Meridian Healthcare Limited

# Augustus Court

## Inspection report

Church Gardens
Church Lane, Garforth
Leeds
West Yorkshire
LS25 1HG

Date of inspection visit:
27 June 2018
03 July 2018

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06 September 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

Augustus Court is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Augustus Court is registered to provide accommodation for people who require personal care and people living with dementia. At the time of our inspection there were 53 people in receipt of care from the service.

This inspection took place on 27 June and 3 July 2018 and was unannounced.

At the last inspection in September 2017 the service was rated inadequate overall as we found safeguarding concerns had not always been acted upon and incidents that had not been recorded which meant processes were not followed in accordance with the provider's policies to keep people safe from avoidable harm and alleged abuse. Statutory notifications were not always submitted to the Care Quality Commission (CQC) as required and risk assessments did not always reflect people's needs. Complaints had not always been responded to in a timely manner, or at times not recorded. We also identified shortfalls in recording. Following the last inspection, we asked the provider to complete an action plan to show what steps they would take to improve and by when.

At this inspection we found the provider had taken appropriate steps to make the required improvements and that these had been sustained since our last inspection. The provider was no longer in breach of regulations 12, 16 and 17. We found incidents, accidents and safeguarding concerns were being managed effectively with the relevant notifications being sent to the CQC. Risk assessments had been carried out when there was a need and reviewed on a regular basis. We found record keeping had improved within medicines and repositioning charts however, there were still some ongoing recording issues within care records and we have therefore made a recommendation for these to be improved.

At the time of this inspection there was 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.

People using the service felt safe and staff had a clear understanding of how to protect people from any harm. Staff were provided with annual safeguarding and whistleblowing training. There was a policy in place for staff to follow and report concerns, we found incidents relating to alleged abuse had been reported and the local safeguarding team involved when required. Accidents and incidents had been recorded and reported. This followed the provider's policy on effectively managing incidents to prevent re-occurrence.

Medicines were managed effectively and all medicines stored correctly in line with the provider's policy.

Health and safety checks were carried out to ensure the safety of the premises and the home was kept clean.

Staffing levels were satisfactory to meet people's needs and recruitment checks were robust to ensure staff were of suitable good character to work in a care setting. There was an induction programme for new staff and staff completed training on a regular basis to ensure their knowledge and skills were up to date.

Initial assessments were carried out before a person moved to the home and following this individualised care plans were created to ensure people's needs were met. Care plans were reviewed regularly or when people's needs changed.

People told us that staff maintained their privacy and dignity whilst promoting their independence when possible. We observed practices that supported this feedback.

People were encouraged to remain independent and to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were aware of people's nutritional needs and we found people were offered choice about their food preferences. People also received appropriate support from staff to maintain their health and wellbeing.

The provider followed their legal obligations under the Mental Capacity Act 2005 (MCA) and implemented best practice guidance relating to capacity assessments and Deprivation of Liberty Safeguards (DoLS) applications were made.

Staff told us they felt supported by the registered manager, that they were approachable and open and had made significant improvements from the last inspection. Regular supervisions also took place to ensure staff developed their skills and knowledge. We found not all staff appraisals had been completed and the registered manager had a plan to ensure these would be completed in due course.

Audits were carried out to ensure effective monitoring of the service and to identify where improvements were needed. We saw from the last inspection the provider used an ongoing improvement plan to ensure any actions from audits were being addressed accordingly.

The provider used questionnaires, surveys and meetings to receive feedback about the service and to monitor the quality of the service provided to help drive improvements and develop the service delivered.

Statutory notifications were being reported to the Commission and information relating to serious or concerning information was also being shared with external agencies such as the local authority safeguarding adults team and local authority commissioning services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

This service was safe.

People living in the home were protected from avoidable harm or abuse because effective systems were in place to manage safeguarding issues. People felt confident their concerns would be managed effectively.

Medicines were managed safely with improvements made to the administration of creams.

Risk assessments were carried out to ensure people's safety and these were updated when required.

There was enough staff to ensure people's needs could be met and recruitment procedures were robust.

