RDCP Care One Limited

Kings Bromley Care Home

Inspection report

Kings Bromley
Burton On Trent
Staffordshire
DE13 7JA

Tel: 01543472552
Website: www.rdcpcare.com

Date of inspection visit:
13 November 2017

Date of publication:
21 December 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this home on 13 November 2017. At our last inspection in February 2016, we found the previous provider was meeting the regulations and we rated the home as good. However, our key question 'is the service safe' was rated as 'requires improvement.' We asked the provider to take action to make improvements in relation to reporting safeguarding's and staffing levels, and this action has been completed. However we found improvements were needed in relation to the deployment of staffing and how the staff team worked together to ensure they were always responsive to people's needs.
Kings Bromley is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered to accommodate 47 people in one adapted building; on the day of our inspection, 36 people were using the service. The home is situated at the end of a private lane and has open views. All the outdoor spaces were secure and access was available. The property had an open reception which was also the location for the manager's office and a visitor toilet. The home was then accessed key pad entry. The home had of a large ground floor which flowed in a circle, so that people could walk around the home. Upstairs there were six bedrooms which had been refurbished. There were two lounge areas and an open dining area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
There were sufficient staff to support people's needs, however they did not always worked together to ensure people's needs had been met. The care plans provided details on the care to be provided, however in respect of people's end of life care this was not always completed in a timely way.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Any staff who had been employed had received a range of checks to ensure they were suitable to work in the home. We found staff had established positive relationships with people and they showed respect for people's choices.

People were able to choose the meals they wish to eat and alternatives were provided. People's weights had been monitored and advice sought to maintain people's nutritional needs. We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and any guidance provided had been followed. Relationships that were important to people had been supported and when groups of family and friends visited they were provided with the

opportunity to have a private space.

Care plans covered aspects of peoples care needs, including their history and previous pastimes.
People were encouraged and supported with activities they wished to engage in and further work was being developed to support people who did not wish to engage in group activities. Any complaints had been addressed and resolved in a timely manner.

Staff felt supported by the registered manager and there was a clear process in place to cascade information about the service and the needs of people. Staff had received training and the provider was looking to invest in further training to expand the staff knowledge.
The registered manager and provider had established a range of audits to support the improvements within the home. People had the opportunity to feedback on the care and support they received and any concerns raised had been addressed.
We saw that the previous rating was displayed in the reception of the home and on the provider's website as required. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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

The service was safe
Staff were suitably recruited and there was sufficient staff to support people's needs. They understood how to protect people from harm and poor care. People's risks were identified and managed to keep them safe. Medicines were safely administered to ensure people received what they were prescribed. There was an awareness of the risk of cross infection and measures were taken to reduce the risks. The provider had reflected on any incidents and shared any learning to reduce the situation reoccurring.

Is the service effective?

Good

The service was effective
People had been supported to make decisions. The provider had considered when people were being restricted and had made applications to the local authority to ensure this was lawful. People enjoyed the food and were offered a choice and given support to maintain their specific diets. Staff received an induction and training that helped them offer support to people. People had access to health professionals when needed. The environment was undergoing refurbishments to make improvements to the home.

Is the service caring?

Good

The service was caring
Staff had established caring relationships with people. They encouraged people to make choices about their day and respected their decisions. Staff ensured people's dignity was respected. People were supported to maintain relationships which were important to them.

Is the service responsive?

Requires Improvement

The service was not always responsive
Staff had not always worked together to ensure people's needs had been met. The care plans provided details on the care to be provided, however in respect of people's end of life care this was not always completed in a timely way. People had been offered some activities and amusement from visiting entertainers. People and relatives felt able to raise any concerns and we saw these had been responded to with agreeable outcomes.

Is the service well-led?

Good

The service was welled
People enjoyed the atmosphere and felt confident about the registered manager. Staff had been supported with their role. People's feedback had been obtained and any concerns responded to. Audits had been completed across all areas of the home and people's care needs. Partnership working was developed to ensure a smooth network of care for people. The registered manager understood their registration and we saw the previous rating had been displayed.

Kings Bromley Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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.

At our last inspection in February 2016, the previous provider was not in breach of any regulations, however there were aspects of care which we asked the provider to make improvements on. These related to the reporting of some incidents which could have been a safeguarding concern and insufficient staffing to support people's needs. We reported on these in our last report. During this inspection, we found that the new provider had taken note of our comments and made the necessary improvements. However, we identified the provider needs to improve on how they respond to people's needs in some instances.

Kings Bromley Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered to accommodate 47 people in one adapted building; on the day of our inspection 36 people were using the service. The home is situated at the end of a private lane and has open views. All the outdoor spaces were secure and access to these areas was available. The property had an open reception which was also the location for the manager's office and a visitor's toilet. The home was then accessed by key pad entry. The home had of a large ground floor which flowed in a circle, so that people could walk around the home. Upstairs there were six bedrooms which had been refurbished. There were two lounge areas and an open dining area.

