Quality Care Midlands Limited

Charnwood Hall Nursing 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?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We conducted an unannounced inspection on 23 August 2016.

Charnwood Hall provides nursing and residential care for older people. It is registered to accommodate up to 25 people, there were 17 people using the service on the day of our inspection.

The service had 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.

The service was last inspected on 14, 15 April and 3 May 2016. During the last inspection the provider was found not to be meeting four regulations. These were in relation to assessing and monitoring the quality of the service, ensuring that the premises and equipment used were safe and fit to meet people's needs, people received safe care and treatment and that statutory notifications were submitted to Care Quality Commission (CQC). We asked the provider to implement changes to ensure that they met the regulations. At this inspection we found that the necessary action had been completed and improvements had been made.

People were protected from harm. People told us they felt safe but there were not enough staff to meet people's needs. There was a recruitment policy in place which the registered manager followed. Pre-employment checks were carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required however medicines were not always managed and administered safely.

People were not always supported to make decisions about the care they received. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed the meals provided. Systems were in place to monitor the health and wellbeing of people

who used the service. People's health needs were met, and when necessary outside health professionals were contacted for support.

People were not always treated with kindness and respect. Staff interactions with people while generally positive were task focused and people did not feel that they were listened to. People were not supported to engage in activities or follow their interests.

People's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Records were not always detailed to reflect the support that people had received.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager but were not always confident that issues would be addressed.

The provider had developed a plan in order to ensure sustained improvements took place. There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made. However, audit systems had not identified the concerns in relation to staffing, medication and records that we found during the inspection.

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 not consistently safe

Staff understood how to keep people safe.

Risks were assessed and managed to protect them from harm.

There were not enough staff to meet people's needs.

People received their medicines as required however they were not always managed and administered safely.

Is the service effective?

Good

The service was effective

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Requires Improvement

The service was not always caring

People were not always treated with kindness and respect.

People did not feel listened to and that they mattered.

People were not always supported to maintain their appearance. People's communication needs were not always identified and supported.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

The care needs of people had been assessed. Some people had been involved in planning and reviewing their care.

People were not supported to follow their interests.

The registered manager had sought feedback from people using the service however it was not always acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Systems were in place to monitor the quality of the service being provided, however they had not identified some of the concerns we found during the inspection.

The staff team felt supported by the registered managers.

There was a program in place to drive sustained improvement.

Charnwood Hall Nursing 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.

We conducted an inspection on 23 August 2016. The inspection was unannounced.

The inspection team consisted of an inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with seven people and three relatives or friends of people who used the service.

We looked at the care plans and care records of seven people who used the service at the time of our inspection. During our inspection we spoke with staff members employed by the service including a nurse, and three care workers. We spoke with the provider and the registered manager. During our inspection visit we spoke with a visiting social care professional to get their feedback about the service and how it is run. We looked at three staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and evidence of staff training.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted health and social care professionals who have dealings with the service to gain their views of how the service was run and the quality of the care and support provided by the service. We contacted the local authority and

Clinical Commissioning Group (CCG) who had funding responsibility for some of the people who were using the service.

Requires Improvement

Our findings

During our last inspection we found that there were not enough staff to keep people safe. After the inspection the provider increased the number of staff providing care to people at night. At this inspection we found that there were not enough staff to meet people's needs during the day. One person said, "Oh knowing that I can push my buzzer and that someone will always come – eventually." They went on to say, "Well if they are busy it takes a lot longer than other times, but I know they will come." Another person told us, "I don't think there is a call bell in here and unless someone has one of those personal ones they can be shouting for attention for a while before anyone comes. You think they would want to know why they were shouting." This meant that people's needs were not being met. A third person said, "It has been some considerable time since I had a shower here." "It's just that it takes two carers to shower me and they rarely have enough time." One relative told us, "They are usually very busy here and if there are not enough staff sometimes, so they only get chance to do the minimum." We spoke to the registered manager about staffing levels who told us that they monitor call bell times weekly and that staff aim to answer all call bells within five minutes. On occasion when answer times are more than five minutes the registered manager investigated the cause. They also told us that staffing levels were planned to increase by another care staff member per day shift. This was due to commence the following month.

