HC-One Limited

Berry Hill Care Home

Inspection report

Berry Hill Lane
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Ratings

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

Overall summary

We inspected the service on 2 and 3 September 2015. Berry Hill Care Home is registered with the Care Quality Commission to provide accommodation for up to 66 people with varying levels of support and nursing care needs. On the day of our inspection there were 47 people living at the home.

The home's registered manager (as detailed on CQC's website at the time of the inspection) had recently left their employment and an interim manager was in place. This person was in the process of becoming the registered manager of the home. 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.

At our last inspection in April 2014 we found that improvements were required in relation to the care and welfare of people who used the service and assessing and monitoring the quality of the service provided. The provider sent us an action plan following that inspection

Summary of findings

detailing what action they would take to become compliant. Prior to the inspection some people had raised concerns with us anonymously about general communication, staffing levels and the length of time people had to wait to have their requests for assistance met by staff. We looked at all of these issues as part of our inspection.

Overall we found that people who used the service felt safe and well looked after. However we did find that some improvements were required.

People did not always get the care and support they needed in a timely manner. The manager had increased staffing levels and made other changes within the home to improve this situation however there were still occasions when delays occurred and these could compromise people's safety and welfare. This was particularly evident in relation to people receiving prescribed medicines when required.

People's needs and support were met, but this depended on the staff member assisting to their care. Care plans contained insufficient details to ensure individual need, preferences and decisions were met.

People were treated with respect at all times, however staff did not always notice when a person's dignity was compromised. Staff were kind and compassionate.

We found that staff understood what constituted poor or abusive practice and were all confident to recognise it and report concerns to senior staff. The manager was aware of their role in relation to reporting allegations of abuse and of working with outside agencies to investigate and implement systems and changes to keep people safe.

Staff received appropriate induction, training and ongoing supervision. This enabled them to support the people who used the service effectively.

Systems were in place for staff to identify and manage risks and take actions when people's needs changed. Staffing levels were currently adequate to meet the needs of the people who used the service. Overall staff recruitment files reflected safe recruitment practices.

Communication had improved both within the staff team and with outside agencies. Various systems had been put in pace to achieve this.

People were not always protected against the risks associated with medicines. Although the provider had appropriate arrangements in place processes were not always being followed.

People were offered a varied and balanced diet although people sometimes had to wait for assistance and support at meal time. Most people liked the food on offer.

People were supported to receive any health care they needed and any advice provided by professionals was acted upon. Health professional shared mixed experiences of working with staff at the home.

A structured activity programme was in place. Not everyone wanted to take part in group activities so arrangements were in place to offer more one to one opportunities.

Staff were knowledgeable about the Mental Capacity Act and its implications. Their understanding of Deprivation of Liberty Safeguards was good and records reflected that training had taken place. No one was currently having their liberty deprived however some records did not reflect certain advanced decisions.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to any complaint raised.

There were effective systems in place to monitor and improve the quality of the service provided and these were seen to have been used effectively. People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and felt the manager provided good leadership. People had been consulted and involved in plans to refurbish the home.

Summary of findings

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.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People's health and wellbeing were compromised as there were delays in people receiving support.

Records did not reflect that people did not always receive their medicines as and when prescribed.

Overall staffing levels were sufficient to meet people's needs

Recruitment procedures ensured that only people suitable to work with vulnerable people were appointed.

Is the service effective?

Requires improvement

The service was not always effective.

Care plans were not person centred as they contained insufficient details about individual needs, preferences and decisions.

People were offered a varied and balanced diet although people sometimes had to wait for assistance and support at meal time.

Training gave staff the skills and knowledge to effectively support people who used the service.

Is the service caring?

Requires improvement

The service was not always caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs. However they did not always have time to spend with people to offer individualised support.

People's privacy was respected but dignity was, on occasion, compromised.

Is the service responsive?

Good

The service was responsive.

People's health was monitored and responded to appropriately when needs changed. Health professionals had noticed an improvement in joint working.

People who used the service were comfortable to approach the manager and members of the staff team with any issues.

