

The Keepings Limited

Birkdale Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 5 and 6 April 2018 and was unannounced. At the last inspection completed on 23 November 2017 we rated the service as inadequate, as the provider was not meeting the regulations for safe care and treatment, person centred care, dignity and respect, consent, responding to complaints and they did not have effective governance arrangements in place.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Following the last inspection, we asked the provider to provide us with an action plan of how they were going to make improvements. We checked the provider had taken the actions required at this inspection.

At this inspection we found improvements had been made and the provider was meeting the regulations for safe care and treatment, person centred care, dignity and respect, consent, responding to complaints and governance arrangements, however further improvements were needed.

Birkdale residential 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.

Birkdale residential home accommodates up to 27 people on one adapted building. At the time of the inspection there were 22 people using the service.

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to manage risks to their safety however improvements were needed to the assessments and plans as they sometimes lacked detail.

Staff had received training, however further work was required to ensure this was kept up to date.

Improvements were needed to the environment to ensure it was suitable for people living with dementia. People did not always receive consistent care. People received support from staff that were caring, however improvements were needed to make this consistent.

People's preferences were understood by staff. However this did not always inform people's care planning. People were not consistently supported to follow their interests. Improvements were needed to how people were supported in a way that met their wishes and effectively at the end of their life.

The governance arrangements required further improvement to ensure they were driving improvements and that the changes made were sustainable.

People were safeguarded from potential abuse. People were supported by sufficient numbers of staff that had been safely recruited. People were supported to take their prescribed medicines. People were protected from the risk of cross infection.

People were supported to maintain their health and well-being. People had their rights protected by staff that understood and could apply the principles of the Mental Capacity Act 2005. People were supported to meet their dietary needs.

People were involved in decisions and had their choices respected by staff. People were respected and their dignity was maintained. People understood how to make a complaint and these were responded to and used to make improvements.

Notifications were submitted as required and the registered manager understood their responsibilities. We found people; their relatives and staff felt supported by the registered manager and were able to be involved in their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People had their medicines administered safely, however guidance for administration was not consistently in place.

People were supported to manage risks to their safety, however plans sometimes lacked detail.

People received support from safely recruited staff. People received support from sufficient staff.

People were protected from the spread of infection.

People were safeguarded from potential abuse.

The manager had systems in place to learn when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's needs were assessed and planned for, but improvements were needed to ensure these reflected up to date information.

People were supported by staff that had the knowledge to support them, however plans to ensure staff stayed up to date required further improvement.

The environment required further improvement to meet the needs of people living with dementia.

People's rights were protected by staff.

People's nutrition and hydration needs were met.

People received support to monitor their health and seek advice from health professionals.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were supported by caring staff, but staff sometimes missed opportunities to engage with people.

People were involved in making decisions and choices.

People's privacy and dignity was maintained.

Is the service responsive?

The service was not consistently responsive.

People were not always able to follow their interests or spend time doing activities they enjoyed.

People's needs and preferences in relation to their gender, sexuality and culture for example were not consistently assessed and reflected in care plans.

People received a response to their complaints.

People were not consistently supported to consider their preferences for effective support with end of life care.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The systems in place to monitor care delivery were not fully embedded.

People and staff felt supported by the registered manager.

The registered manager notified us of incidents.

Requires Improvement ●

Birkdale Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 18 and 19 April 2018. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

During the inspection, we spoke with ten people who used the service and four visitors. We also spoke with the registered manager, the provider, three senior care staff and five care staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 23 November 2017 we found the provider was not meeting the regulations for safe care and treatment. We found a breach of Regulation 12 for safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was meeting these regulations but further improvements were needed.

