

Dale Topco Limited

Burton, Bridge and Trent Court Care Centre

Inspection report

17-19 Ashby Road
Burton On Trent
Staffordshire
DE15 0LB

Date of inspection visit:
23 March 2018
26 March 2018

Date of publication:
17 May 2018

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

Burton Bridge and Trent Court Care Centre 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. Burton Bridge and Trent Court Care Centre is registered to accommodate 99 people and provides nursing and personal care. At the time of our inspection 63 people were using the service. The service accommodates people across three buildings. All three buildings had their own bedrooms, communal lounges, dining area, kitchenette and outdoor areas. The main kitchen was situated next to Burton Court and food was transported to each unit via food trolleys. Bridge Court provides nursing, residential and dementia care to older people. Burton Court provides nursing care to women with mental health related conditions and Trent Court provides nursing care to men with mental health related conditions.

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

This was the first inspection since the provider registered on 30 June 2017. Although we did not find any breaches of the regulations, improvements were needed in all five key questions to ensure good outcomes for people were met. The provider and registered manager had identified that improvements were needed and were taking action to address this.

The numbers of staff available did not always ensure people's needs were met in a timely way. The provider confirmed that additional staff were being recruited. Where people demonstrated behaviours that put them at risk of harm, staff did not have guidance on how to minimise the risk of these behaviours escalating.

Some people did not always enjoy the meals available and the meals were not always served at a suitable temperature for people to enjoy.

People were not always supported to ensure their dignity was maintained. The opportunities for people to socialise and participate in activities of their choice were limited. The provider's systems to monitor the quality of the service were still being embedded and improvements were ongoing.

People were supported by staff that had undergone recruitment to determine their suitability. People were supported to keep safe by staff that understood their responsibilities to report any concerns.

Medicines were managed in a safe way to enhance people's well-being. Infection control procedures were in place to maintain hygiene standards. The provider was making improvements to the environment.

Trained staff supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. People's health care needs were met and monitored on an ongoing basis to ensure the right support could be sought when needed.

People were able to move around the home and were treated with kindness by the staff team. Independent advocates supported people in decision making when needed. People were supported to maintain their independence and relationships with people that were important to them.

People and their representatives were involved in their care plan reviews and were supported to express any complaints or concerns. Opportunities for people to express their views on the home were provided. Staff felt supported by the management team and were provided with supervision.

The provider and registered manager understood their responsibilities and had resources available to them to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe

Sufficient numbers of staff were not always available to support people in a timely way. Guidance was not in place to guide staff on how to reduce behaviours that put people at risk of harm. The recruitment procedures in place checked staff's suitability to work with people and they were supported to keep safe by staff that understood their responsibilities to report any concerns. People were supported to take their medicines in a safe way. The systems to manage infection control and hygiene standards were effective and ongoing improvements were in place to the environment.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure people's meal preferences were met and that meals were served at a suitable temperature to be enjoyed. People received support from trained staff and their rights to make their own decisions were respected. The registered manager and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met. The adaptation of the home enabled easy access for people.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Improvements were needed to ensure people's dignity was promoted at all times. Staff treated people kindness and promoted their rights to make choices. Where needed people were provided with independent advocates to support them in decision making. People were supported to be as independent as possible and their right to maintain relationships with people that were important to them were respected.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

Improvements were needed to ensure everyone that used the service had the opportunity to socialise and participate in activities of their choice. People and their representatives contributed to the assessment and development of their care plans and were supported to express any complaints or concerns; in order for them to be addressed.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The systems in place to monitor the quality of the service were still being embedded and improvements were ongoing. Opportunities were provided for people to express their views on the running of the service. Staff felt supported in their work. The provider and registered manager understood their responsibilities and had resources available to them.

Burton, Bridge and Trent Court Care Centre

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 comprehensive inspection took place on 23 and 26 March 2018 and was unannounced. The inspection visit was carried out by one inspector and two experts 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.

The inspection was informed by information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However at the inspection we offered the registered manager and management team the opportunity to share information they felt relevant with us.

Some people due to their mental health were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the care and support provided to people and how the staff interacted with them.