Complaints were dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The manager was knowledgeable about the strengths and needs of the service and they sought the views of people who used services, their relatives and staff.

Staff were well supported and had opportunities to review and discuss their practice regularly.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to make changes and improvements.

Berry Hill Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 September 2015 and was unannounced.

Before the inspection we reviewed information the provider had sent to us including nine notifications. These are made for serious incidents which the provider must inform us about. We also reviewed information sent to us from various other sources, including some from people who wished to share their experiences of the service with us anonymously.

The inspection team consisted of one inspector, a specialist nursing advisor who assessed people's nursing needs 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.

During the inspection we spoke with 22 people who used the service and four relatives. We spoke with the registered manager, 12 care staff, the deputy manager and three health care professionals. We looked at the care records of five people that used the service along with other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

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.

Requires improvement

Is the service safe?

Our findings

People who spoke with us told us they felt safe living at Berry Hill Care Home. One person said, "I love it here and I am safe as can be." Another person said, "I feel very safe." A visitor told us that they were reassured their relative was safe. All of the staff that we spoke with were confident that they could meet people's needs safely and that people were safe living at the home. A visiting health professional told us that people, "Seemed safe".

Prior to our inspection we had received some concerns about the length of time it took for staff to respond to requests for support. The provider had not been aware of concerns prior to our visit. These delays could impact on the safety and wellbeing of the people who used the service. We spoke with people who used the service about call bells and how quickly they were answered. Some people told us that overall they were answered promptly however some people said that on occasion, and depending on the time of day, there could be delays. One person said, "The buzzer is usually answered but when it's busy it takes time." Staff comments reflected this. One staff member told us, "There is sometimes a delay in answering call bells. It is usually about ten minutes but never longer than half an hour." The manager had also been made aware of delays and had already implemented a plan to improve this. They had nominated a member of staff to be responsible for ensuring that call bells were answered promptly and a new system was being installed that would give a read out of calls and response times. This would enable the manager to know exactly how long people were waiting for support and take action to reduce times when necessary. One person who had made a formal complaint about call bell answer times told us, "Call bells are a lot better now."

People were not always protected against the risks associated with medicines. The provider's arrangements and procedures for managing medicines were not effective. We found numerous gaps and anomalies in people's records when medicines had been administered. This meant that the provider could not demonstrate that people had received their medicines as and when they needed them to maintain their good health.

We observed nurses sit with people to administer their medication. They waited patiently until people had taken it before moving away and they explained what the medicine was for. Some people told us of delays in relation to getting their medicines when required or when prescribed. One person told us that there had been a delay on the day of our inspection in them receiving pain relieving medication. Prior to our inspection we received anonymous concerns about the timing of administration of some medicines. On the day of our inspection the morning round did not finish until 11.15 am. Times of administration were not being recorded, so it was possible that morning and lunch time medicines could be administered too close together thus putting people at risk of over dosing. Both the staff and the manager who administered medication acknowledged that the medication 'round' took a long time to complete. The provider was looking at reasons for delays in the administration of medication. They were making changes to the environment accordingly. They told us that they had identified consistency issues with agency nurses and so they were currently recruiting more nurses. They told us that this would further reduce the risk of delays and make the process safer and more efficient.

Staff told us that they had received training in protecting people from abuse. In conversations, staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse and also signs to watch for to indicate this was happening. They understood the process for reporting concerns. Senior staff knew how to refer incidents to external agencies if needed. The manager told us they had made referrals and worked with other agencies to keep people safe. We had received notifications that reflected actions taken by the provider.

Assessments of risks to people's health and safety were carried out and recorded in care plans. We saw assessments of a range of risks including, the risk of falling or developing pressure sores. Staff were aware of action they needed to take to keep people safe and they told us that all necessary equipment was available to enable them to do this. We found however that the guidance to follow in relation to using pressure relieving mattresses, was not always being followed and this could place people at risk of harm. When we raised this with the manager they immediately reviewed arrangements to make them safe. We observed staff support people safely when delivering personal care. For example, we saw one person being moved with a hoist from one chair to another. A hoist is a

Requires improvement

Is the service safe?

piece of equipment that staff use to lift people when they are unable to move and reposition themselves. Staff told us that they had received training in order to know how to offer safe support and records reflected this.