Our inspection site visit took place on 13 November 2017, and was unannounced. The team consisted of one inspector 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.

The inspection was informed by information we held about the service and the provider. This included

notifications that the provider had sent to us about incidents at the service, and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this to formulate our inspection plan.
On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.
We spoke with three people who used the service and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We also spoke with three members of care staff, two activity coordinators, two domestics, the maintenance person, the deputy and the registered manager. We looked at a range of information, which included the training records to see how staff were trained, and care records for three people who used the service. We also looked at the systems the provider had in place, these included audits in relation to care plans, medicines, accidents and incidents. We also reviewed maintenance records and meetings between the staff, and feedback from people using the service and relatives. We reviewed any complaints and compliments received by the service and any other documents which related to the continuous monitoring of the home to drive improvement.

Good

Is the service safe?

Our findings

At our last inspection, we asked the previous provider to make improvements in relation to the reporting of some incidents which could have been a safeguard concern. At this inspection we saw the improvements had been made.

People told us they felt safe. One person said, "Oh yes, safe, safe as houses. I just have to say can you help me and there's always somebody there to help me." Another person said, "It's a nice little spot, it's not open to the public, no traffic coming and going and always somebody about who you can call, and a cord you can pull if you need anybody." Staff had received training and were able to explain the types of concerns they would raise and to whom. One staff member said, "It's about protecting the person and making sure they don't come to any harm. I would report any concerns to the manager." We saw that when safeguard concerns had been raised the registered manager had completed an investigation and worked with the local authority. Any learning from these situations was shared with staff at meetings. This showed that when concerns were raised, improvements were made and lessons learnt.

At our last inspection there were concerns raised in relation to the levels of staff. At this inspection, we saw that improvements had been made. One person said, "There's always somebody about who will come and help you." A relative said, "Lots of staff around and they keep an eye on [name] and the other people." We spoke to the registered manager who told us there had been a large turnover of staff and they had recruited several new staff that would support the staffing levels. One staff member said, "This new company is good, they will bring in agency so we are not short of staff if needed and we have had regular ones which help." On the day of the inspection, a new staff member was receiving their shadow induction time and other staff were due to start.

One person required one to one support. We saw this was provided by staff who knew them well. The staff changed over at regular intervals and records were kept of the activity and care needs during this time. Their family member said, "They always have someone with them constantly it was one of the stipulations of them being here."

People and relatives raised concerns about the staffing at weekends; however, we saw the rotas supported the same levels as during the week. The registered manager told us they had been completing spot checks on a Saturday to review the staffing and the care being provided. They felt there was enough staff, however they were recruiting to reduce the use of agency staff. During the inspection, we found that there was sufficient staff, however we had concerns in relation to deployment of staff which we have reflected in our responsive section.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. One staff member told us, "It took two weeks until my police check came back and the company had to get all my references before I could start." We checked three recruitments records that confirmed these checks had been completed. This demonstrated that the provider had safe recruitment

practices in place.

Some people required equipment to support them to transfer between different seating. We saw when this occurred; the staff took the time to inform the person what they were doing and ensured the person's dignity was protected. For example, adjusting a skirt to cover the person's legs. When equipment formed part of the person's care plan, there was a risk assessment to reflect the equipment to be used and guidance on how to use it and staff followed this guidance. We reviewed these plans and could confirm they reflected the person's needs.

When people expressed behaviours which could have an impact on their safety and that of others, we saw there was a planned approach to supporting that person. We saw professional advice had been sought and when incidents had occurred these were documented, so that they could be used to reflect any triggers or trends.

Environmental risks had been assessed. Fire procedures were clearly displayed and plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated in an emergency situation. The service had two maintenance staff. They ensured that repairs were completed swiftly and that regular checks were completed on the building. We spoke to a maintenance person whilst they were completing a water check, they told us, "I'm just going round turning on all the taps if we don't do that there's a build-up and it could cause contamination and even Legionnaires disease. So I'm running all the taps in the empty rooms for safety." We saw other maintenance checks had been completed and the registered manager had a system to identify when checks were required.

We saw that people received their prescribed medicines safely and there was a system in place to consider the times a medicine was required. For example, some people required their medicine early or before they received food, there was a system in place to ensure this was followed. Staff told us they received training in the administration of medicines and their competency to do so safely was assessed regularly. Since our last inspection many changes had been made in relation to the stock checks and regular audits of medicines. One staff member said, "The systems are more robust now." We saw some people were prescribed medicines to be given as required, such as for pain relief or anxiety. When people received these medicines we saw there was guidance in place for staff, stating why the medicine was prescribed, when they could receive this medicine and how much they could have. Medicines were stored safety and regular stock checks were completed. This demonstrated that people received their medicine safely.