People had their risks assessed and plans were put in place to reduce risks to their safety. Staff could describe the risks to people and tell us the actions they took to keep people safe. For example, one person used a walking stick to walk around to keep them safe; staff were able to describe how they had to remind the person to use their stick on some occasions. We saw staff using equipment safely to help a person transfer from a wheelchair to a lounge chair, we found staff could tell us about the risks for the person and this was detailed in their care plan. We found information about the risks for people were included in the risk assessment and care plans, however this was not consistent, some care plans lacked detail about how staff should support people, there was no impact on people as staff understood how to do things safely. We spoke to the registered manager about this and they told us work was underway to review risk assessments and care plans and they would ensure the information in the plan matched staff knowledge. We saw accidents and incidents were monitored, we found one person had fallen on three occasions in a short space of time, staff had contacted the person's doctor and medicines were reviewed. The person's risk assessment was updated and a sensor mat was put in place to help reduce the risk of the person falling. We saw the person had not fallen again following the actions taken. This meant people's risks were understood by staff and actions were taken to reduce risks, but further improvements were needed to ensure people's plans were up to date.

People told us their medicines were administered safely. One person said, "I have my medicines regularly through the day". At our last inspection we found administration of antipsychotic medicines was not completed safely, at this inspection we found the provider had sourced information from a pharmacist and these types of medicine were now being administered safely. We found there was written guidance in place which told staff when the medicine should be given. We found medicines were stored and disposed of safely. Staff told us they had received training in medicine administration and we observed staff followed the policy and individual guidance when giving people their medicines. Checks were in place on stock levels which ensured people had the medicine they needed available. Checks also took place to ensure the medicine administration records (MAR) were completed correctly and any issues were investigated by the registered manager. We found staff had a good knowledge of when to administer as required medicines, however we found protocols were not consistently in place to give written guidance to staff. We spoke to the registered manager about this and protocols were put in place by the time we returned for day two of the inspection.

We observed improvements had been made to infection control procedures. The registered manager had introduced spot checks on staff to ensure they were following the procedures. We saw checks were completed daily to ensure people's bedrooms and communal areas were kept clean and risks to infection spreading were minimised. Staff could describe how they used guidance to minimise the risk of cross

infection and we saw staff used protective clothing and gloves during our observations. We observed the home was clean and staff were responsive to issues throughout the inspection. For example, one bedroom had a soiled carpet; staff were noted to have taken immediate action to get the carpet cleaned. This meant people had risks from cross infection minimised.

At our last inspection the registered manager was not ensuring fire precautions were taken and regular testing of the fire system was not carried out. At this inspection we found tests were now in place. We saw a fire safety audit had been carried out by the local fire service in January 2018 and a follow up visit was completed in February 2018. The provider was able to show evidence of how they had learned from both our inspection report and the advice of the fire service to make changes and take appropriate action. This meant the provider had taken appropriate action to keep people safe and learned when things had gone wrong.

People and their relatives had mixed views about whether there were sufficient staff available. One person told us, "There is not enough staff here really". However the person added, "The response when I ring my buzzer is not too bad". A visitor told us, "Staffing levels are good, call bells are answered and staff come straight away". Staff told us there were sufficient staff on duty to meet people's needs. We saw people did not have to wait for their support and where people would benefit from staff sitting with them, we saw staff were able to do this. Call bells were answered promptly and the registered manager told us they were able to adjust staffing to meet people's dependency and needs. The registered manager told us they had recruited some new staff and this had helped with making changes and recruitment was on-going. Staff deployment had been considered and now staff were directed more effectively at the start of their shift. This showed there were sufficient staff and they were effectively deployed to meet people's needs.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting.

People and visitors felt the service kept people safe. One visitor said, "I feel confident [person's name] is safe here, staff are good keep me informed and monitor my relative". Staff could describe the signs of potential abuse and the action they would take if they believed someone was experiencing abuse. Staff had received training and we found incidents had been reported to the registered manager and appropriate action had been taken to investigate and report to the local safeguarding authority. This meant people were safeguarded from potential abuse and protected from the risk of harm.

Is the service effective?