We saw there were few accidents and incidents at the home. Accidents and incidents were recorded, monitored and reviewed. This meant that the manager could update support plans as necessary to keep people safe. The provider told us that they also reviewed information in relation to accidents and incidents to identify any trends and make changes to the environment to ensure people's safety and wellbeing.

Procedures were in place to protect people in the event of an emergency, such as a fire, and we saw how regular checks and routine maintenance of the home environment and equipment ensured people could be kept safe. We saw records that demonstrated this and staff could explain the procedures they followed to raise issues that required attention. The staff member responsible for overseeing the maintenance of the home told us that they had the support and resources to do what was needed and thus ensure the safety of the building and the equipment used.

People told us that they thought there were now enough staff on duty to meet their needs. The manager told us that staffing levels had been increased over recent months. Staff told us that these increases had had a positive impact on the quality of the service provided for people. One staff member told us, "I don't think we are understaffed. Staffing levels are fine. The only problem we have is when staff ring in sick at short notice." We spoke with the manager about this and they told us they were monitoring sickness and conducting return to work interviews when staff come back on shift. The manager considered that more robust monitoring would reduce sickness levels.

We looked at the recruitment files of three members of staff who had recently started working at the home. We saw that the provider had gathered the required information to reflect a safe recruitment process. Initially, there was some information missing from the files we reviewed, but this was due to an administrative error that was immediately rectified.

Requires improvement

Is the service effective?

Our findings

At the time of our inspection in April 2014 we found that care was not effectively planned and people were not always consulted when plans about their care and support changed. At the time of this inspection we found that improvements had been made in this area.

Prior to our inspection we had received information to suggest that communication had not always been effective within the staff team and with outside agencies. During this inspection we found the manager was implementing changes within the home to improve this. For example we sat in on a 'flash' meeting. This was a very short, focussed meeting with heads of departments to share information about appointments, activities, food, maintenance, support and also about the 'resident of the day'. Staff told us that these took place every day at an agreed time. The manager led the meeting. Staff attending had the responsibility of going back to their teams and share the information they had been given. Some staff told us that they were not always made aware of information suggesting that the process was not yet totally effective.

Overall people who used the service told us that staff met their needs effectively. One person said, "It's a lovely place. You get looked after very well." Another person said, "Yes they do what you need here. Most staff are very accommodating." However, some people told us that the quality of the support depended on which staff member was supporting you. The manager was aware that the quality of care varied and told us that training and support was improving to address this.

The staff we spoke with were aware of people's individual needs and wishes. We saw how experienced staff offered guidance and information to newer staff as to how people preferred to be supported. For example, at breakfast time one staff member led the team in the dining room sharing their knowledge about people's needs and preferences to ensure people got what they wanted for their breakfast. The manager told us that they were currently recruiting a member of staff to 'host' the breakfast experience after identifying that this arrangement worked effectively. In conversations staff told us that they knew how people liked to be supported and the interactions that we saw over the two days of our inspection suggested that they knew people well.

Staff spoke positively about the training they received and said that it was relevant to the type of work they did. Staff said that the majority of their training was online. We saw how the manager reviewed what training staff had completed and followed up on courses that were outstanding. They had a matrix to support them to identify required training. One staff member told us, "We have good training opportunities. We keep up to date but time is allocated to you if you fall behind." Staff spoke positively about the dementia training they had received. They told us that it had helped them better understand the people they supported. Staff also identified further training that they would like and told us they had shared these requests with the manager. This training was provided for them. Staff told us that they now felt better supported by the manager. They told us that communication was an area where they had noticed improvements over recent months. One staff member told us, "Communication is good." Another staff member said "Communication has definitely improved."

The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff told us that they had undertaken induction training that had given them a detailed introduction to working at the home.