We spoke with 25 people that used the service, 12 people's visitors, the chef, the activities coordinator, the administrator, 16 members of the care staff team which included care staff and senior care staff, three nurses, the deputy manager and registered manager. We also spoke with the managing director and an

independent consultant who was working with the management team to redevelop some of the systems in place such as care planning documentation.

We looked at six people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager to email copies of their audits, such as cleaning schedules and infection control audits; so that we could see how the provider monitored the service to drive improvements. The registered manager sent these to us within the required timeframe.

Is the service safe?

Our findings

People's needs were not always met in a timely way on Bridge and Burton Court as staff were not always available to support them as required. For example at meal times we saw that some people had to wait for support to eat, as staff were busy supporting other people. On Burton Court a member of staff asked one of the inspection team to 'keep an eye' on the people in the lounge, whilst they fetched a person a drink. This was because no other staff were available to monitor the lounge where people required continuous supervision. We also observed one incident on Burton Court that could have been managed more effectively, if two staff had been available to support the person to go to their room to change their clothes. However due to limited staff being available, the person had to wait whilst a staff member fetched their clothes and then supported them, when a second staff member became available. This was because this person required two staff to support them. This delay led to the person becoming upset and they began to shout; which in turn affected other people in this lounge, who also then became upset.

We identified that behaviour management plans were in place which described how people may demonstrate behaviour when they became upset and how staff should respond to them. However no positive behaviour support plans were in place to guide staff on how to support a person to reduce these behaviours from occurring. For example the person that needed to change their clothes had become upset whilst waiting, as they had limited understanding regarding why they had to wait. If they had a plan in place that guided staff to support them to their room to change their clothes; rather than waiting for their clothes to be brought to them, this may have reduced their anxiety and subsequent behaviour and avoided other people becoming upset.

Although positive support plans were not in place, we observed a member of staff on Bridge Court supporting a person using this method when they became anxious. The member of staff walked around with this person; singing a song with them that they were familiar with. This was followed by providing the person with a head massage. This worked well and we saw the person's anxiety reduced until they were relaxed. The staff member told us, "I could see that [Name] was getting agitated and this always calms them down; it takes some time but it's worth it, as it helps them to relax." This demonstrated that this approach, known as positive behaviour support had worked well for this person in improving their wellbeing.

The systems in place supported safe recruitment practices. The provider checked staff's suitability before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

Relatives felt their relations received safe support from the staff team. One said, "All of the staff are lovely. I am confident that [Name] is safe here. They are happy here and if anything was wrong, I would be able to tell but they are always relaxed and comfortable when I visit."

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "I would report any concerns to the nurse in charge or the manager. The manager informs the local authority but I know we can contact them too. I have never needed to do this." We saw there were safeguarding procedures in place and information on how to report concerns was on display. Staff confirmed they had access to these policies for further guidance if needed.

Risks to people's health and wellbeing were assessed and reviewed as needed to ensure they remained relevant. Where people had been assessed for specialist equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them. We saw that checks were undertaken to ensure this equipment was used correctly. When staff supported people to move using specialised equipment, such as hoists, this was done safely and in a considerate way and supported people at their own pace. This demonstrated that people received the appropriate care to help prevent sore skin from developing

Plans were in place to respond to emergencies with personal emergency evacuation plans for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was easily accessible.

People were supported to receive their medicines safely and we saw the support people received at the lunch time meal. The staff spent time with people explaining what the medicine was for. When people had medicines that were given on an 'as required' basis, guidance was available about this medicine for staff, to ensure people received these when needed.

Mental capacity assessments and best interest decisions were in place for people that were unable to consent to taking their prescribed medicine. Where people that lacked capacity refused their medicine, we saw that the correct procedures were followed to permit staff to give this medicine in food or drink. This demonstrated why this was required and showed that people involved in the person's care had been consulted and agreed this was in the person's best interest.

Records were in place to demonstrate that people received their medicines as prescribed or if not; the reason why, which ensured a clear audit trail was in place to monitor when people had taken them. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff who administered medicines told us they received training and had checks to ensure they managed medicines safely and records seen confirmed this. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

The new provider had commenced renovation work. For example we saw that new laminated flooring was in place in the lounge of Bridge Court and at the time of our inspection work was being undertaken on the first floor of Trent Court. We saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. Infection control audits had been undertaken within each unit and any actions identified were addressed or were in the process of being addressed; such as issues regarding the maintenance of the home, which were ongoing.