Our findings

At our last inspection we found the service was not always effective. People were not always supported to manage their health conditions. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The principles of the Mental Capacity Act 2005 were not always understood and followed. This constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not always effective in their roles. At this inspection we found the provider was meeting the regulations, however further improvements were needed.

At the last inspection we found people's needs were not always assessed fully and effective plans had not always been put in place. At this inspection we found there had been improvements and the provider was no longer leaving people at risk. Relatives told us people's needs had been assessed and new care plans had been put in place, we saw records which supported this. For example, we found sensor mats had been purchased and put in place for people that were at high risk of falls. This meant people were supported to receive effective care. In another example, one person had been assessed as being at risk of dehydration, action had been taken to minimise the risk which included monitoring the person's fluid intake. However there was no guide for staff on how much fluid the person should have and when they should seek medical advice if the person was not drinking enough. The registered manager told us they would update the person's records immediately to ensure effective monitoring and there were instructions for staff to follow on when to seek additional advice. This meant improvements were needed to how staff monitored peoples care.

Systems had been introduced to offer consistent care to people. We found staff had a good knowledge of the people they were supporting. We saw care plans were in place which guided staff on how to meet people's needs. The registered manager said they were continuing to review care plans and shared their plan and timescales for completing this. A key worker system had been introduced. This gave staff a responsibility to monitor people's health and general wellbeing and where required make changes to peoples care plans and seek advice from other professionals, involving the person and relatives in the reviews. We will check how effective this has been in supporting people to have consistent care at our next inspection.

At our last inspection we found staff were not always using the training they had received to provide effective care and records were not available to show what training staff had received. At this inspection we found the registered manager had sought support from a national organisation to improve the training staff had access to and put a system in place for them to identify training needs and develop a plan. We spoke to a visiting professional and they told us progress had been made in identifying the gaps in staff knowledge, a blended learning program had been put in place and work had been undertaken to change the culture of the home. We found there was a change in staff's knowledge and they were positive about the progress they had made. Staff told us they felt the training had been beneficial. We saw training was underway on the day of the inspection and records were now in place which alerted the registered manager to any areas of training which required refreshing for staff. We saw planned training was in place to further increase staff skills. This showed improvements had been made and we will check the sustainability at our next

inspection.

At our last inspection we found improvements were needed to the environment. At this inspection we found some changes had been made but further improvements were needed. We saw the registered manager had put table cloths and placemats in place in dining areas, condiments were available and some work had begun to decorate and replace furnishings and floor coverings. The registered manager and provider told us there was a maintenance post in place and there were now plans to complete a program of refurbishment. We saw some work had been undertaken to improve signage and display boards with information about the time and date had been put in place. NICE guidelines state; When organising home placements for people with dementia, health and social care managers should ensure that built environments are enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment. The registered manager told us and our observations confirmed, work had begun to consider the needs of people when planning the environmental changes. For example, signage had been improved and boards were in place to help people orientate to time and place. The registered manager told us they would continue to consider these guidelines as they planned changes. We will check on the progress of these changes at our next inspection.

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 had their consent sought prior to receiving care and support. Staff understood the importance of seeking consent and shared examples of how they asked people for consent ahead of them having support. Staff demonstrated an understanding of consent; however not all staff were able to describe the broader principles of the MCA. The registered manager told us training in the MCA was ongoing and we saw training for staff was taking place during the inspection. We saw staff sought consent from people and most people living at the service were able to make their own decisions. Staff understood this and could describe what type of support people may need.

Where people were identified as not having capacity to consent, a MCA assessment was carried out. We found these were in place for individual decisions and best interest decisions had been taken involving the appropriate people. For example, where people were unable to consent to staff managing and administering their medicines a capacity assessment had been carried out and a best interest decision had been recorded. These assessments gave guidance for staff on how to involve the person in the decision and where people had fluctuating capacity this was also considered.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had reviewed people following the last inspection and they were in the process of making renewed applications to the local authorising authority body. We saw applications had been made where people were subject to restrictions. No applications had been approved at the time of the inspection. Whilst improvements had been made we will consider the sustainability of the approach to MCA at our next inspection.

