

BLHC Westwards House Limited

Westwards House

Residential Care Home

Inspection report

BLHC Westwards House Limited
18 Croston Road
Garstang
Lancashire
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Tel: 01995602055

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection visit at Westwards House was undertaken on 08 December 2016 and was unannounced.

Westwards House provides care and support for a maximum of 19 older people. At the time of our inspection there were 16 people living at the home. Westwards House is situated in a residential area of Garstang close to local amenities. Accommodation is on two floors, with a stair lift for access between the floors. There are two lounges, a conservatory, dining room and gardens for people's use.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 15 and 21 January 2016, we rated the service as Requires Improvement. This was because breaches of legal requirements were found. The provider had failed to submit to the Care Quality Commission (CQC) required notifications. These related to incidents that affect the health, safety and welfare of people who lived at the home. Furthermore, the provider failed to ensure care planning and practices were personalised to remove institutional support. Mental capacity and risk assessments were not completed to protect individuals against inappropriate or unsafe care. Those who lived at the home were not always safeguarded due to lack of appropriate referral to the local authority safeguarding team. We saw staff did not receive regular supervision and appraisal to underpin their skill and knowledge.

We further made recommendations for the provider to improve people's safety and welfare. These concerned tools to monitor staffing level needs, medication recordkeeping and effective quality assurance auditing.

We have made a recommendation about ensuring effective risk assessment management.

During this inspection, we found the provider had made a number of improvements to ensure they met legal requirements. Folders held in each person's bedroom contained details about what constituted abuse and who to contact if they suspected this had occurred. Staff demonstrated a good understanding of safeguarding principles and had completed relevant training.

Staff had detailed knowledge about falls risk management and we found care records were detailed in relation to minimising falls. Additionally, the provider was implementing risk assessments to protect people from, for example, fire and environmental safety, infection control and medication.

The management team had improved their medication procedures. For example, guidance provided clear instruction to staff about medicines recordkeeping and we found they followed correct procedures. Consequently, people's medicines were managed safely.

We found staffing levels were sufficient and deployed well to maintain the different needs of each person who lived at Westwards House. One staff member told us, "Yes, we have enough staff on duty." The registered manager had developed staff support with more regular and in-depth supervision. To underpin their skills and knowledge, they also received a variety of training.

We found the provider had improved their systems in relation to the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of related principles. We observed staff explained tasks to people and sought their consent prior to assisting them.

The management team had developed their person-centred approach to care, which was based around people's preferences. The registered manager introduced guidance in each person's care file to instruct staff about the importance of personalised care planning. People and relatives we spoke with said their care was based around their individual needs.

We observed staff supported people to eat their meals wherever they wished. Those who lived at the home said the food was of a good standard. One person said, "The food is good and we get a choice." People were weighed regularly and monitored against the risks of malnutrition.

People and their relatives said staff had a kind and caring approach to care. One person told us, "A very good home, with good staff who look after me very well." Care planning and risk assessment we reviewed demonstrated staff worked collaboratively with people and their relatives.

We found the provider had made improvements in the processes they had to monitor people's safety and welfare. Identified staff were designated auditing leads and had training to develop their awareness around this. The registered manager showed us a new document intended to monitor and improve oversight of the service's quality assurance.

Staff, people who lived at Westwards House and relatives told us the leadership was very good. Staff said the management team were approachable and supportive in their roles. They held regular team meetings to obtain staff comments, suggestions and concerns about the ongoing improvement of the home.

We found the registered manager was improving upon recordkeeping and related processes we identified at our last inspection. However, we noted this was not consistently in place for everyone who lived at the home. New systems had not yet been undertaken to enhance oversight of quality assurance. This demonstrated ongoing improvement to quality assurance and recordkeeping was required.

We have made a recommendation about ensuring effective oversight of the home and in relation to their recordkeeping.

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.

