Anchor Trust

Tandy Court

Inspection report

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Date of inspection visit:
28 September 2016
29 September 2016

Date of publication:
18 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 and 29 September 2016 and was unannounced. The home was last inspected in November 2014. At that inspection the service was judged to be 'good' overall but improvement was needed in how people were kept safe. The deployment of staff needed improvement to make sure staff did not leave people unsupervised in the lounge and medication systems needed to be improved to make sure people received their medication as prescribed. This inspection found that these issues had been improved.

Tandy Court is registered to provide care and support for up to 40 older people who have needs relating to their age or dementia. Nursing care is not provided. On the day of our inspection there were 37 people at the home.

The home had a registered manager but they had moved into the role of district manager. A new manager was in post who was not yet registered with us. Both were available throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed people looking relaxed and at ease within the home, and with the staff who were supporting them. People and their relatives told us they felt safe at the home. Staff were aware of the provider's processes for reporting any concerns. Staff understood their responsibilities to keep people safe from harm. Most risks of harm to people receiving the service had been assessed and recorded but improvement was needed to ensure people could be confident all risks were well managed.

There were enough staff to support people safely. Staff told us they had recently had to work extra shifts to cover staff vacancies. Recruitment had taken place and additional staff had been employed. Satisfactory recruitment checks were in place to help ensure staff that were employed were safe to work with people. Staff had been trained to support people effectively. This included learning about the specific needs the person lived with. Staff told us that they received regular supervision and felt supported.

People's medicines were safely managed, stored and administered by staff who had received training and

had been assessed as competent to administer medicines.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions.

People we spoke with told us they were happy at the home. People told us that they were supported by staff who were kind, caring, attentive and compassionate. People were able to make decisions about how they wanted their care provided. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People told us they were offered meals which they enjoyed. People were supported to eat enough food and drink by staff who understood their nutritional needs. People's health was supported by access to a variety of health professionals.

People told us that they played an active part in contributing to the planning and reviewing of their care to ensure it was delivered how they wished . A variety of activities were provided to meet the interests of individual people. We saw people were engaged and were consulted about the activities programme.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service and there were effective systems in place if people wished to make a complaint. The new manager was in the process of applying to us to be registered and was able to tell us about their future plans for the development of the home. Support was available to the manager to develop and drive improvement and a system of internal auditing of the quality of the service was in place.

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

Some aspects of this service were not safe.

Staff understood their responsibilities to keep people safe from harm but some areas of risk had not been fully assessed.

People received their medicines safely.

People told us they felt safe at the home and with the staff who supported them. There were sufficient staff available to care for people.

Is the service effective?

Good

The service was effective.

Staff were supported to be effective in their role through training and regular opportunities to discuss their practice and personal development.

Staff understood how to support people's rights and respect their decisions and choices.

People were supported to have enough suitable food and drink when they wanted it and had access to health care professionals to meet their specific health care needs.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

People's privacy and dignity were respected.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive.

People told us they were involved with the planning and reviewing of their care.

People were supported to take part in a range of activities that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Good

The service was well-led.

Systems and processes ensured the service was always looking for ways to improve and develop. People and staff were given the opportunity to contribute to the development of the service.

Staff told us the new manager was approachable. The new manager was in the process of applying to us to be registered and was able to tell us about their future plans for the development of the home.

Tandy Court

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 inspection took place on 28 and 29 September 2016 and was unannounced. The home was last inspected in November 2014 and found to be requiring improvement in one area. The inspection team comprised of two inspectors 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.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We contacted Health Watch and the local authority who commission services from the provider for their views of the service.

During our inspection we spoke with 15 people who lived at the home and with six relatives. We also spoke with a member of the district nursing team.

Some people's communication needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, deputy manager, district manager, deputy chef, one house keeping staff, the activity co-ordinator, four care assistants and two team leaders. We looked at the care records of five people, the medicine management processes and at records maintained about staffing, training and the quality of the service.

Requires Improvement

Our findings

At our last inspection in November 2014 we found the deployment of staff needed improvement to make sure staff did not leave people unsupervised in the lounge and medication systems needed to be improved to make sure people received their medication as prescribed. At this inspection we found that these issues had been improved.