During our last inspection we found that the home environment was not safely maintained. These matters constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had implemented changes to address the concerns we raised at our last inspection. We saw that essential maintenance work had been carried out on windows, doors and flooring. However, we did identify that some of the pathing in the outside area was unsafe. We also saw that an open sharps bin was left on top of the medication trolley throughout our visit. The provider assured us that they would address these concerns immediately.

Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event. Regular servicing on equipment used was undertaken. This was to ensure that it was safe. The needs of the people who used the service had been assessed for the help that they would need in case of fire. Staff were aware of these and practiced how they would respond to emergencies. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

During our last inspection we found that people were not receiving safe care and treatment because risks

relating to the environment and people's care needs were not always appropriately assessed. Where people were at risk due to their medical conditions it was not clear what measures should be taken to prevent harm. These matters constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.We asked the provider to tell us what action they would take to address the concerns. As part of this inspection we found that the provider had made necessary changes to improve.

People were protected from risks relating to their conditions. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Where people required specialist equipment to maintain their safety this was in place. We found that some risk assessments lacked detail about people's conditions and interventions. For example we saw that one person had been prescribed a medicine that would prevent them becoming distressed when performing certain tasks. This was not documented within their risk assessment as a means of preventing harm. Another person had a habit which could pose a risk to themselves or others. This had not been robustly risk assessed. Staff were aware of the risks. We discussed risk assessments with the registered manager who told us that they had identified shortfalls and were working through risk assessments to update them to be more reflective of people's individual risks.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond. We saw that action was taken where needed to investigate the accident or incident. For example, a staff member had noticed a bruise on a person's body which was reported to the registered manager, and an investigation took place to find the cause of the bruise. We also saw that as a matter of routine nursing staff checked to see if people had an infection if they had experienced a fall. The registered manager had systems in place that enabled them to look for trends in incidents or accidents and take appropriate action if they were identified.

The provider had followed recruitment procedures. These ensured as far as possible that only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included the Disclosures and Barring Service (DBS) checks. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce. However we asked the provider to check that relevant references from previous employers were obtained as we saw in one staff member's file that it was not clear who had provided the reference. They told us that they would ensure that the reference had come from the person's previous employer.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us that they had raised a concern in the past and that the registered manager had taken appropriate action to address the concern. The registered manager was aware of their duty to report and respond to safeguarding concerns. They had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. We saw that there was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to.

People could not be assured that they would receive their medicines as prescribed by their doctor. Medicines were all stored securely and administered by staff who were trained and competent to do so. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that on three occasions staff

had not signed to say that they had given the medication. We also saw that a person had not had their pulse taken before receiving a particular medication. This was important because if their pulse was too low taking the medicine would have been dangerous for them. We raised these concerns with the registered manager who investigated and informed us that they would address these concerns formally with the staff members responsible and implement more robust checks in order to prevent further occurrences.

The registered manager had requested that the pharmacy conduct and audit the homes medicine systems in order to assure themselves that current professional guidance was being followed. We asked them to review how allergies are recorded on the MAR chart as we saw that the record did not always inform the reader if people who were allergic to medicines. After the inspection they informed us that they had taken appropriate action.

Good

Our findings

At our last inspection we found that staff did not have the support and training that they needed to ensure that they had the knowledge and skills to carry out their roles and responsibilities. At this inspection we reviewed staff training records and saw that staff had been enrolled on a number of training courses to update their skills. For example, four staff were booked to attend a manual handling training course the day after our inspection. One staff member told us, "It's good that we have had the refreshers." Another staff member said "Training, I've had quite a lot." The registered manager told us that not all staff had yet received all the training that they needed but that they were booked to attend courses over the next few months. We also saw that staff had access to learning materials and guidance to help them understand their role. We saw an NHS guidance folder that was available to the nursing staff to refer to when they needed to.

At our last inspection we expressed concerns that staff who had been newly employed by the service had not received a thorough induction which would enable them to feel supported and gain the skills that they required to meet people's needs. At this inspection we found that newly recruited staff members had been trained and supported to a level that would mean that they could provide the support that people needed. We saw that an induction pack had been introduced which offered new staff guidance and support to complete their role. Newly employed staff that we spoke with confirmed that they had received training and guidance and that this had enabled them to be prepared to meet people's care needs.