### Is the service effective?

Good

This service was effective.

The provider followed the Mental Capacity Act 2005 (MCA) guidance and Deprivation of Liberty Safeguards (DoLS) applications had been made where appropriate.

Training was completed by staff to ensure their skills and knowledge were relevant to support the needs of the people they cared for.

People were supported with their nutritional needs and supported to maintain their health and wellbeing.

### Is the service caring?

Good

This service was caring.

Staff were kind and compassionate towards the people they cared for and people told us they had positive relationships with staff.

People's privacy and dignity was respected at all times and they were encouraged to remain as independent as possible.

People were involved in their care and regular reviews took place to ensure their needs were continuously met.

## Is the service responsive?

Good

This service was responsive.

People's needs were assessed and appropriate care plans were in place. These contained information about people's individual needs.

Activities were available within the home to reduce social isolation and people told us they enjoyed these.

Complaints had been managed effectively with actions taken and lessons learnt to prevent re occurrences.

## Is the service well-led?

Requires Improvement

This service was not always well led.

Records were not always accurate or completed in a timely manner.

The service was monitored and when shortfalls were found action was taken to maintain or improve the service. The provider used an ongoing improvement plan to show sustainability.

Meetings were held with people and staff to gather their views and improve practice.

Staff told us the management team were open and approachable and felt there had been significant improvements since the last inspection.

# Augustus 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 was a comprehensive inspection. The inspection took place on 27 June and 3 July 2018. The first day was unannounced and the second day announced.

The inspection team consisted of two adult social care inspectors and one 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.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information that we gathered to inform the planning of this inspection.

During the inspection we spoke with 13 people living in the home and two visiting relatives. We spoke with four staff, the wellbeing co-ordinater, the area director and the registered manager.

We reviewed a range of records which included care plans and daily records for five people and four staff files. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service which included audits and other checks.

Good

# Is the service safe?

## Our findings

At the last inspection we found safeguarding incidents had not been reported or managed to ensure people living in the home were safe, risk assessments were not always in place to ensure people were protected from harm and medicines management was not robust. The above concerns were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made significant improvements which has meant they are no longer in breach of this regulation.

At this inspection we found people living in the home were protected from potential abuse or harm. Safeguarding notifications had been reported to the CQC and these were now being managed effectively. The provider had robust systems in place for staff to follow and report any abuse. Staff that we spoke with could demonstrate their understanding of safeguarding procedures to ensure people were protected from any harm and told us they reported their concerns to the registered manager. Staff also told us that following the last inspection they met with the local safeguarding team who advised staff how to inform them and take action should they suspect any form of abuse. Staff told us this meeting had been useful.

People living at Augustus Court told us they felt safe with comments including, "All the carers know how to treat you, yes I feel safe nobody can get in" and "I feel safe here." Staff and people living in the home told us they felt confident any concerns raised would be managed effectively. There was a whistleblowing policy in place and staff we spoke with felt confident that the registered manager would investigate any concerns thoroughly. Comments included, "We safeguard and protect vulnerable adults from types of abuse such as neglect or financial abuse. We always report concerns and make sure its followed through. I feel 100% confident that any concerns will be dealt with", and, "If we see something that might be abuse or illegal I would report to the manager or above if needed such as doctors, social services or CQC; I would feel confident to do so."

Systems were in place to identify, manage and monitor risk. Risks assessments had been completed and were recorded in people's care plans. Staff had access to this information, which, along with associated management plans, provided guidance to ensure people received safe care and support without undue restrictions. For example, a person who was at risk of skin damage had plans in place to ensure regular position changes. Those at risk of falls had equipment in place and care plans which explained to staff how to prevent falls. A person at risk from choking had been referred to a speech and language therapist (SALT). Their advice had been incorporated into the person's care plan to guide staff on how to support the person safely.

We found people's risk assessments were monitored on an on-going basis and reviewed every month or more frequently if required, to ensure they were up to date. However, we saw one person who was at risk from self-harm had not had their risk assessment reviewed. We discussed this with the manager who told us the risk had been significantly reduced and they would make sure the risk assessment was updated to reflect this.