People who lived in the home told us that they felt safe living there. Comments from people included, "Of course! There is nothing to worry about the doors are secure," and "I always feel safe with the care staff." People's relatives confirmed that they thought people were safe. One relative told us, "Mum is so safe living here…I really trust staff."

One person told us there had been an intruder in the home. We had received a notification from the manager about this incident shortly before our inspection visit. The manager told us about the extra security measures that were being taken to reduce the risk of this happening again.

The members of staff we spoke with were able to describe signs of abuse and could confidently explain how they would respond to safeguarding concerns. Staff knew who to report any concerns to and were confident these would be dealt with. One member of staff told us, "If I saw abuse I would tell the manager or the social services to get it listened to."

The manager and deputy manager informed us that all staff undertook training in how to safeguard people during their induction period and there was regular refresher training for all staff. This was confirmed by staff we spoke with and from viewing staff training records. The manager was aware of their responsibility to identify and report any potential incidents of abuse. There were policies and procedures available in the home regarding safeguarding and whistle-blowing. There was also information on display about how to contact the local authority if people felt they had been abused. Information was also available to people about local advocacy services. The combination of these measures meant people could be confident any safeguarding matters would be identified and reported, and that people would receive the support they required.

The provider had informed the local authorities and the Care Quality Commission of safeguarding incidents as required. The new manager told us that they had identified the home had a number of person to person safeguarding incidents occurring and that they aimed to reduce this. They told us of the actions that been undertaken to help achieve this. This included assessments of people's needs to identify if these could

continue to be met at the home. The manager also intended to improve the assessments of people's needs prior to admission. This would help to ensure any potential risks were identified and would consider a 'matching' process to consider if new people to the home would get on well with people already living there.

Most risks to people receiving the service had been assessed and recorded but improvement was needed to ensure people could be confident all risks were well managed. For example, one person had very recently moved into the home. Staff had commenced developing their care plan but priority had not been given to the assessment of individual risk, for example falls and any preventative actions needed. We brought this to the attention of the manager who commenced the risk assessment and identified actions to be taken to keep the person safe from falls during our visit.

Other people who had lived at the home for a longer time and who had a history of falls had risk assessments completed and updated when falls occurred. Some people had been referred to the falls clinic to seek specialist advice on any measures that could be implemented to reduce the risk of further falls occurring. One person's relative told us, "Mum has a sensor and crash mat in case she falls out of bed." Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed and appropriate steps had been taken to reduce the risk of similar occurrences happening. The manager told us that to further reduce the number of falls she intended to set up a 'falls team' within the home. It was intended they would meet monthly to discuss and review any falls that had occurred, in addition to the current reviews that took place.

The provider had recently developed and introduced a new 'Patient transfer record.' This document was intended to contain important information about the person and would be sent with people should they have to go to hospital. The intended aim was to ensure other health professionals were aware of how to meet people's individual needs and keep them safe. From the records we sampled and our discussions with staff we saw that in some instances some key information about people had not been recorded. Staff were also unsure if the original document would accompany the person or if this should be photocopied. This demonstrated some lack of understanding by staff of how to complete and use these newly implemented records. We discussed these issues with the manager and district manager. Internal audits of these records had also recently been completed and had identified improvements were needed. A plan was in place to achieve the improvements and the district manager told us they would ensure the required actions were completed. This will help to ensure important information about risks to people is shared with other healthcare professionals in an emergency.

We saw staff assisting a person to transfer from chair to wheelchair and saw this was done safely and that staff continually offered reassurance to the person. Staff received training on using the hoist and further training was scheduled to take place for new staff and for staff who needed refresher training. One relative told us, "Staff appear confident in the use of the hoist."

People told us and we saw that there were enough staff available to support people when needed. One person told us, "They [staff] are always around when you need help." The majority of relatives did not have concerns about staffing levels but some did comment that staff were often very busy. One person's relative told us, "Sometimes staff are quite pushed, I have seen staff doing double shifts. They could possibly do with more staff at weekends." A health care professional told us that although staff seemed very busy they thought that the staffing arrangements were safe. On the two days of our inspection we did not see anyone having to wait long for assistance from staff. Staff were consistently in the vicinity of communal areas and responded to people's requests for support promptly. This indicated that the current staffing levels were safe.