We saw that people's support needs were assessed and recorded in their care plans. We also saw that supplementary records were kept to monitor changing needs. We looked at five care plans. They contained information that staff told us was helped them to provide effective care for people. We saw that supplementary records were in place to monitor turning, drinking and eating. Although not all records were fully completed we saw that information documented was being used appropriately. For example we saw how the manager was working with the GP to review amounts that people were drinking. This was to ensure that people were having enough fluid to remain in good health. The manager was aware that supplementary record keeping was not always being completed effectively. They told us that they were monitoring this. Staff confirmed that they were 'chased' when they had failed to complete a record.

Requires improvement

Is the service effective?

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. Staff, who spoke with us had received training in relation to the Mental Capacity Act 2005 and DoLS. They had a basic knowledge of its implications in practice meaning that they were mindful of people's rights and how to promote and protect them. They were confident that there was no one currently having their liberty deprived at the home. This reflected our observation and the manager's comments however we noted that some decisions recorded in care plans were not supported by capacity assessments. This could mean that staff and health professionals may not be acting in accordance with people's wishes.

People told us that staff involved them in discussions and decisions about how they wanted to receive their care. This included being asked their consent before care and support was provided. For example, one person told us that they were asked if they wanted to wash themselves or if they needed some support. One person told us that staff asked if it was 'ok' to help them get dressed.

All of the people we spoke with said that they were happy with the quantity and quality of meals, snacks and drinks. One person told us, "The food is lovely." Another person told us that they were restricted with what they could eat due to their medical condition. As a result they did not like eating anymore. They told us that, "They [staff] know it's difficult for me but they try to tempt me."

Drinks were readily available at meal times and throughout the day. Drinks were well promoted by staff. We heard staff offer people drinks how they preferred them and people who needed to have their drinks 'thickened' received this.

We observed breakfast and lunch being served in the dining room on separate days. Overall people received the support they needed to eat their food and people's independence was promoted. Staff responded immediately to requests for change and more food. We found however that on two occasions staff offered physical support without establishing what support was actually required. We also saw three people waiting to be supported to leave the table when they had finished. Staff offered support as soon as they had finished the tasks they were undertaking. We observed that some people had to wait longer than others for their meals and although those people waited patiently it did affect the social experience of people having meals as a group.

We saw that some people had their meals in bed. Staff told us that this was people's choice and they supported it. We saw staff sit with people assisting them to eat when required although we also saw at least three meals that had gone cold as the people had gone to sleep.

We saw attention had been paid to detail in making meal time experience a positive one. For example gravy was served in individual gravy boats. We saw that tables were nicely laid and cutlery was provided that promoted independence.

People who used the service told us they always saw a doctor or nurse when they needed to. We saw that the manager had developed close links with the local GP. We heard a senior staff member telling the manager that a person due to be admitted had requested that they retained their own GP. The manager confirmed that this would not be a problem. We did not see any evidence that people's health needs were not being managed effectively even though some professionals, who spoke with us prior to the inspection, felt that communication could be improved. One health professional told us of an example where one person had recently received "good care." We saw how the manager was working proactively with the local GP to review people's identified medical needs. Information was shared to enable the GP to assess people and then the home took necessary action to implement treatment.

Requires improvement

Is the service caring?

Our findings

Overall people who used the service said that staff were caring and kind. However experiences were mixed. One person said, "Staff are very kind." Another person told us, "Staff are very good, marvellous. I don't know what I would do without them." One person told us that they thought some staff, "Lacked caring and compassion," On the day of our inspection we saw staff treated people with kindness and consideration. They spoke to people gently and offered reassurance when supporting them to meet their care and support needs. A representative of the provider recently visited the home to carry out a spot check. They commented, "There were some lovely, kind interactions between staff and residents."

We saw a number of people spent long periods of time in their rooms without company or interaction. This could lead to them feeling isolated or lonely. One person said that they only saw staff when they brought their lunch. Some people however told us that they preferred their own company. Some staff told us they would like to have time to sit with people. One staff member told us that they were regularly asked if they would 'sit and have a cuppa' with people. They also said that they were unable to do this due to the demands of the job yet it was something that would make people's quality of life better. The manager told us that they had now recruited more staff to enable quality one to one time to take place.