Accidents and incidents were monitored by the provider to ensure any trends were identified. Where people had accidents or incidents they were recorded and the detail used to try to understand what could be done differently to prevent a future reoccurrence. This included referrals to falls teams and the introduction of sensor equipment to try and prevent falls. Documentation indicated records such as risk assessments and care plans were checked and updated to reduce the risk of re-occurrence.

Staff and people living in the home told us staffing levels were sufficient and that people's needs were met. The rotas confirmed this and showed consistent staffing levels. There was always a manager or team leader on call for staff to contact in case of an emergency during the night. Staff and people living in the home said, "Yes (enough staff) sometimes more than we need. We get plenty of time to do the job" and "I feel safe; there are enough staff."

Staff recruitment procedures were robust and ensured people working within the home were of suitable character to work with vulnerable people. Checks included application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk. We looked at four staff files which followed the provider's policy relating to recruitment.

Medicines were managed safely. We checked the medicine administration records (MAR)'s used to document when medicines had been administered and staff had signed these where they were responsible for, and had administered people's medicines. At the last inspection we found not all creams had been administered to people to prevent health issues related to their skin, however, at this inspection we found separate MAR's were used to document when creams had been administered. People's creams had been applied when required which was evidenced by the reduction in pressure sores. For example, one person came to the home from hospital with a pressure sore and following advice from the district nurse and applying creams on a regular basis, their sore healed.

Some people living in the home were prescribed 'as required' medicines. We found protocols were in place to inform staff of when people would require these and for what reason. We found the reasons given were not always specific. For example, a person was prescribed medicine to be administered 'when in pain.' We discussed this with the registered manager and on day two of the inspection the protocols had been updated to reflect people's specific needs for medicines to avoid over medicating.

Medicines were kept in a locked cupboard and stored correctly. Stock checks took place to ensure all medicines were accounted for and to avoid medication errors. Controlled drugs were stored separately with a book to show when staff had administered, with two staff signatures recorded in line with best practice guidance about the administration of controlled drugs. We did find some recording issues within the documentation on MAR's and we have addressed this in the well led domain of this report.

During our review of incidents, we found some incidents relating to people having not received their medicines. We discussed this with the registered manager who told us there had been communication issues with the pharmacy used by the provider and that this had now been resolved. We saw regular meetings had taken place with the pharmacy to rectify these concerns and lessons learnt to avoid future errors.

We found the home was clean and tidy and this was confirmed by people living in the home. There was an infection control policy which staff followed and we observed people using protective equipment such as gloves and aprons when delivering personal care to protect against cross infection. Fire assessments were carried out along with gas and electrical tests to ensure the premises were safe. Staff knew how to evacuate

people in a timely manner and each person had a Personal Emergency Evacuation Plan (PEEP) in place so staff knew how best to support people to evacuate the premises. Equipment checks were also carried out monthly on all equipment including hoists and slings used within the home to ensure they remained safe to use.

Good

# Is the service effective?

## Our findings

People living in the home told us staff had the skills and knowledge to support their needs. One person said, "The regular staff know what they are doing, they know me well, know what I need and make sure they get it right."

There was an induction programme for new staff which included a two-day course that focused on training and the provider's values. The manager told us new staff were given a 'buddy' to shadow for a two week period or longer if required and their competencies checked to ensure they were safe to work with people living in the home. Some of these checks included medicines and provided personal care. One staff member who had recently started working at the home told us the training was "Brilliant" and "I can go to the manager with anything, everyone is helpful. I had a buddy for a couple of weeks and I'm doing my care certificate." The registered manager said they encouraged new staff to complete their care certificate. This is a set of standards that social care and health workers follow as recommended by Skills for Care, an independent registered charity which sets the standard and qualifications for care workers.

There was training for staff which was considered mandatory by the provider to ensure people were cared for in a safe way. Some of the training included manual handling, health and safety, safeguarding, food safety and mental capacity training. Most staff had completed their training and the provider kept a matrix to identify which staff needed to update their skills and knowledge to ensure care remained relevant and when needed this was also discussed in people's supervisions.