Some staff we spoke with told us that there had been staff shortages. One member of staff told us, "There has been low staff morale due to the shortage of staff. Staff have done extra shifts but sometimes feel uncomfortable to say no. Staff are tired." Another member of staff told us, "Staffing was an issue, staff were working lots of extra shifts to cover the gaps, but I think we have turned the corner now." The manager and district manager confirmed there had been some staff shortages and that as a result, staff had been working extra hours to cover the shifts. They told us that additional staff had already been recruited to help relieve the pressure on existing staff and that further recruitment was in progress.

One person's risk assessment recorded that there was a risk of them displaying behaviours towards other people in the home. The assessment recorded 'where possible they should have one to one staff support." Whilst this was not being provided during our visit but we saw that staff were always present in communal areas with the person and so were on hand should the person become distressed. The manager told us that the provider did not actually receive any one to one funding for staff for this person and that as the person's behaviour was more settled they did not feel that one to one staffing was constantly required and would review the risk assessment.

The manager described how they assessed and determined how many staff were required to support people living at the home. This was done by assessing people's dependency levels and then using a staffing tool to indicate the overall care hours needed per week. The new manager told us that when they first started working in the home they had spent a week working alongside staff and this had helped them to determine that the current staffing levels were safe.

The recruitment and selection process ensured that staff were recruited safely. Staff confirmed that checks on their suitability had been undertaken prior to them starting work. Staff records showed that before staff commenced in their role a full employment history, criminal records checks and appropriate references had been sought. Doing these checks helps to ensure only people suited to work in adult social care are recruited.

We saw that the registered provider had systems in place to ensure that medicines were managed appropriately. People we asked told us that staff gave them their medicines. We observed a member of staff administrating people's medicines. This was done safely. Medication Administration Records had been completed to confirm that people had received their medicines as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used.

We saw that staff who were responsible for administering medicines had received regular training and medicine competency assessments. A member of staff told us, "The deputy manager watches us administer medication and then asks us questions." Some medication errors had occurred. Discussion with the manager, district manager and sampling of records showed that action to reduce the likelihood of further errors occurring had been taken.

Good

Our findings

People and their relatives told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person told us, "They [staff] know what's going on with my care and what my needs are." One relative told us, "Staff seem to have knowledge and skills."

We talked to staff about how they delivered effective care to individuals with differing needs. The staff spoke with warmth and enthusiasm about the person and were able to describe their care needs and preferences.

We asked staff about their induction, training and development at the service to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff told us that they had received an induction and had on-going training. New members of staff told us they had the opportunity to work 'shadow shifts' when they first started working in the home where they worked alongside a more experienced member of staff?. The manager told us the Care Certificate was available for new staff if they required it. This certificate has been implemented nationally to ensure that all staff who work in the care sector are equipped with the knowledge and skills they need to provide safe and compassionate care.

Staff were complimentary about the training they had received. One member of staff told us, "We get refreshers regularly and the quality is okay." Another member of staff told us, "The training is excellent." We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs.

All the staff we spoke with told us they felt supported in their role and that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. One member of staff told us, "I do have supervision regularly, monthly. We talk about our performance and areas to improve." There were also regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward. We saw and the manager and deputy manager described how they undertook observations of staff's care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

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. Staff adhered to the principles of the MCA by seeking people's consent and involving them in choices about their care. We observed and heard staff seeking people's consent before they assisted them with their care needs. One person's relative told us, "[Person's name] has her preferences and they [staff] respect them." People had been assessed in regards to their capacity to consent for particular decisions. For example, we looked at the management of consent for a person who had their medication administered covertly. We saw that agreements were in place for the person, who was assessed as not having the capacity to consent, to show this was in their best interests. Some people were at risk of leaving the home without staff support and were assessed as being at risk if this were to occur. To manage the risk doors to the home were fitted with a coded key pad. Where people were assessed as not being at risk they were provided with the code so that they were not restricted.

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 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 applications had been made to the local supervisory body for DoLS as required and in line with the legislation. Staff understood that it was unlawful to restrict people's liberty unless authorised to do so. The majority of staff we spoke with about this were aware of the applications in progress and those that had been authorised. We brought to the attention of the manager that one member of staff told us there were no people at the home who had a DoLS in place. Some people were at risk of leaving the home without staff support and were assessed as being at risk if this were to occur. To manage the risk doors to the home were fitted with a coded key pad. Where people were assessed as not being at risk they were provided with the code so that they were not restricted. People were being supported in line with the MCA and DoLS.