The management team made improvements following our last inspection. Staff received related training and demonstrated a good awareness of safeguarding principles. Systems were in place to protect people from potential abuse or poor care.

The provider had improved risk assessments and we observed they addressed identified concerns to retain everyone's safety. They were in the process of implementing risk management for people to minimise the risk of inappropriate care.

Suitable and sufficient staff were employed to meet people's requirements. People and their representatives told us they felt safe whilst living at the home.

Improvements to medication recordkeeping requirements were introduced to protect people from unsafe management of their medicines.

Is the service effective?

Good ●

The service was effective.

The provider made improvements to people's wellbeing in relation to the MCA. We observed staff consistently supported individuals to make their day-to-day decisions. They had a good awareness about the assessment of people's capacity levels.

The registered manager had introduced more frequent and in-depth supervision to enhance staff support. We found staff had a variety of training to underpin their knowledge.

Staff offered a choice of drinks and were gentle and patient when they supported people with their meals.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind and caring.

Throughout our inspection, we observed staff communicated at eye level and made use of humour and touch appropriately.

We found staff completed care plans in ways that promoted and enhanced the person's self-determination. They included people in their care planning and risk assessment.

Is the service responsive?

Good ●

The service was responsive.

The registered manager made improvements to enhance their person-centred approach to care. They introduced guidance in each person's care file to instruct staff about the completion of personalised care.

People told us they were involved in their care planning, which was personalised to their individual needs. We saw records contained their preferences to care and their life histories.

People told us they had no concerns, but felt if they had, the management team would respond to them efficiently.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We found service oversight and ongoing improvement to recordkeeping required further development.

Staff were designated audit leads and had training. A new, in-depth quality assurance monitoring form had been developed, although this had not yet been completed.

We observed the registered manager was caring towards people and their relatives and understood their needs and backgrounds. They had a 'hands on' approach to support staff in their roles.

Westwards House Residential Care Home

Detailed findings

Background to this inspection

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

The inspection team consisted of two adult social care inspectors.

Prior to our unannounced inspection on 08 December 2016, we reviewed the information we held about Westwards House. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

Additionally, we spoke with a range of individuals about this service. They included four people who lived at Westwards House, two relatives, three members of the management team and five staff members. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to four people who lived at Westwards House. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

At our last inspection of Westwards House on 15 and 21 January 2016, we found the provider did not always safeguard people. This was because the management team did not make applicable referrals to the local authority. They failed to submit to CQC required notifications about incidents that affect people's health, safety and welfare. Where we were told internal investigations were completed in relation to incidents, we noted there was limited information to evidence this. Events included falls resulting in people's hospitalisation, which were not analysed to reduce the risk of them reoccurring. The guidance the provider made available for staff was not always informative and there were no related risk assessments. Associated monitoring and recording was disorganised and incomplete.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

During this inspection, we found the provider had made improvements to how they safeguarded people against potential harm or poor care. Folders held in each person's bedroom contained details about what constituted abuse and who to contact if they suspected this had occurred. This was good, open practice in keeping people informed about potential abuse or poor practice. Staff had detailed knowledge about falls risk management and worked with the community falls team to reduce associated hazards. We found care records were detailed in relation to minimising falls risks. For example, staff documented referrals to healthcare professionals, outcomes of actions and review of care plans and risk assessments.

Care records contained safeguarding forms intended to review related details, staff and management actions, potential concerns and lessons learnt. This assisted the registered manager to monitor issues and update care plans to any ongoing requirements. The management team placed information in care files to guide staff in relation to protecting people from potential abuse or poor practice. Staff received related training and demonstrated a good awareness of safeguarding principles. One staff member told us, "I would stop what was happening and inform [the registered manager] straight away." People and their relatives said they felt safe and secure whilst living at Westwards House.