The kitchen had not been inspected by the food standards agency since 2015 when it had been rated a five star. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to

food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

Accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support. For example, when a person had fallen out of bed and sustained an injury the registered manager had taken action to reduce the risk of this happening in the future. They had reported this to the provider who had purchased specialist beds that could be kept low to the floor when in use. These were in place for everyone who was at risk of falling out of bed.

Is the service effective?

Our findings

People's views on the meals were mixed. The provider was purchasing chef prepared meals from an independent company. We were advised that the aim for introducing this service was to ensure additional choices and improved monitoring of the nutritional and calorific quality of food provided was in place. The registered manager confirmed this was on a trial basis and was being reviewed at the time of the inspection. The catering team continued to provide breakfast and supper choices along with homemade cakes, snacks and any additional dietary needs where required. We spoke with the chef at the home about the independent meal service. They told us, "All of the meals meet people's nutritional needs and are allergen free; which is difficult to achieve and soft diets are presented attractively, but we are getting mixed feedback from people." On the first day of our inspection five people ate lunch in the dining room at Burton Court. All stated that the food was cold. A staff member took one person's meal away to reheat it but others were not reheated and the general consensus from people was that their meal was not enjoyed. However on Trent and Bridge Court people we spoke with told us they had enjoyed their meal. One person told us the home provided, "Top meals." Another said, "The food is lovely." However one person on Bridge Court did say, "Sometimes the food is alright and sometimes not very nice." We saw where people had enjoyed their meal they were offered second helpings and we saw people were provided with an alternative to the two main choices. One visitor told us that their relative preferred plain meals and that one of the mealtime choices would normally be ok for them. They said, "But if not, the staff are always happy to provide something like a sausage sandwich." We saw that where people were nutritionally at risk referrals were made to appropriate health care professionals and staff followed their guidance.

We saw that drinks were provided throughout the day to ensure people remained hydrated. One person told us, "We get lots of drinks and if you want more you only have to ask and the girls go and make one." One visitor said their relative received drinks "every hour, on the hour." Another visitor said, "The staff make sure people have regular drinks throughout the day."

The design of the buildings enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to use. However on Burton Court the outdoor space was not securely enclosed which meant that people were reliant on staff to access this with them, to ensure their safety. This meant that opportunities for people to go outside were limited to staff availability. The registered manager told us the provider was looking at how this could be improved.

People's support needs had been assessed prior to using the service. We saw that under the new provider each person's needs had been reassessed to ensure the information remained relevant. This information had been used to develop new care plans that provided information on the person's needs, preferences and interests. We saw that staff had a good understanding of people's needs and preferences and the support they provided reflected the information we saw in their care plans.

Technology was in place that enhanced people's rights under the Equality Act. This varied from sensor mats

that alerted staff when people required support, to accessible facilities that enabled people to move around communal areas independently.

People and their relatives told us they were happy with the support they received from the staff team. One person said, "The staff are very good and help me a lot. They know what help I need." One relative said, "The staff here seem to know what they are doing." Staff received training and confirmed that this supported them to meet people's needs. One member of staff told us, "We have a variety of training coming up. So far I have done tissue viability and dementia training which was really interesting. I have moving and handling training booked in two weeks. I can't support anyone using the hoist until I have done this training." This demonstrated that safe practices were followed, to ensure that when people used equipment to move, they were only supported by trained staff. The registered manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

People confirmed they were supported to access health care services as needed. One person told us, "If I need to see the doctor the staff ring them and they come out to me." Another person told us, "The chiropodist comes in to do my feet." Visitors confirmed their relatives were supported to see health care professionals as needed. One visitor told us their relation was registered with the local GP and confirmed that if they ever needed to be seen the staff arranged it with the surgery. Another visitor told us their relation was due to be visited by a specialist community nurse. They had opted to keep their own GP when they moved into the home and their relative told us this had not been a problem. Another relative told us the staff had arranged a dental visit, as their relative had needed a tooth extraction which went smoothly.

Records showed that people's health care was monitored by the staff team. For example one person with diabetes was monitored on an ongoing basis to ensure any reduction in blood sugar could be identified. Guidance was in place to enable staff to identify if the person's blood sugar dropped and staff we spoke with had a good understanding of this.