At our last inspection advice had not been requested from health professionals in a timely way and in some cases staff were not following advice given by health professionals. At this inspection we found the required

improvements had been made. One person told us, "The staff call the doctor when needed". A visitor told us, "[Person's name] has recently been in hospital, on return to the service the registered manager sought advice from a doctor and the nurse". The person's care records confirmed advice had been sought on how to make sure their nutritional needs were met and protect their skin from becoming sore. When we spoke to staff they could tell us what they needed to do to meet the person's needs. In another example, following a fall the doctor had been asked to review the person's medicines to see if the person was receiving medicine which may have been making them unsteady on their feet. The person had changes to their medicines and a review of their risk assessment to reduce the risk of falls. This meant people received support to maintain their health and wellbeing.

People told us they were happy with the food and there were plenty of drinks on offer. One person said, "The food is quite good, the choices are adequate as they will do you something different if you don't like what's on offer". Another person told us, "The food is good and they adapt my menu if needed. The portions are big, so I ask for a smaller helping". A visitor told us, "The staff are good at making sure [person's name] has enough to drink, they keep a note of how much they have had". We observed there were drinks offered throughout the day and people had access to juice and water within their reach in communal areas and their bedrooms. Staff were encouraging people to drink and were observed offering people different options at mealtimes. We found people's individual needs and preferences had been assessed and appropriate diets were provided, for example, where a person required a vegetarian diet. Staff understood this and could demonstrate how they met the person's needs. We found where needed specialist advice had been sought, for example one person had been assessed by the speech and language therapy team (SALT). Staff understood this person's needs and the advice was clearly documented in the person's care plan. We found where people were identified as being at risk of dehydration or malnutrition appropriate plans were in place and staff recorded information in people's care plans to monitor people. There were clear instructions for staff on when to seek advice from other health professionals, and we saw action had been taken. This demonstrated peoples nutrition and hydration needs were met effectively.

Is the service caring?

Our findings

At our last inspection we found people's privacy and dignity was not always respected, this constituted a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting the regulations. However further improvements were needed.

People and their relatives told us they felt the staff were kind and caring. One person said, "I have been here over two years and the staff are very good here. I ask them for help to get comfortable and they provide it". Another person told us how the staff had arranged a celebration for them, commenting, "We had a fantastic party with my family and friends. The staff surpassed themselves, with lovely food, decorations; we all had a good time. I've been here a long time. I'm looked after very well". A visitor told us, "I'm happy with the care [person's name] receives, staff are very caring". Staff were observed spending time with people and speaking with people in a caring way. However this was not consistent, we did see some missed opportunities for staff to engage with people. For example, at meal times some people would have benefited from some encouragement to continue to eat their meal, we saw some staff appeared not to notice, whilst others tried to encourage the person to continue eating. The registered manager told us they were working with staff to make changes to the culture and they would continue to observe and address any issues with staff. This showed staff were mostly caring, but opportunities to support people were sometimes missed.

People and their relatives told us things had improved and staff involved them in decisions and they could make choices about their care and support and were helped to retain their independence. For example; people told us they had access to showers and baths when they wanted them and there were no concerns when people chose to stay in their rooms. One person said, "I can have a shower more often now. When I ask they may say we'll come back in half an hour but they do come back". Another person told us, "On the whole I'm treated respectfully. I manage my own personal care and use the commode myself. I walk slowly with a frame and I've had no falls. I've tried going downstairs but I have limited eyesight and hearing so prefer to stay in my room. I'm not interested in taking part in activities. I read a lot and have my television. I'm used to my own company from living alone". Staff were observed offering people choices throughout the day, for example, one staff member was seen to help a person find a seat near to their friends. Staff offered choice with meals, how to spend time and where people wanted to be within the service. We saw people were supported to retain their independence with personal care, walking and eating their meals. People confirmed for us that staff offered the support that was set out in their care plan. This demonstrated staff encouraged people to retain their independence. Guidance was included in care plans about how people could be supported to make decisions and retain their independence. This showed people were supported to make choices and decisions about their care and support.