People were supported to have sufficient to eat and drink and people told us that they liked the food provided. One person told us, "Excellent Chef." Another person commented, "The food is good." People confirmed there was a choice of meals. A relative told us, "The food is good. People are offered different choices. There was a dip in quality months ago but they are back on track now." We observed lunch being provided to people. People were given visual choices of what was on offer and given the support they needed from staff to eat their meals. Cold drinks were available in communal areas for people to help themselves to, when they wanted. We saw that a drinks and snacks trolley with a wide variety of choices was also taken around the home between meals. One person told us, "I always have a drink and can get one myself."

Staff demonstrated that they knew each person's needs and preferences in terms of food and drink. The deputy chef and care staff we spoke with had a clear understanding of additional support requirements of people that needed supplements in their diet or needed a soft diet. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat.

The registered manager and staff told us how they helped people to maintain their health. We saw where people had particular health needs, staff had engaged with relevant health professionals to support the person. A health care professional told us that staff contacted the district nursing team with any concerns and that they were very good at following any advice given. Sampled care records showed that where staff had concerns about a person's health the relevant healthcare professional was contacted. We saw that one person's care records identified a specific health condition but did not contain specific guidance for staff to follow in the event of a medical emergency. This person had only recently moved into the home and the manager took action to complete this guidance when it was brought to their attention.

Records of staff meetings showed that staff had discussed that some aspects of care that impacted on people's well-being needed improvement. These were in relation to continence care and also the assessments undertaken in relation to the risk of people developing pressure ulcers. The manager was able to demonstrate action had been taken. For example some people had been referred to health care professionals for continence assessments to make sure they had the correct continence aids. We concluded that people were having their healthcare needs met.

Good

Our findings

We observed positive interactions between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. Comments from people included, "Staff are grand," and "Staff take time to talk to me."

It was evident from the staff we spoke with that they knew the people who used the service well and had a good knowledge of their individual preferences and life history. Relatives confirmed that staff were kind and caring to people in their care. One relative told us, "The staff are very patient and know mum well."

We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and provided comfort and support to people. People were involved in their care and supported to express their views via individual review meetings and residents meetings.

The people we spoke with said that staff respected their privacy and dignity. One person told us, "As far as respect, privacy and dignity are concerned, they make sure they don't expose me." One person's relative told us, "Staff are respectful and treat mum with dignity. In fact they remind me to close doors." We observed staff working in ways that promoted the dignity and privacy of people to include knocking on bedroom and toilet doors and seeking permission before entering. We brought to the manager and district manager's attention that some people had received treatment from visiting health care professionals in the communal lounge during our visit. They told us this was not the expected practice and they would reinforce with staff about making sure visiting professionals provided treatment in private. On the second day of our inspection visit the district manager told us that privacy screens had been ordered for instances where people declined or were not able to move to private areas to receive treatment.

People told us they valued their own independence and that staff respected this and encouraged it. During the inspection we observed staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. One person was walking around the home in their bare feet. We saw that staff encouraged the person to go and put some slippers on, rather than telling the person to do this. This was good practice as staff encouraged the person to be independent and make their own choice about what they wanted to do. One member of staff told us, "To promote independence we don't just take over and do it all for people."

People who lived at the home and their relatives told us that visitors were made welcome and they could

visit at any time with no restrictions. One person's relative told us, "I can ring and visit any time, I have never been turned away. I'm always welcomed."

Good

Our findings

People told us they had been involved in the planning of their care. Care records contained evidence that people and their representatives, such as family ,where appropriate, were in agreement with the contents of care plans. One person's relative told us, "The care is so very individualised, whatever mum wants, she gets. I am very involved in her care plan and reviews."

The care plans we read were personal to the individual and included information on a person's preferences, background and specific needs. We saw staff understood people's individual needs and abilities. The care plans assessed different aspects of care including nutrition, mobility, moving and handling, falls prevention and personal hygiene. The manager and the deputy manager told us that the needs of some people at the home had increased and that they now needed nursing care. Healthcare professionals were involved in the interim to help assess people's needs. The manager was liaising with health and social care professionals to help identify more suitable accommodation for these individuals. This showed that the service was responsive to people's changing needs.