Staff were supported and had regular supervisions which followed the provider's policy. Not all appraisals had been completed and recorded. We saw 16 staff members had completed an appraisal and the registered manager told us they were currently in the process of completing the others. Staff told us they felt supported and that the manager had an open-door policy if they wished to discuss any concerns. Individual supervisions were carried out following investigations to ensure lessons were learnt and staff felt confident in their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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).

The provider was following the MCA. Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded assessments that had been completed. Where decisions were made on a person's behalf, best interest decisions were recorded. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

Staff were knowledgeable about the MCA and how to obtain people's consent. One staff member said, "A person with capacity can make their own decisions. We safeguard those who don't have capacity. When making decisions we speak to GP's involved, social workers and families to make decisions about care. The GP completes a capacity assessment and if they lack capacity we apply for a DoLs." Staff told us they asked people for their consent, one staff member told us, "We would write up the care plans with people and ask them about their care, what help they want and staffing preferences."

People received appropriate support from staff to maintain their health and wellbeing. Specialist health professionals were involved in people's care which helped ensure people's individual needs were monitored and met. We saw from records people accessed speech and language therapists, dieticians, dentists, mental health professionals, opticians, GPs, chiropodists and tissue viability nursing services, where needed.

People's nutrition was monitored and they had regular checks of their weight. Where people were losing weight, appropriate professionals had been involved to give advice and support. We looked at the monthly weight charts and found most people's weight remained stable or had increased. We found one person that had lost weight in January soon gained this back in June and had a healthy body mass index of 23.

Care records contained details of people's dietary preferences and this was shared with catering staff to ensure people received the foods they liked and needed. A person who used the service said, "It's not bad at all the food; always something you like and if you don't they will make you something else."

People were offered a choice of food and we observed the chef asking people what they would like to eat if they did not wish to have what was on the menu that day. One person had an omelette which was not on the menu and one had scrambled eggs and beans. Some people living in the home had soft diets to reduce the risk of choking and the kitchen staff were aware of those who required this.

The home was large, over two floors and decorated to a high standard. The home was clean and tidy. Bedrooms were large and homely as people decorated them with their personalised belongings. People told us they were given fresh towels every day and their bedding changed weekly. Hazardous substances were kept locked away to reduce the risk of people having access to any harmful products.

Good

# Is the service caring?

## Our findings

People living in the home and their relatives told us staff were kind, caring and compassionate. Comments included, "They (staff) are all very nice, I like them all", "We are very well looked after on the whole", "The staff care for me", "Very caring and helpful" and "We have a good relationship with the staff, as homes go it's as good as you get. No complaints."

We saw staff interacting with people in a caring and friendly way. Staff did not rush people and gave people time to make choices. Staff treated people with respect and dignity. For example, a person had an ice-cream and was spilling it on their clothing. A staff member intervened sensitively to prevent any embarrassment for the person.

We saw relatives were involved in people's care and this was recorded in care plans. We did however note that some people who used the service who had been involved in drawing up their own care plans had not signed them to indicate this involvement. We discussed this with the registered manager who told us they would address this immediately. People that we spoke with and staff told us they had been consulted when care planning process took place, and therefore this was a recording issue. We have addressed this in the well led domain of this report.

People living in the home were informed of events or changes within the service. Every month a booklet was given to people telling them what was happening for the month and reporting events that had taken place.

Care plans were focussed on assisting people to be as independent as possible and to make their own choices. The guidance for staff was clear and descriptive and made sure they knew how to support people well. For example, one person's care plan stated that the person always liked to change their own clothes. Another person told us, "They respect my privacy and I can do what I want and be independent. I have all the equipment for walking I need." One staff member told us they always encourage people to remain independent and said, "I always go in with the attitude they can do things until they tell me they need help. I ask people what they can do. I work with one lady that is able to wash her face, hands and lower body and we help with the rest." This meant people were encouraged to remain independent within the home.