At our last inspection of Westwards House on 15 and 21 January 2016, we found the provider did not always maintain a safe environment. Risk assessments did not have sufficient information within them to be effective. There were gaps in records and the registered manager had not updated these to meet changing risk.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, we saw the provider had improved risk assessment processes to protect people against harm or injury. The registered manager confirmed, "Our risk assessments weren't very good, so we have completely redesigned them." They had good risk assessment procedures and we observed they addressed identified concerns to retain everyone's safety.

The management team had developed risk assessments to protect people from unsafe care. We found they were in the process of completing these for each person. These covered, for example, fire and environmental safety, falls and medication. Records outlined the details of the risk, severity levels and management actions. We noted the management team were in the progress of completing and updating risk assessments for those who lived at Westwards House. The registered manager assured us this was an ongoing process and we observed people who lived at the home were safe.

The provider displayed guidelines for staff about health and safety, including what their responsibilities were and how to maintain a safe environment. A folder was kept in each person's bedroom, which included information about environmental safety, such as fire procedures. The registered manager had systems to monitor and address accidents and incidents to manage people's safety. Records we looked evidenced staff outlined the accident, actions they took and the follow-up management of incidents. This showed the registered manager had suitable arrangements to maintain everyone's safety and to reduce the risk of reoccurrence.

During our last inspection on 15 and 21 January 2016, we made a recommendation the provider sought a staff dependency tool from a reputable source. This would ensure the needs of people would be taken into account when setting staffing levels.

During this inspection, we found the provider made improvements to assessing staffing levels in relation to people's complex needs. One person told us, "I feel safe because there is a lot of staff around." We looked at rotas to check staffing levels and skill mixes met their requirements. These were sufficient and deployed well to maintain the different functions of the home. For example, a member of the management team was on day duty from Monday to Friday. A senior staff member was also available throughout the 24-hour period. Staff were supported by ancillary staff, including a cook, domestics and a maintenance person, which enabled them to complete their duties fully. A relative told us, "They don't seem rushed." Staff said they felt staffing levels were adequate to help them take their time and fully meet people's requirements. A staff member added, "There's enough staff on. We can take our time when we support residents and sit and chat with them."

At our last inspection, we found the provider had safe recruitment practices to protect people from unsuitable staff. Since then, we noted the provider had not recruited any new employees. The management team were clear about related processes and their responsibilities.

Following our last inspection on 15 and 21 January 2016, we made a recommendation the provider sought advice from a reputable source about medication recordkeeping. This was to ensure recording systems were as robust as possible. Additionally, the provider was not following medicines guidelines, such as Managing medicines in care homes under the National Institute for Health and Care Excellence.

During this inspection, we found the provider had improved medicines management and related recordkeeping. We reviewed a sample of medication charts and associated documents, which included information about the person's preferences. For example, staff recorded how they liked their medicines administered and their choice of drink to swallow them. Records provided clear instruction to staff, who completed them correctly, such as signing charts after administration. We observed staff administered medicines safely by concentrating on one person at a time and checking they had taken their tablets. They explained the purpose of their medication and were caring and patient.

Medicines, including controlled drugs, were stored in a clean and secure cupboard. Protocols were in place to guide staff, for instance, about homely remedies, when required medicines and application of medicated

creams. A member of the management team completed audits to check the safety of related procedures. Staff confirmed they completed relevant training and were not permitted to administer medication until they were safe to do so. This showed the management team had systems to safeguard people against the unsafe management of their medicines.

We recommend that the registered manager refers to current guidance from a reputable source about good practice in relation to the management of risk assessment.

Is the service effective?

Our findings

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 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). 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.

At our last inspection on 15 and 21 January 2016, we found the provider was not working within the principles of the MCA. Staff understanding of the act and associated DoLS was poor. The registered manager told us they had made two applications under DoLS. However, they had not followed the MCA code of practice because no formal assessments of the individuals' capacity had been undertaken. Care records did not evidence people had signed their consent to care and support.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

During this inspection, we found the management team had improved their MCA procedures and obtained people's consent to care. The registered manager confirmed staff were completing related training. When we discussed the MCA and code of practice with the registered manager, we found they had an in-depth knowledge. They told us two people who lived at the home had reduced capacity, but they were not restricted in any way until a DoLS was authorised. They were in the process of assessing capacity levels and applying for legal authorisation to deprive them in order to maintain their safety.