We looked at the arrangements for people to participate in leisure interests and hobbies. People we spoke with told us they enjoyed the range of activities on offer. One person told us, "I am encouraged to pursue my interests." Another person told us, "I can choose what activities I want."

An activity co-ordinator was in post who told us they organised a range of activities based on people's interests. This included some group activities. People had the opportunity to discuss the activities they wanted to do at regular meetings. Records showed that some people had requested a 'movie night' and that this had taken place the same day that people had requested this. Other activities included bingo, a book club and quizzes. One person told us, "I help to write the quizzes."

During our visit we saw that some people took part in a meal preparation activity. During this activity there was a lot of interaction with staff and people were chatting and laughing, indicating they were enjoying themselves. One person requested to go out to the shops and we saw staff discussing with them when they wanted to do this.

People were provided with opportunities to be involved in the running of the home and to have their views listened to. Regular meetings were held to seek people's views including consultations about the menu. A person who lived at the home had recently been part of the interview panel for the recruitment of a new member of staff.

People told us they were aware of how to make a complaint and were confident they could express any concerns. People told us they would speak to the manager if they were unhappy about something. One relative told us they had raised a complaint and that, "It was responded to immediately."

The procedure on how to make a complaint was on display in the home and was available in alternative formats on request. The records of complaints we viewed were detailed and included the investigations and outcomes related to each complaint. Where appropriate, people had been issued with an apology. People could therefore feel confident that they would be listened to and supported to resolve any concerns. Complaints and concerns were used as an opportunity for learning and to improve people's experiences.

Good

Our findings

The home had a registered manager but they had moved into the role of district manager, however they had still maintained oversight of the service. A new manager was in post who was taking action to register with us. Both were available throughout our inspection. We observed they were available to people and staff and both demonstrated a good knowledge of the people who lived at the home. People and their relatives told us that the home was well run. One person told us, "There is a new manager, yes she is approachable."

The manager told us that when they first started working in the home they had spent a week working alongside staff to get to know the people and to identify where improvements were needed. They told us this had helped them identify that improvements were needed to the system for laundering clothing and infection control and told us of the changes they had implemented as a result. The manager told us they had plans to develop the service to help improve people's experiences. This included improving the assessment process for potential new people and improving the activities for people who had difficultly in engaging. An action plan had been completed for the development of the service and the progress towards meeting this was monitored by the district manager.

People told us and we saw that they had been actively involved in meetings to discuss their experiences of living at the home. Displayed in the reception area was a "You said, We did" information board. One example from the information on display was that people wanted to be more involved in choosing the menu. In response to this a food tasting day had been held to seek people's feedback on different foods. People also had the opportunity to participate in the 'National Care Home Survey' to seek their views on the care they received. People who had needed assistance to complete the survey had been assisted by another person who lived at the home. At the time of our inspection the results of the survey were not yet known.

The manager understood their responsibilities, including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. When required, they had sent the relevant notifications to us. Where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service so that people knew the outcome from our last inspection.

Support was available to the manager of the home to develop and drive improvement. We saw that help and assistance was available from the district manager. Staff were complimentary about the district manager. One member of staff told us, "I have had good support from her. She goes above and beyond. She visits weekly and made sure I had done my induction and training." Records confirmed that the district

manager visited on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered.

All the staff we spoke with told us that the management team were open and approachable. One member of staff told us, "The new manager is getting to know staff and doing well. She is approachable and takes time out for people. She is quite visible." Another member of staff told us, "I have nothing negative to say. She talks to people and staff."

The staff we spoke with confirmed that the home was well-led. Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. Staff meetings were used to help share good practice and for staff to suggest ways to improve the service. Minutes of staff meetings also showed that where complaints had been received these were shared with staff to help improve practice. One member of staff told us, "I'm asked for my opinion of how the home is running and most days team work is good." Some staff told us that staff morale had been low but that this was now improving since the new manager had been in post.

There were systems in place to monitor the quality of the service through feedback from people who used the service, their relatives, staff meetings and a programme of checks. Regular checks were undertaken on care records, medicines management, health and safety and the environment to make sure it was maintained and safe for people. Audits were not just records based and also included observations of staff practice, for example people's meal time experiences. Where issues were identified an action plan was completed to address the issues. Our inspection found some issues relating to care records. Audits by the district manager had also identified improvements were needed and dates had been set to improve these.