Staff received support and supervision. One staff member described their supervision as "Helpful." Supervisions took the form of formal meetings as a group or individually as well as observations and competency checks. During supervision staff's progress, competency in their role, training and support needs were discussed; this enabled the registered manager to evaluate what further support staff required. The registered manager told us that they had not yet completed all the supervisions and competency checks that they planned to but that these were booked to happen over the coming months.

The Mental Capacity Act (MCA) 2005 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.

We found that people were being supported in line with the MCA. The registered manager had requested a DoLS authorisation for people who may require them. We saw that a capacity assessment had taken place for one person and a best interest decision made on their behalf when it was evidenced that they no longer had capacity to make the decision for themselves. We saw that the least restrictive option had been considered but that the recording of the best interest process lacked detail. We discussed this with the registered manager who told us that they would review how the decision making process was documented and ensure greater detail was included. Training records indicated that not all staff had received training about the MCA however the registered manager told us that training had been booked for all staff to attend over the coming months.

Where people had capacity to consent to their care this had been sought. Staff understood that they needed people's consent before supporting them. One staff member told us, "We ask." Some people had signed consent to care forms within their care plan to say that they consented to the care that they received. Other people had not signed consent forms but we saw within care plans that people had been asked and their consent verbally obtained.

At our last inspection we found that people were not always supported to have enough to eat and drink and maintain a balanced diet. At this inspection we found that fluid intake charts had been completed and checked to assess if the intake was sufficient. We saw that where people's weight was of concern the relevant health professionals had been contacted, their advice followed and action taken to monitor people who were at risk more closely.

People told us that they enjoyed the food on offer, "I think the food here is good. You get a choice and they will always get you something else if you don't like it." Another person told us, "Oh I eat better here than I did when I was living on my own. It's nicer when someone else cooks it." However, one person told us "We get plenty of salad and vegetables, but never any fruit – apart from tinned fruit." Staff told us that people receive choices about what they would like to eat. One staff member told us, "There is a choice of two or three options. At tea time they have a selection, buffet tea. At breakfast they have what they want."

During the lunch observations, we observed that people were encouraged to try and eat as much as possible. People were offered more to eat if they wanted it and alternative food was offered if they had not eaten something put in front of them. We saw that where people required specialist equipment to help them eat their meals this was provided but not consistently. For example, we saw that a specialist spoon had been offered to a person for them to eat their main meal but not their sweet. As a result they struggled to eat in a dignified manner.

People were supported to access health care professionals when they needed to. We saw that people had regular appointments with a variety of health professionals. There was evidence of staff responding in a timely fashion to physical and mental health problems that people may be experiencing. For instance a person had lost weight, we saw that the GP was informed the following day. On the day of our visit one person had been supported to their GP surgery. On return from the surgery we observed the staff member who had escorted them inform the manager of the outcome of the visit and arranged a follow up visit as required by the GP.

Requires Improvement

Our findings

We received mixed views on whether staff were caring and treated people with kindness. One person told us, "You can't like everybody can you? I know that if it is [staff member's names] that I ask to do something, it will get done. As quick as they can; but some of the others – it is very pot luck. They seem to get easily distracted and can sometimes forget you." Another person said, "I don't always remember their names, I just know the ones I like and the ones I am not so keen on. Some of them can be a bit rough when they are really busy." A relative told us, "When I leave here, I know that Mum is being given the best care that she can get." Another relative said, "There is a wide range of caring abilities here. Some are very good and take charge and others just don't seem to 'get it' at all."

During our inspection, we witnessed staff talking kindly to people, as well as kneeling to their level if seated, resting a hand on their back and asking them if they needed anything. However, the majority of the interactions we saw between people and staff members were task lead. A staff member told us, "I found out all sorts of things about [person] just by sitting and chatting with her for a while. I don't think anyone had just sat and chatted to her, ever. That's sad." Another staff member said, "The difficulty is getting the time to spend with them as much as you try."

People were not always supported to maintain their appearance in the way that they would like. One person said, "I like having my hair done every week if I can, otherwise my hair can go two weeks before it gets washed." They told us, "Sometimes they don't have enough time or they can't manage to do it on their own." Another person told us, "I don't often get my hair washed and sometimes visit the hairdresser just because I want it to feel nice again. It seems like it's difficult for some of them." We observed that some people were offered clothing protectors during meal times. However, we visited a person who chose to take their meal in their bedroom and they had not been offered a protector.