We observed staff consistently supported people to make their day-to-day decisions. They spoke in soft tones, explained what was about to happen, offered choice and checked the person agreed to tasks before proceeding. Recorded consent was in place for medication administration and the provider was in the process of obtaining people's signed agreement to their overall care. The registered manager assured us they would complete this as a priority. Staff demonstrated a good understanding of the importance and the principles of consent. One staff member told us about playing dominoes with three people who lived at the home who asked to play on their own. They added, "It's completely their choice and I have to respect them." We discussed consent with those who lived at the home and their relatives, who said staff were careful about seeking their agreement.

At our last inspection on 15 and 21 January 2016, we found the provider had not delivered recent and regular supervision and appraisal. Consequently, staff had no formal way of discussing any concerns or issues they may have had. The management team were not regularly assessing their performance, training needs and their general welfare.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

During this inspection, we found the management team had implemented regular supervision and appraisal sessions. The sessions were a two-way discussion between the staff member and line manager. We reviewed documentation in relation to two employees and found they covered, for example, communication, personal care and training. A staff member told us, "It's good, I learn a lot. If I need anything in between I can approach [the management team] at any time."

The registered manager acquired training from an external organisation. Records we looked at contained evidence staff received training, including refresher guidance, to underpin them in their roles. This included safeguarding, infection control, movement and handling, food hygiene and dementia awareness. One staff member stated, "The training provider is really good. I like how it's done with teaching, then practice, then discussion." Staff also had recognised qualifications in health and social care to assist them in their care practice and responsibilities. Another staff member added, "The training is very good."

We observed staff supported people to eat their meals wherever they wished, including in the lounge and their own bedrooms. Staff offered a choice of drinks and were gentle and patient when they supported people with their food. They encouraged individuals with their meals and checked they had enough to eat. Lunch was a quiet, relaxed occasion with music playing softly in the background. People and their relatives said they enjoyed their meals and were offered choice of what to eat and drink. One relative told us, "I know they get good food and plenty to eat."

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. We found staff assessed people against the risks of malnutrition. Although we saw nutritional risk assessments were limited, the provider assured us they would develop this to maintain each person's welfare.

Care records we looked at showed staff worked closely with other healthcare services to maintain people's ongoing requirements. They contained information about the professionals involved, such as GPs, district nurses, the continence team and opticians. Staff kept a record of the appointment or visit and updated care plans where applicable. People and their relatives told us staff kept them up-to-date with their health and actions taken to support each person. One relative said, "They keep me informed of any issues in relation to [my relative's] care." This was an effective approach in maintaining each person's continuity of care.

Is the service caring?

Our findings

During our inspection, we observed people and relatives were relaxed, smiling and comfortable. A person who lived at Westwards House told us, "I'm very happy here. The staff are lovely." A relative added, "I come nearly every day and I am impressed with the caring attitude of staff." Another relative commented, "They are really good staff, very caring."

We observed staff engaged with people in a caring and friendly way. For example, they spoke in soft tones and made appropriate use of touch and humour. Staff maintained eye contact when conversing with people and explained tasks, as well as checking they understood processes taking place. We saw staff were kind and gave encouragement and praise with a caring approach. A person who lived at the home told us, "Staff are always courteous and knock on the door before entering."

Whenever staff supported people, we observed they did so in a gentle and reassuring way. One example we saw related to a staff member assisting one person with their meal. Their approach preserved the individual's dignity and privacy because nobody else was around. The staff member was caring and made the event a fun process for the person they supported, who was smiling and relaxed. One person who lived at Westwards House told us, "They are respectful and do respect my privacy."