The provider had an equality and diversity policy in place which staff followed. Staff told us they were respectful of people's diverse needs and right for privacy. One staff member said, "We treat everyone as individuals. Respecting that people have different needs and we treat them with dignity and respect through person centred care. We make sure to close doors and curtains for their modesty. We ask people for their consent and when delivering personal care, we cover the areas we are not washing."

No person living at the home currently accessed the services of an advocate. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, can have their voices heard on issues that are important to them. The manager told us, should any person wish to seek advocacy services they would support people to do this.

Information about people was kept securely in locked cupboards at all times and the provider was compliant with the Data Protection Act. Staff told us they were aware of keeping personal information confidential and they knew how to access this information.

Good

# Is the service responsive?

## Our findings

At the last inspection we found complaints had not always been recorded or responded to in a timely manner. The above concerns were a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements which has meant they are no longer in breach of this regulation.

At this inspection we found the number of complaints received by the provider had fallen. Four complaints had been received from January 2018 and managed effectively with written letters of apology, investigations and lessons learnt to avoid future occurrences. Complaints had all been recorded and responded to in a timely manner. People living in the home told us they felt confident to complain if needed and one person said, "I would speak to [the manager] if anything was worrying me." The home had also received compliments about the care being provided with one health professional stating, 'You met all of [Name]'s needs with great compassion and communications with our team have much improved.'

People's care and support needs were assessed and plans identified how care should be delivered. Initial assessments were carried out to ensure people's needs could be met before they moved into the home and this assessment was reviewed on admission to ensure it remained current. We noted these assessments were not always dated or signed by the person who had completed them and shared this with the manager who told us, they would ensure this was completed going forward.

We looked at five people's care plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. We saw the plans contained information specific to the person and identified the support people required. Our observations confirmed that people received care that was person-centred in line with information in people's care plans.

Care plans contained details of people's routines and information about their health and support needs. For example, what they liked to eat, what type of slippers they preferred, how to reduce anxiety for people and how people liked to be supported to get showered and dressed. We saw for two people the care plans regarding personal care stated they needed 'full support' or 'assistance'. Vague terms such as these did not describe in full, the support people needed and could lead to the person's needs being missed or overlooked. We discussed this with the manager and with immediate effect these care plans were changed and more detail added to ensure staff understood what was required to meet people's needs.

There was a sensitive approach to the consideration of people's end of life care. Records showed this had been discussed with people who used the service and their families. At the time of our inspection there was no-one receiving end of life care and therefore we could not comment on how end of life care was delivered. During our inspection we did receive information from a relative who told us the provider had recently cared for their relative on end of life care. The feedback stated, 'The care [Name] received at Augustus Court was exemplary in every way. The staff whilst being professional were caring and helpful at all times. The level of care was in my opinion beyond reproach. [Name] sadly passed away last week. Within this time I saw first-hand how all the staff looked after the residents. They (the staff) could not have done anything more for

both myself and [Name], nothing was too much trouble for them. They (the staff) treated us like family rather than customers. They cared for [Name] and allowed them to live the final part of their life with dignity and security. In short, I could not have wished for [Name] to be in a better care home that was caring, safe, loving and professional at all times. I cannot praise the staff enough.'

People had plans in place to reduce their social isolation and encourage involvement in activities of their choice. It was clear from the records whether people enjoyed the company of others or preferred their own company.

On the first day we inspected, a memory group was taking place which involved an afternoon tea which replicated memories of the past including old china used to serve tea and people sat reminiscing about using their experiences and the memories of this time. Other activities included, baking, dominoes, film nights, music, bingo, visits from the local communities including a horse visiting the home and visits from the local schools where the children would come to engage with people and take part in arts and crafts for special occasions such as Easter. People living in the home had recently started to plant vegetables, strawberries and flowers which some people enjoyed doing and Holy Communion took place every other Sunday. There was also a purpose-built gym for people to use with the support of the wellbeing co-ordinator to help them with their mobility.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. They told us they provided and accessed information for people that was understandable to them.