We observed staff asking for permission to help people or explaining what and why they were doing what they were doing for them. One staff member told us, "Ask them, introduce yourself and find out what they want." However, we saw that at times people did not receive the care that they had requested. On one occasion we observed a person in the dining room asking for help to get up after they had finished their meal. The person was told by a staff member, "You will just have to wait as I have got to do this paperwork." During the lunch time meal we overheard one person say to another person who had announced she was uncomfortable in there wheelchair, "Well you won't be allowed to have a cushion. They are not allowed in here anymore."

People told us that their dignity was not always respected, one person said, "Some carers are very good, others are indifferent, but they always make sure my dignity is intact, they are very good at that. It's not nice having to have people do personal things for you, but needs must." However another person told us, "I don't always feel that my dignity is respected but I don't know what would have to happen for it to feel different. Perhaps a bit more gentle sometimes?" Staff were able to demonstrate that they understood how to support people's dignity for example by knocking on their bedroom doors before entering. One staff member told us that they, "Talk to them with respect how you want to be treated." During our inspection we observed that staff did take action to promote people's dignity for example when supporting people to transfer from their chair to a wheel chair. We saw that people's confidential information was not kept safe. The medication records were left unattended on the drug trolley throughout our visit. We discussed the confidentiality issue with the registered manager who said they should have been left in the locked away and that they would ensure that this is the case in the future.

People's communication needs were not taken into account and they did not feel that they were listened to. One person was struggling to communicate with us during our inspection. They told us that they used hearing aids but that they were unsure of where they were. We asked a staff member to find them but they were unable to locate the person's hearing aids. The registered manager told us that they intended to introduce visual communication aids to help people make choices around meal times and activities. We saw that since our last inspection signage had been implemented to help people orientate themselves in the home environment.

Requires Improvement

Our findings

During our last inspection we found that people were not supported to follow their interests. At this inspection we found that this was still the case. One person told us, "I get frustrated so I just have to sit here (in the lounge) and watch other people." We asked if they were encouraged to try other stimulating things. They told us, "Not really no. It just happens, but I suppose that is why I am living here now." Another person said, "I can't be doing with sitting around so much and doing nothing." A third person said, "I can't sit in this lounge all day, it gets boring. There are not really any activities that I can join in. We had a game of Bingo once, but I could not hear the numbers being called, so I gave up. It would be nice to have some exercise as I don't get much opportunity to walk apart from to the bathroom, my room and the dining room." Through a discussion with one of the people using the service we found that they had previously enjoyed gardening. Charnwood Hall has a court yard garden and conservatory assessable form the basement. The person that we spoke with was not aware that this facility existed as it had never been offered to them. We were told that one person had been supported to follow their religion however the staff member who usually helped with this had since left. As a result the person is no longer able to attend their place of worship.

The service did not employ a staff member to support people with activities. People told us that they felt isolated. One person chose to spend time in their bedroom. They said, "I do feel isolated in here sometimes because I don't see anyone unless it is tea trolley time or mealtimes." Staff confirmed that people were not supported to follow their interests. One staff member told us, "Residents don't have enough to do. You can't get time to sit down and play a game with them." Throughout our visit we observed that people were not engaging in activities and predominantly were passively sitting or napping in the lounge. The registered manager told us that they were aware that a lack of activity was a concern and they planned to address this in the future as part of the service development plan. After the inspection they told us that they had released a member of staff three times per week to provide activities to people using the service.

As part of our last inspection we found that people did not always receive personalised care that was responsive to their needs. During this inspection we saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests. A visiting professional told us that "A lot of work has been done on care plans. I got a good picture of that person's care since reading the care plan." Some people had been involved in the planning of their care but others had not.

The registered manager, the nurse on duty and care staff's assessment of how many people using the service had some form of dementia differed from the number that we saw in people's care records. This meant that people were not always supported by staff who understood their specific needs.

Staff were required to record the support that they provided in people's daily notes. We saw that these records were not always detailed to reflect the support that people had received. For example we saw that hygiene charts had not been completed for four people to reflect the support they had received with their personal care in the evenings. This meant that the provider could not be assured that people were receiving the support that they required. We informed the registered manager of this who told us that they would address recording with staff and audit the daily notes more formally.
Important information about changes in care needs for people were shared with carers via the communication book and during a formal handover meeting. This was important so that staff coming on to a shift were made aware of the wellbeing of each person and any important information relating to their care. We saw that changes in one person's health needs on return from a GP visit were communicated to all staff via the handover. Staff had signed the handover sheet to say that they had read and understood these.