People and their relatives told us privacy and dignity was maintained. One person said, "I've got a nice room and it's up to me if I stay in my room or come in the lounge". Another person told us, "I've been here just over a year. I like my room and have my own television. My family visit me every day and are made welcome, and I have my own phone so I can ring them when I want". We saw staff were respectful when speaking with people. We saw visitors were arriving at the home throughout both days of the inspection and staff were

seen to offer them seats or assist people to a private area for their visit. People were able to spend time alone and do this safely. For example, staff made sure people had access to a call bell to ring for help and where needed alarm mats were used to alert staff if people at risk of falls were moving around in their room. This showed staff were observing people's dignity and supported them in a respectful way.

Is the service responsive?

Our findings

At our last inspection we found people did not receive person centred care and this constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation's 2014. People's complaints were not investigated and responded to and this constituted a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was meeting the regulations, however further improvements were needed.

People and their relatives told us staff understood their preferences and provided individual support. One person told us, "I like to have a pillow for under my legs in bed and I know staff will get one for me". Another person told us, "I like to have a lie-in in a morning and I can". Staff confirmed the person preferred to stay in bed until almost lunchtime, and we saw staff respected the person's wishes during the inspection. Staff were able to describe people's needs to us and they knew people well. For example, staff told us about two people that preferred to be addressed by something other than their name. We saw staff used people's preferred names during the inspection. However improvements were needed to how preferences were recorded in people's care plans. This is important to ensure people's preferences are consistently considered by staff. This meant some improvements were needed to how preferences were recorded in care plans.

Staff could give examples of how they met people's needs in relation to disability, culture and religious beliefs. We saw people were supported to receive care which met their needs for example with their diet or religious needs. At our last inspection we found people had not had their communication needs met. At this inspection we found improvements had been made. For example, one person's first language was not English. Staff described the approach they used to help this person communicate which included flash cards and offering objects for the person to choose from. The person's relative confirmed they were happy with the support the person had with their language and they were involved in helping with communication. This meant the person's communication needs were being met. However we found the service had not fully assessed needs relating to gender and sexual orientation. This meant people may not have their preferences met and receive a personalised service and improvements were needed to ensure the service assessed people's needs to offer personalised support.

People and their relatives told us there were activities arranged at the service, however some felt more could be done. One person said, "There are lots of things to do, the day soon passes, I take part in activities which are arranged". Another person told us, "I prefer to stay in my room. I'm not interested in taking part in activities. I read a lot and have my television". Another person told us they would like to see more church services available to attend at the service. Whilst another person told us, "I go into the daisy centre and sometimes play bingo". Staff told us people could attend the daisy centre to take part in organised activities. The registered manager explained the daisy centre was a day centre where people from the community attended along with people who lived at the service to take part in activities and social events. We saw people attended the centre on both days of our inspection and took part in group activities. The registered manager told us they had employed one person to arrange activities and were recruiting another. Care

plans were detailed to show people's past interests. However these lacked detail about people's interests and hobbies and how staff could support individuals to continue with their interests. This meant whilst some people had access to group activities the service needed to improve the way it planned for people to meet their individual interests.

At our last inspection we found people were not supported to express their wishes in how they wanted to be cared for at the end of their life. At this inspection we found some improvements had been made, but more were needed to ensure consistency. A relative told us, "We have discussed what should happen and we know there is pain management in place and advice has been sought to keep [person's name] comfortable". We spoke to the registered manager about the person and they confirmed they were not yet at the end of their life, but discussions had been held and advice sought. Staff were able to tell us what was in place for the person and how they were supporting them. However, we found this was not fully documented in the person's care plan and when we looked at other people's assessments and care plans this had not yet been considered. We spoke to the registered manager about this and they told us they were planning to discuss this with people and their relatives in the future during their admission assessment and would look at this through care plan reviews with people already living at the service. This showed further work was required to ensure a consistent approach to identifying the needs and preferences for people at the end of their life.