We saw that staff were not always able to support people promptly however when staff recognised that people had been waiting they apologised for the delay. In conversations some staff told us how they recognised that they were not always able to give people the time they wanted. This was an area where staff said they would like to see improvements made within the home suggesting they recognised the importance of individualised support even though they were not able to deliver it.

People told us that they were helped to make decisions about the care and support they received and also to express their preferences, likes and dislikes. We saw that when staff demonstrated they knew what people's preferences were they responded positively. For example one person was reluctant to have a drink until the staff member suggested they make it how they liked it. This caring interaction had a positive impact on the person.

Staff told us that they were aware of people's individual needs and beliefs. We saw how these were documented and accommodated. During our inspection was saw a number of people attending a religious service at the home. We also saw that one person was being supported by their own personal hairdresser who visited the home just to support them.

Most people told us that they had been involved in sharing details about their care and support with staff who supported them. Not everyone was able to do this and so staff told us that they then consulted people who knew them well. One person told us that they had been fully consulted and involved in developing their relative's initial assessment of care when they moved in. Relatives felt that staff shared information about the person who lived at the home when their needs changed.

People told us that when they had shared their views about the service they felt listened to by the new manager. We saw that residents' meetings were held and pictures were displayed to show who was representing them. Most people we spoke with preferred to share their views informally and on the day of our inspection we saw the manager following up on issues that had been raised with them.

People told us that their privacy and dignity was promoted. One person said, "Carers are nice polite and kind. Dignity and privacy are maintained and I am looked after well." We saw that the majority of interactions between staff and people who used the service reflected these values. However, there were occasions when staff did not notice when a person's dignity was being compromised meaning that visitors or other people who used the service may see a person in a state of undress. They responded promptly when we pointed this out to them and the manager shared this feedback at the 'flash' meeting on day two of our inspection. In conversations staff told us how they promoted people's privacy and dignity suggesting that they were aware of these values.

People told us that staff made sure their visitors always felt welcome and this was important to them. Visitors to the home told us that they were made to feel welcome and we saw that regular visitors had access codes to the front door meaning that they could come and go as they pleased. We

Requires improvement

Is the service caring?

saw staff interact positively with visitors making general conversation and offering them drinks. The manager made time to speak with visitors to the home and visitors knew who they were.

Good

Is the service responsive?

Our findings

People who used the service told us that they were able to say how they would like to be supported. They were able to get up and go to bed when they chose and have meals at times when they wanted. Mealtimes, especially for breakfast were flexible and people were not rushed. This individualised care depended on staff availability and we saw that the manager was taking steps to increase staffing levels at key times to enable this to happen.

We saw people were assessed prior to, and at the time of their admission to ensure that the service would be able to meet their needs. We saw reviews of care and support took place after this to ensure that the staff team continued to be able to meet those needs. The manager told us that they needed to review the admissions procedures for people stopping at the home for short periods of time to ensure that they had sufficient detailed information to meet needs.

The manager told us of some practical changes they had made to make the service more responsive. For example, they had recently implemented environmental changes to accommodate people in designated areas. This meant that they could allocate resources accordingly and ensure a more timely and responsive service. A health professional told us, “The way the home is run has changed. Now beds are in same areas and this is better.”

Recently increased staffing levels meant staff were able to offer a more responsive service They told us that if a person wanted to make a change to their usual routine this could be more easily accommodated. One person told us that they had wanted a lie in and this had been arranged.

On the day of our inspection we saw that activities were being enjoyed by a number of people. One person told us, “I like the social life. There is always something to do.” We saw that group activities that were being led by a designated member of staff. Some people told us that they did not enjoy group activities, but they were able to choose not to take part. We saw that some people spent a lot of time in their room. We were told by staff that this was each individual’s choice, but it meant that meaningful interactions were limited. The manager told us that they had recently appointed a new member of staff to work alongside the existing activity staff member. Their brief was to focus on arranging activities on a one to one basis especially focussing on people who spent their days in their rooms. From our observations this would have a positive impact on the quality of life for people who did not access communal activities.