Care planning and risk assessment we reviewed demonstrated staff worked collaboratively with people and their relatives. They discussed each person's preferences and life histories and gained an insight into who they were. Care planning consisted of agreed objectives and how individuals wished to be supported. This showed us staff and the management team were inclusive of people and relatives when developing their care plans.

We found staff completed care plans in ways that promoted and enhanced the person's self-determination. For example, we saw they recorded in one individual's documentation, 'At the moment I'm independent with my personal hygiene.' When we discussed with staff the importance of maintaining people's independence in relation to their wellbeing, they demonstrated a good awareness. We chose a person's care file at random and discussed this with a member of staff. They demonstrated detailed knowledge about their care, preferences and ways to help them retain their independence.

People who lived at Westwards House and their relatives told us staff supported them in ways that maintained their individuality and self-reliance. We observed staff supported them in ways that promoted their independence, decision-making and freedom with a kind and courteous approach. For example, they offered each person choice and supported them to decide where they wanted to go and how they wanted to get there. We found the registered manager and staff assisted people to personalise their bedrooms with pictures, photographs and soft toys.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed families and friends and greeted them with a care and courtesy. For example, they had a friendly approach and offered

relatives a hot drink.

Is the service responsive?

Our findings

At our last inspection on 15 and 21 January 2016, we found the provider had failed to ensure people's care planning and support was personalised to their needs. They had not ensured assessments reflected people's individualised needs and preferences. There was limited evidence to demonstrate those who lived at the home and their relatives were involved in their care planning. We found gaps in records and saw instances of institutional practice in operation.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

During this inspection, we found the management team had improved practices and implemented systems to enhance their person-centred approach to care. This included people's preferences in relation to their support and care planning, as well as their detailed background information. The registered manager introduced guidance in each person's care file to instruct staff about the completion of personalised care. They told us, "For example, if someone refused a shower, the staff offer an alternative, instead of just sticking to the bathing sheet."

Staff developed in-depth care plans with those who lived at the home or their relatives, which were based around their preferences. This included choice related to when they wanted to get up/go to bed, activities, preferred name, spiritual practices, meals and mobility. A staff member commented, "The care plans are a lot better now. They are really informative and if I was new I would be able to understand the resident and how to support them." Additionally, recorded background details covered each person's childhood, family history, work life and interests. We observed staff had a good understanding of those who lived at the home and offered them choice. For example, they asked people what they wanted to eat and drink, where they wanted to sit and what they wanted to do. This showed the registered manager and staff supported people with a personalised approach.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked the individual's needs in relation to mobility, mental and physical health, medication and their independence. We found assessments and all associated documentation was personalised to each individual who lived at Westwards House. The registered manager placed example care plans in each person's file to assist staff to develop support in relation to these assessments. Daily records contained highlighted areas, such as behaviour changes, health and any minor complaints, to ensure staff could continuously respond to their needs. Records we looked at were customised to people's requirements in relation to their support. Staff regularly updated care planning and other documentation to ensure this reflected people's ongoing requirements. We found they involved the person or their relative in this process.

We saw people were sufficiently occupied throughout our inspection. For example, they completed crosswords, puzzle books, watched television programmes and read newspapers and books. Music from the 1940's and 1950's was playing in the background and we heard people singing along to it. The registered manager had an activities programme to assist individuals with their social requirements. This included

dominoes, games, walks out and exercises. A person who lived at the home told us, "I like the dominoes we play." A relative explained, "They take [my relative] out for walks. She loves to get out." People were also assisted to attend local day centres as a network for making friends and develop their social skills. Staff checked each person's spiritual requirements and their wishes in relation to any support.

The registered manager provided information for people and their representatives about making a complaint or comment about their care. Information files in each person's bedroom outlined how they should complete this process and what the provider would do in response. Additionally, suitable timescales were set out and the information matched the provider's policy. The provider had not received any complaints in the last 12 months. People and their relatives told us they had no concerns, but felt if they had, the management team would respond to them efficiently.