Requires Improvement

# Is the service well-led?

## Our findings

At the last inspection we found systems were not in place to assess, monitor and improve the quality and safety of the service provided. There were also failings to maintain accurate and complete records. The above concerns were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made significant and positive changes within the home to drive improvements which has meant they are no longer in breach of this regulation. However, we did find some records which had not been completed.

Food and fluid record charts were implemented for those people at risk of poor nutrition and hydration. Although charts were in place, we found some records had not been completed accurately and did not identify if further action was needed to ensure people's safety. For example, three charts that we looked at did not state what the target fluid intake was and whether this had been achieved to see whether further action was required. We discussed this with the manager and these targets were added to the charts of the second day of our inspection.

Although people and staff told us they were consulted in the care planning process we found some care plans which had not been signed by people to say they consented to the planned care. We discussed this with the registered manager who told us they would ensure people signed their care plans.

We recommend that the provider reviews records throughout the service to ensure they are accurate, well maintained and in respect of care delivery, completed in a timely manner.

The registered manager and area director told us of the recent improvements that the home had made. These included more training to ensure staff had the right skills and knowledge to provide the care people needed. The registered manager had built relationships with the local safeguarding team to address any concerns. The local safeguarding team had visited the home following the last inspection and spoken with staff about how to report and identify forms of abuse or harm. The provider had recently changed their computer systems to 'SystmOne' which had improved the ordering of medicines following previous incidents of medicines not always being delivered and difficulties in obtaining medicines on time. 'SystmOne' is a complete clinical system which enables health and care organisations to deliver integrated patient care. The provider had also recruited a new team leader to support the deputy manager in their role and to ensure that the current standards of care being delivered were sustained. The registered manager had continued to make community links with the local school who now have people students into the home to do work experience and shadow trained staff.

Governance meetings were held on a three-monthly basis to discuss ongoing actions and improvements within the home. The registered manager had an ongoing improvement plan to ensure the home sustained improvements and actions were completed. We found this had been effective. For example, at the last inspection administration of creams had not always been recorded as given and therefore could not be sure that all medicines had been administered. The home had implemented a system which was checked by the registered manager to ensure people received their medicines and that this had been recorded. We found

creams had all been administered and found no gaps in records.

The provider used monthly reports to identify trends and themes within the home. Some of these related to accidents and incidents, falls, pressure sores and infections. We found a reduction in infections and a reduction in grade three or above pressure sores as none had been reported since December 2017. Falls had also reduced by four percent from February to May 2018.

People living in the home said, "The manager is alright, they have just taken over, they are doing alright" and "The manager is very good, sorts things out." Staff told us the registered manager had made many improvements and felt that the registered manager was honest, open and would effectively investigate any concerns raised. Comments included, "The manager has done a fantastic job and is very approachable and has an open-door policy. I have 100% confidence in the management now. The atmosphere and environment is a lot better and it's a nice place to work" and "The manager is supportive and the home has learnt from the issues raised at the last inspection."

Meetings took place on a regular basis. We saw monthly resident, staff and relative meetings recorded. We also found the provider had introduced 'flash meetings' which were meetings held with staff on duty each day to discuss people's care and relevant information. For example, one person was at risk of choking and this had been discussed in the meeting to ensure staff were aware of the person's needs and a referral made to the speech and language team to obtain further advice on how best to support the person. Resident meetings discussed meals, activities and positive changes. People voiced any concerns and needs. One person wished to have yoghurts and this was provided by the chef following the meeting.

There was a registered manager in post. The registered manager previously worked as the deputy manager and had been in post for the past seven months. Statutory notifications had been received by the CQC in line with legal requirements and we found incidents and accidents had been referred to the relevant services such as safeguarding when required.

The provider completed audits to ensure the quality of care being provided always maintained a high standard. The registered manager told us they were aware of several areas for improvement following the last inspection and that most of these had been met including improvements to the administration of creams within the home. Some of the audits included, infection control, medicines and a falls audit.

The surveys already completed were the same as when we last inspected. During the inspection a new survey had been sent to people and their relatives to complete, however, the analysis of this information had not yet been gathered and therefore we could not comment on this.