Records showed the registered manager and staff team worked with healthcare professionals to enable people to access health care services, to maintain their health and well-being. For example we saw that referrals were made to speech and language therapists and dieticians to manage their dietary needs. People had access to mental health teams where this was required.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision, such administering medicines covertly and the support the person needed to ensure their personal care needs were met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority. Some people had a DoLS which had been authorised and reviewed in relation to the timeframe. Discussions with staff demonstrated they had an understanding of the Act and DoLS.

Is the service caring?

Our findings

Consideration was needed to ensure people's dignity was promoted at all times. We observed that several people had soiled their clothing with food following meals and people were not always supported to change their clothes, to ensure their dignity was maintained. We also observed that some people's finger nails had not been cleaned, which apart from increasing the risk of infection did not promote their dignity

Staff supported people to make decisions wherever possible. The staff explained things and used different approaches to ensure people understood and could make informed choices, such as showing people the meal choices available when needed.

Although some pictorial aids were available these were not always used appropriately; which in turn did not support people. For example on Burton Court one person's care plan stated they required orientation with the day, as they repeatedly would ask staff what the date was. On the first day of our inspection the orientation board on Burton Court had the incorrect date of the 21 March 2018. This demonstrated staff were not always using the equipment available to promote people's orientation as directed in their care plan.

On the whole we observed staff spoke to people in a caring and respectful way. However there was an occasion when we heard a member of staff using punitive language to a person. This was fed back to the management team for them to address. People we spoke with told us they liked the staff. One person said, "They are all really nice to me. We have a bit of a laugh and joke together." Another person told us, "The staff are very good. I can't say anything bad about them." And another said, "The staff are kind." Visitors also complimented the support provided by the staff team. One said, "The staff are all a team and there is great team work, They're doing a fabulous job." Another said, "I can't fault the staff they are wonderful, always have a smile on their face and go out of their way to be helpful."

We saw that communication passports were in place that provided information to staff on how they communicated their needs and wishes. On Trent Court we observed a member of staff communicating with a person using their preferred method. This worked well and the person was supported according to their preferences.

We also saw very good examples of caring interactions between people that used the service and the staff that were supporting them. For example we heard several friendly discussions where it was clear the staff member knew the person well. One member of staff chatted to a person about their past employment. They genuinely showed an interest in what the person was telling them and asked the person several questions to keep the conversation flowing.

We saw people were provided with specialist cups and utensils when required to enable them to eat and drink independently. People were supported to maintain their sense of style, through wearing clothing, jewellery and accessories of their choice.

We saw that independent mental capacity advocates (IMCA) were in place for two people to represent and support them in relation to their best interests. An IMCA is a type of advocacy introduced by the Mental Capacity Act 2005 (MCA). The MCA gives some people who lack capacity a right to receive support from an IMCA in relation to important decisions about their care.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "The staff are always very welcoming here. We can visit at any time and we do; there are no restrictions." Another visitor told us they were able to bring their dog in to the home, which their relative enjoyed. We also observed another person enjoying the dog's visit, as they sat patting the dog.

Is the service responsive?

Our findings

At the time of the inspection one activities coordinator was employed across the three sites. This affected the social and therapeutic opportunities available to people on Bridge and Burton Court; as the staffing levels on these two units were not sufficient to enable the care staff team to support people's recreational needs. The relative of a person that lived at Burton Court told us, "People here do watch films and listen to music. There's nothing they can do if there isn't enough staff. They need more staff here and the staff have agreed with me." Our observations on both of these units demonstrated that when the activities coordinator was not providing an activity there was limited social interactions. Although we observed staff chatting with people and supporting some people with one to one activities, these interactions were time limited as the staff available had to prioritise care support over activities. The managing director confirmed that an active recruitment process was in place to recruit a second activities coordinator.

The Accessible Information Standards (AIS). Is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw that some information was provided in an accessible format. However further improvements were needed. For example as reported under the caring section; to ensure information was kept up to date to support people's orientation.

Life histories were in place and this was done in consultation with people's families to gather a picture of the person's life and what was important to them. We saw that where information in life histories was limited, attempts had and were being made to gather more information from people's families and friends.