We saw the complaints procedure prominently displayed in the home. We saw a record of complaints made and their resolutions. The new manager told us that they had responded to one complaint recently and that it had been resolved satisfactorily. We spoke with the complainant who confirmed this. They also told us that the manager asked if everything remained ok after the complaint had been resolved.

Staff told us that they were aware of the complaints procedure and they shared it with people who used the service if necessary. We saw how people who used the service were happy to approach the manager and the staff when they had an issue and we saw them address these issues informally on the spot to people’s satisfaction. The complaints procedure was displayed in the entrance hall making it readily accessible.

Good

Is the service well-led?

Our findings

At the time of our inspection in April 2014 we found that auditing systems were required to monitor and assess the quality of the service provided. At this inspection we found that improvements had been made in this area.

People who used the service and their friends and relatives told us that the home was currently well led. Everyone spoke highly of the new manager. One person told us, "The manager is always asking me if I'm ok." Another person said, "Whenever I raise an issue with the manager they always come back to me." People felt involved in decision making. We saw how people had been consulted and involved in making decisions about the future décor of the home. People's choices had been recorded and outcomes shared with people who used the service.

Staff were equally as positive about the new manager. One staff member told us, "The manager always has their door open. Morale has improved now we have got someone to go to." Another staff member told us, "The manager is brilliant." A health professional described the manager as being, "Very nice." Staff told us that they received feedback on their performance and support when needed. We saw how the manager carried out a 'daily spot check' where they visited people who used the service and asked for their feedback. They also reviewed records and observed staff practice. Staff told us that the manager was approachable and happy to work alongside them.

The current manager had been in post since July 2015 and we found people's experiences of having their needs met prior to this time were mixed. The new manager was aware of shortfalls because they had spoken with people who used the service and relatives, both formally and informally.

A representative of the provider, who was visiting the home at the time of our inspection, told us that they were confident in the new manager's ability to provide effective leadership and that they would apply to be the registered manager. We saw audits that were positive about current standards within the home and we also saw audits that had identified improvements had been required (prior to the manager taking charge). We saw action plans in place and timescales for achievement identified. Recent action plans reflected that a lot of actions had already been achieved.

The manager told us that they felt well supported in their role and had previous knowledge of the home as they had been instrumental in identifying issues. They clearly demonstrated that they had the autonomy and support to make changes and improvements. They had the resources and skills to provide effective leadership. Changes already made had been effective in improving the quality of the service provided according to the feedback we received prior to and during the inspection.

We saw how accidents and incidents were monitored for trends and how care plans were updated following changes. This meant that staff could have access to up to date information to enable them to meet needs.

There were systems in place to monitor the quality of the service provided. Audits were now being routinely completed by the manager and senior managers to assess, monitor and improve the service. We saw that where improvements had been identified plans were in place to take action to make changes.

We saw how checks were made to the environment and to equipment to ensure it remained safe and suitable. We spoke with the person responsible for carrying out the day to day repairs and checks. They told us that they had the resources to do their job to ensure that the home was well run and fit for purpose.

The home had regular visits from senior managers within the organisation who liaised with staff and people who used the service to monitor the quality of the service provided. We saw records of these visits. Staff told us that senior managers were visible within the home and asked them for their input and feedback.

We saw minutes of team meetings where the manager had shared information, explained changes and reviewed practices. These records supported what staff told us and demonstrated that the home was well led by the current manager.

We saw how the provider had identified that there had been issues in relation to the quality of the care provided and had been working with the registered manager to make improvements. The provider demonstrated to us that, when improvements did not happen as required, they took more robust action. The new manager was initially brought into the home to make changes and

Good

Is the service well-led?

improvements and we saw how they had started to achieve this. A number of the issues raised at this inspection had been identified by the manager who was, with the support of the provider, addressing them.

We spoke with health professionals who worked with the home. They commented on previous challenges, but said that they could see improvements with the new management arrangements. One health professional told us that the manager attended their meetings and this had improved communication.