People had not been consistently asked for feedback about the service that they received and did not feel that actions would be taken as a result. One person said, "They do ask what kind of food we like sometimes, but not much changes." A relative told us, "The manager did promise a staff gallery of photos with names a good while ago – but that has never transpired. It is very hard to identify staff at times." Another relative told us, "I have had a survey sent to me at home but the questions were so poor that I didn't bother returning it. They have never asked for it either." At our last inspection a relative told us that there used to be a suggestion box but that this had been removed. During this inspection visit we saw that a suggestion box had been reinstated. The registered manager told us that no suggestions had been received. The registered manager told us that they had sent out a questionnaire to people's relatives in June 2016. So far they had received 6 responses which had all been positive. They intended to collate the responses and share the outcomes with people and their relatives in the next few months. The registered manager also told us that they intended to introduce residents meetings as part of their longer term development plan. They also said that a staff photo board was part of the longer term plan for improvements over the coming months.

People felt that they could make a complaint if they needed to. One person said, "Oh I would complain if I had to, but on the whole it's not bad here. I am sure there are worse places to live." We saw that the complaints procedure was on display in the foyer. The provider told us that they had not received any formal complaints.

Requires Improvement

Our findings

At our last inspection we found that the provider had failed to take action when concerns regarding health and safety or care practices had been brought to their attention and had not conducted regular checks to ensure that systems were in place and were working appropriately. These matters, along with concerns that we found around people's health care records and systems in place to monitor people's health, constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some of the necessary changes had been made to address these failings.

The provider had implemented a range of audit systems in place to measure the quality and care delivered and so that improvements could be made. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of systems within the home such as medication systems and call bell times. We saw that these had been effective in identifying some issues however they had not identified some of the concerns we found during the inspection. For example medication audits had not identified gaps in records. Where people were socially isolated or lacked stimulus action had not been taken since our last inspection and although staffing levels had been increased people and staff told us that there were not enough staff to meet people's needs.

Providers are required to inform the Care Quality Commission of significant events that happen in the home or changes to the management of the home. At our last inspection we found that we had not been informed of events and that the provider was not clear on what events they should have informed us of. This constituted a breach of Regulation 14 of the Care Quality Commissions (Registration) Regulations 2009. Since our last inspection we have received all notifications as appropriate and the provider was able to demonstrate that they were clear on their responsibilities.

People told us that they knew who the registered manager was and that they had faith in their abilities. One person said, "The manager is very good here. She does what she can. It's good to see her back though and things seem to be coming together again now." A visiting professional told us that the registered manager was: "A good manager, she is very knowledgeable about staff and patients."

Staff told us that they felt supported by the registered manager. One staff member said, "Very approachable and friendly." Another staff member told us that if they had a concern, "I would tell [registered manager], she would do things to sort it." One staff member told us that in the absence of the registered manager they had contacted the provider who had responded to their concern and addressed the issue.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating was given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found that the most recent report was on display in the home but that it was not available on the provider's web site. We discussed this with the provider who told us they would make the latest report available on their website. We checked to see that they had completed this action and found that they had.

Staff had access to policies and procedures and understood how to follow them. The registered manager ensured staff meetings took place regularly. During these meetings, the staff team were informed of any changes, training or updated on policies and procedures. Staff felt able to raise concerns during these meetings but were not assured that they would be addressed. One staff member told us, "Staffing levels are not meeting people's needs. We told them at the staff meeting. They kept saying 'we don't have the residents'." The registered manager told us that they planned to increase staffing levels the following month and that they would ensure this was shared with the current staff team.

The provider demonstrated that there was a drive to improve and make changes to the service for the benefit of people using the service and staff. Since our last inspection the service has received support from the local authority quality improvement team (QIT) to help ensure that positive changes had occurred and that they were sustainable. Feedback from the QIT team was that the provider and registered manager had engaged well with them, taken ideas on board and made the necessary changes. This was confirmed by a visiting professional told us, "I make suggestions and that is carried forward." Resources had been made available to drive improvement, such as the introduction of a member of staff to deliver activities to people. There was a development plan for improvements that was in place to ensure that change continued and that those responsible for actions were aware of what was required and held to account.