently provided by staff and visiting entertainers. Records showed this included active minds therapy sessions and fitness classes as well as singers. An activity programme for the month was displayed in the reception area. We saw some activities taking place during our inspection. One person was playing dominoes with a staff member and another person was having a game of Connect Four. In the afternoon staff organised a game of bingo.

Some people were entertaining themselves. We saw people were enjoying watching the Commonwealth Games on television. Two people were having a discussion about the boxing and another person said how much they liked the swimming events. We saw one person knitting while listening to the radio in their room. Another person said they liked to spend time in their room watching television and doing puzzles in their puzzle books. One person was reading a newspaper and chatting to staff about what they had read.

One person told us how much their life had improved since they came to Park View Nursing Home. They said, "It's home from home for me here. (The manager's) got me back up again. I was very low and she's got me back to myself. I go to the local shop, do gardening and grow things in the greenhouse. I always set the tables for lunch every day. It's good for me here."

The registered manager told us they had recruited a new activity person who was due to start the week after the inspection. This staff member was booked on an activity co-ordinator training course in Leeds on 8 May 2018.

The home produced a quarterly newsletter for people and copies were available in the home. The most recent edition included a quiz, recipes, gardening, information about events in the local community and remembering what life was like for people born before 1940.

The complaints procedure was displayed in the home. People and relatives told us if they had any concerns or complaints they would raise them with the staff or manager and felt confident these would be dealt with.

We looked at the complaints file and saw five complaints had been received since the last inspection. Records showed these had been investigated and dealt with appropriately.

Good

Is the service well-led?

Our findings

At our last inspection we found a regulatory breach in relation to governance as the audit systems were not robust in identifying and addressing issues. At this inspection we found improvements had been made.

There was a registered manager. At the last inspection the registered manager was the only permanent nurse in post and the service was heavily reliant on agency nurses. Since then the use of agency nurses has reduced and the registered manager has built up a team of permanent nurses and care staff. The registered manager told us of the actions they had taken to ensure all staff knew and understood their responsibilities and accountability in terms of what was expected of them in relation to their job roles. We saw where issues had been identified these had been addressed with staff through supervision and/or disciplinary processes.

Relatives told us they thought the home was well run and praised the registered manager. One relative said, "It seems to be very well run, I get invitations to meetings but I don't always attend. They do a good job." Another relative told us, "Before we came here we had heard bad reports. [The manager] said we are turning it round, and that's the way it's been. I want to praise all the staff, the care and the cleanliness."

Staff told us they enjoyed their jobs and said they would recommend the home as a place to work. One agency staff member who had worked at the home on several occasions said, "When I come here I always work alongside experienced staff. I get good information about the people I'm looking after and I'm not left to do anything on my own. What is good here is the strong leadership. Staff know what's expected of them." Other staff comments included; "[The manager] is very good. She listens and deals with things" and "[The provider and manager] are very easy going and approachable. They're both hands on. I think [the home's] well run and well managed."

Staff also spoke of the improvements that had been made. For example, the maintenance person said the increased environmental checks meant they were now picking up and addressing issues more promptly. One of the staff said, "I think [the manager] is doing a good job. Although the 'resident of the day' review is fairly new it's really improving things. It's thorough and means I can really check everything about that person's care, talk to them and make sure it's all recorded properly."

A visiting healthcare professional told us some of their colleagues had picked up shortfalls in the care documentation but these had been addressed. They said they thought the manager was 'very good and had made lots of improvements.

Effective systems were in place to assess and monitor the quality of the service. Our review of a sample of audits showed issues we had picked up at this inspection had already been identified through the registered manager's audit processes and were being addressed.

We saw the registered manager was continuously looking at ways to improve the service. For example, staff handovers were reviewed following an incident where information handed over verbally was not acted on. Staff told us handovers were now more indepth and information was better recorded. The 'resident of the

day' care reviews were introduced to address the shortfalls identified in the care records and staff told us these were working well. A risk rated checking system for medicines had been introduced to ensure medicine recording errors were identified and addressed more promptly.

Resident and relative meetings were held. The provider sent out invites to meetings and also included questionnaires about different topics. For example, about the food and dining experience. We saw five had been returned but not yet analysed.

Staff told us they had regular meetings and minutes we saw showed discussions around topics such as safeguarding, training and infection control issues.

We found required notifications such as serious injuries and allegations of abuse had been reported to the Commission. This helped us to monitor events which occurred within the service.

We saw the rating for the service from the last inspection report was displayed in the home as required and on the provider's website.