Is the service well-led?

Our findings

At our last inspection on 15 and 21 January 2016, we found the provider had not submitted statutory notifications. These related to incidents that affect the health, safety and welfare of people who lived at the home. Significant events and incidents that affected people who lived at the home were not reported to CQC.

This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents.

During this inspection, we found the management team were knowledgeable about their responsibilities and processes related to reporting to CQC. They had submitted required notifications to assist the Commission in monitoring people's safety and wellbeing.

At our last inspection on 15 and 21 January 2016, we made a recommendation for the provider to review their auditing systems. This was because their quality assurance assessments did not always evidence how identified issues were addressed. The audits were not completed with a timely and consistent approach.

During this inspection, we found the provider had made improvements in the processes they had to monitor people's safety and welfare. A member of the management team recently had audit training and was responsible for medication checks. Another senior staff member was delegated with the infection control audit, which showed the registered manager involved staff in quality assurance processes.

The registered manager showed us a new document to check quality assurance and people's wellbeing. These included checks of medication, falls, infection control, cleaning schedules and environmental safety. Although this new form had not yet been introduced, we saw separate medication and care recordkeeping audits. We found the registered manager addressed concerns identified in relation to these two checks. Until the registered manager completed the new audit document this meant they did not always have full oversight of the service. The management team assured us they would undertake this as a priority. We observed people were safe and improvements in the assessment of quality assurance were underway.

The provider had window restrictors in place to protect people from potential injury. We found hot, running water was available throughout Westwards House. The management team checked for legionella and recorded temperatures to ensure water was delivered safely. The service's electrical and fire safety certification was up-to-date. However, we noted the gas safety certificate was overdue. We gave the provider 48 hours to address this issue and we received evidence this took place following our inspection.

The provider was open and transparent about the services last inspection findings and ratings. For example, an information file kept in each person's bedroom contained the ratings and a summary of our findings. Since then, we found the provider had implemented a variety of approaches to enhance and maintain the continuous improvement of Westwards House.

People and their relatives told us the management team discussed the home with them and actively sought

their comments. A relative commented, "I know I can speak with the registered manager if I have any concerns." Although we saw thank you cards from relatives were positive about the home, we found a recent satisfaction survey had not been completed. The registered manager said they would undertake questionnaires as a priority in order to obtain people's comments about their current experiences.

We saw the registered manager was visible within the home and had a 'hands on' approach to care. Staff told us the leadership was very good and they felt supported in their roles and duties. One staff member said, "I'll go to [the registered manager] if I need anything. She's really supportive." We found the registered manager assisted staff in care provision in order to assess staff abilities and check people's requirements were met. Another staff member commented, "[The management team] are really good." A third staff member added, "The manager is always available if you need support."

The registered manager held regular team meetings to give staff the opportunity to raise concerns or suggestions to improve Westwards House. One staff member confirmed, "Staff meetings are useful. We can raise any issues and know [the registered manager] will deal with them." We saw the minutes from the last meetings, which covered the new care planning and risk assessment processes. Other topics discussed included personal care, recordkeeping, infection control and maintenance of the home. Another staff member told us, "Yes, I feel able to raise with [the management team] if I'm worried about something. They encourage us to come up with ideas"

We found the registered manager was improving upon recordkeeping and related processes we identified at our last inspection. However, we noted enhanced and updated care planning and risk assessment was not in place for everyone who lived at the home. Although the provider was in the process of obtaining people's agreement to care, recorded consent was not in place for in everyone. Although a new service audit had been drafted, the other checks were limited. They did not always offer opportunity to identify actions taken to address concerns found. The quality assurance and oversight systems did not identify the gas certificate was out-of-date. Therefore, we saw this demonstrated ongoing improvement was required.

We recommend that the registered manager refers to current guidance about good practice in relation to quality assurance. This includes the effective management of a range of oversight systems and recordkeeping processes.