People and their representatives confirmed they were consulted and involved in their care planning and reviews. One relative told us, "We have been involved in the care plan and the staff asked us if the details were ok." Another visitor told us they were invited once a year by the registered manager to review their relative's care plan and told us this was done very thoroughly. We saw that people's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. One person told us, "I go to Church regularly." A visitor told us, "The church representative visits [Name] for a chat and someone from church picks them up for the service every Sunday."

Relatives confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One relative told us, "I have made a complaint and the registered manager put things right almost immediately." Another said, "If I had any concerns I would go to the manager." The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these had been addressed in a timely way and actions taken with the outcome recorded.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their

life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported in detail on this.

Is the service well-led?

Our findings

Although the provider was developing systems to drive improvement these had not been fully embedded to ensure people's holistic needs were met, as reported on under the safe, effective, caring and responsive sections of this report. The provider advised us of their plans to further develop and embed quality assurance systems. Changes and redevelopment of the service was being planned to ensure minimal disruption to people who used the service.

We saw that audits were undertaken and these identified the actions that were needed. The majority of actions at the time of the inspection remained 'in progress'. This demonstrated that further work was needed to ensure good outcomes for people were achieved.

We saw that some improvements had been made to the environment. For example new flooring was in place in the main lounge of Bridge Court. This supported the housekeeping staff to manage infection control standards. We saw that continued development to refurbish the home was ongoing. For example new furniture had been purchased. At the time of the inspection work was being undertaken on the first floor of Trent Court. People that would usually spend time upstairs in the communal areas were using the lounges on the ground floor. We saw there were enough staff available to support people during this renovation.

There was a registered manager in post. There was an infrastructure of support for the registered manager which included a deputy manager, nurses, senior care staff and care staff and an activities coordinator. Housekeeping and catering staff were also on site along with administration staff to support the registered manager in the running of the home. The directors visited on a fortnightly basis to monitor developments and plan for the future. There were monthly board meetings and weekly conference calls with the directors to support the registered manager in the running of the home. A financial controller and the managing director were based at the home. The registered manager confirmed they felt supported by the provider and the management structure in place. They told us, "The providers are very supportive. They are spending a lot of money to redevelop the site and make it better. Currently they are focusing on improvements but they have big plans for redevelopment in the future." The provider commissioned an independent audit of the service in June 2017 and, as a result, identified the need for redevelopment of the care planning systems and audit processes. The provider had appointed an independent consultant to redevelop care plans. They had been working at the home for four months at the time of the inspection. We saw that the care plans were detailed and incorporated people's holistic and diverse needs.

People told us they felt the home was well led. One relative said, "The manager is very approachable. I would be comfortable going to her with anything." Another relative said, "There is a nice atmosphere and I often see the manager walking around the home and stopping to chat to people. All of the staff here are friendly."

At the time of the inspection the managing director had been in post for two weeks. The managing director told us they were recruiting additional staff and would be working with external organisations to assess and

look at the improvements needed, to enhance the support people received. This included an assessment of people's social and recreational needs and plans for externally sourced psychology and occupational therapy support and the support people needed, when they demonstrated behaviours that put themselves and others at risk of harm.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One member of staff told us, "We all know how to raise concerns. It is included in the training and covered in supervision. I am confident that the manager would take the appropriate action but I know I can report externally myself, if that was ever needed." Staff told us they felt supported by the registered manager and deputy manager. They told us they were provided with opportunities to attend regular staff meetings and minutes of these meetings confirmed this.

People were encouraged to express their views to enable the registered manager and provider to improve the service. A relatives meeting had taken place in since the home registered under the new provider. The registered manager told us that only one person's relatives had attended this meeting and none of the people that used the service had wanted to attend. Questionnaires had been sent out to staff but a limited number had been returned. However staff we spoke with told us they enjoyed working at the home and felt improvements were being made. One member of staff said, "I think it's going to take a while but slowly we have seen improvements." Staff confirmed they were provided with supervision and team meetings to monitor their practice and keep them up to date with the ongoing improvements and the development of the home. We saw that a meeting had been held in January 2018 to discuss the refurbishment plans with staff. We saw that satisfaction questionnaires had been developed for relatives and visiting professionals. The registered manager told us these were ready to be sent out.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

We saw the registered manager promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required.