People and their relatives understood how to make a complaint. One person told us, "I see the registered manager regularly they come along to chat to me and ask if there is anything wrong. If I had any worries I would talk to the registered manager". A relative told us, "I understand how to make a complaint and I feel as though if I did action would be taken". At our last inspection we found people's complaints were not always responded to in line with the provider's policy. At this inspection the registered manager was able to show us that when people complained this was investigated, a response was given to the complainant and the information was used to inform learning and make improvements to the service. This meant the provider had made the required improvements and was meeting the regulations for responding to complaints.

Is the service well-led?

Our findings

At our last two inspections we found the provider did not have effective governance systems in place. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. At this inspection we found the provider had made some improvements and was meeting the regulation, however further improvements were needed.

Accidents and incidents were monitored and issues were addressed for the individual to minimise the risk of reoccurrence. However, the person's risk assessment and care plan was not always updated to reflect the changes. This meant people were at risk of receiving inconsistent support to manage risks to their safety. Analysis was not being completed to look for patterns. We spoke to the registered manager about this and they shared their plans for analysing accidents with us and updated their procedure during the inspection. We will check this is effective at the next inspection.

Peoples' care plans and risk assessments did not always contain detail required to support people. Assessments and care plans were not consistently reviewed and updated and sometimes lacked detail. The registered manager was aware of this and shared their plans for continuing to update assessments and care plans. There were plans in place to develop a system where this would be audited monthly to ensure it was kept up to date. We will check to see if this has been completed and sustained at the next inspection.

A medicine audit had been carried out by a pharmacy. The audit had identified some people did not have a protocol in place to guide staff on how and when to administer medicines which had been prescribed on an as required basis. We found prompt action had not been taken to address this and the subsequent audits on medicines had not identified this. The registered manager ensured the protocols were in place by the end of the inspection and told us they would be updating their audit process to ensure these issues were considered and actions were taken when concerns were identified.

The registered manager had received feedback from people and relatives about the service. We found these were not dated, the registered manager had not undertaken any analysis of the comments received but shared their plans for how this would be used in the future to make improvements to the service. We will check this at our next inspection.

The registered manager had an action plan in place to make improvements to the service. The registered manager told us they would use the audits to identify where action was needed and add these to the plan and discuss with the provider how they would make the required improvements. The registered manager was seeking support and advice from other agencies, including those that commissioned and paid for peoples care about improvements needed. The registered manager shared their improvement plan with us that outlined how they would address the concerns we raised with them and gave a timescale for completion. We will check the progress of the action plan at our next inspection.

The registered manager had systems in place to check equipment and furniture was of a good standard. We found actions were being taken when issues were found. For example, a bedroom audit had identified a new

carpet was required and the registered manager had ensured the provider was made aware and action was taken to obtain the new carpet. We saw checks were carried out on how quickly staff responded to call bells, the registered manager spoke with staff to understand why call bells had not been answered promptly and took appropriate action to improve this.

People and their relatives told us they felt that they were listened to and things had improved since the last inspection. One person told us, "There are occasional meetings for residents and families. I've attended the meetings and found them interesting". A relative told us, "I know who the registered manager is and they are very approachable. I've completed surveys and been invited and attended all meetings. I've seen changes and the staff and residents seem happier". Staff told us there had been changes since the last inspection and they felt things had improved. They told us they could make suggestions to the registered manager and felt as though they were involved in making improvements. Staff said they felt supported in their role and were welcoming in the changes to the culture and additional training. The registered manager told us they were spending time checking on how staff were providing care, they were using observations, spot checks, daily walk around the service and meetings to explore issues and involve staff. This showed the registered manager was accessible and people, relatives and staff felt able to share their views.

The manager had submitted notifications to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.