Staff were aware of the importance of good hygiene to reduce the risks of cross infection. We saw they used protective clothing and gloves when providing personal care. The home was clean and odour free and cleaning staff had received appropriate training in COSHH, (Control of Substances Hazardous to Health Regulations.) This training sets out standards for the safe storage of hazardous substances like cleaning products in working environments. One staff member said, "I have all the equipment I need, I have done the training and know about the storage of the chemicals we use, they are always locked away." They added, "We have schedules we follow." The registered manager completed regular infection control audits and we saw action was taken when an area was identified. For example, a new profile chair had been purchased due to a rip in the fabric.

We saw the kitchen had recently had an inspection by the food standards agency. They provide a food hygiene rating; the rating is from one to five, with five being the highest standard achievable. The home was awaiting their rating, however it was identified at the inspection some areas were not meeting the standards. Ahead of the award of the rating the registered manager had developed an action plan with the

cook to address the areas not meeting the standards. This showed that action was taken to address concerns and to ensure the home was meeting regulatory requirements.

Good

Is the service effective?

Our findings

The care people received was individual and identified in their care plan. Where people had specific health requirements we saw these had been recorded and staff had received training to know how to support this area. For example, when people required their meals through a percutaneous endoscopic gastronomy (PEG) tube. A PEG tube is most commonly provided when oral intake is not adequate to support the person's nutritional needs.

Staff had received training in all the courses necessary related to their role. Some of these were through an e- learning approach; other courses were face to face. One staff member said, "I prefer the practical sessions, I think they are more productive and interactive." The registered manager told us they were sourcing training to support the face to face approach and we saw it was identified on their improvement plan for the home.
When staff commenced their role at the home there was a planned approach to their induction. This included training and shadowing an experienced member of staff. One staff member said, "The staff are all really supportive, there is no conflict and they share their knowledge." All staff new to care were supported to complete the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.
People enjoyed the meals, one person said, "You have a choice, like at lunchtime you can have turkey or salad. It's very good; I was eight stone when I came in here, I'm ten stone now." Another person said, "I enjoy lunchtime and tea time in the dining room. I have breakfast in my room. I've got my friends and we usually sit together at the table." A relative we spoke with said, "[Name] did lose a little weight initially so they were put on a special diet and have now put weight on." We saw that relatives were invited to join their family for a meal if they wished. People were given a choice of the meal on offer during the morning. The catering staff took time with people to explain the choices on offer and when people were unsure they reflected on the foods they had liked in the past.

People's appetite and weight were monitored and any concerns raised with the speech and language team. For example, one person who had their food via a PEG had been supported to enjoy the taste of food. The food was required to be of a specific consistency and this was documented. Staff know about peoples diets; this included the kitchen staff who used this information in the preparation of the meals.

When people's health was of concern, there was a clear process for raising a referral or contacting health professionals. One person said, "I've got a bad toe and have had the podiatrist. Only yesterday they put a dressing on it for me." Another person said, "The doctor comes every Monday." Relatives we spoke with felt there was a good range of support for people's health. One relative said, "The physiotherapist has been, I have spoken to the Parkinson's nurse on the phone too, the only person I haven't met is the doctor, it's very open. The chiropodist comes in every 6 weeks, hair cut every four to six weeks."

We saw that during the inspection the nursing staff contacted the GP in relation to some medicines required

for a person's pain relief. Records confirmed that other health professionals had been involved in supporting people and when guidance was provided this had been followed. Relatives felt informed about decisions, one said, "Staff communicate with me, like when the chiropodist has come in, or in relation to hospital appointments." Another relative said, "Staff always tell me when the doctor has been."

Since the new providers had taken over the home, they had developed a refurbishment plan, which we saw had commenced. For example, the small lounge had been decorated along with the main reception area and the visitor's toilet. The domestic staff said, "They are changing a lot of things all for the better. Like the curtain poles and flooring." The registered manager told us they planned to change the current staff room at the front of the building into the main part of the home, making it more accessible for the staff. They were also putting in place a quiet sensory room. There were also plans for each bedroom to be decorated and have a new door. The registered manager told us, "I want the doors to look like the person's front door to their home. We could even look to reflect a colour which the person had at their own homes prior to coming here." This showed the home looked to adapt the home for people's needs.

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. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed and when required best interest meetings had taken place. For example, one person required their medicine to be given covertly. This is when a person has their medicine without their knowledge. There had been a recorded meeting with family members and the medical professional to consider the decision and agree when this method would be used. For some people the assessments were not decision specific and the registered manager confirmed this was an area they were reviewing.

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).

Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Some people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded. Staff had received training in relation to the Act and DoLS, and were able to offer a broad understanding. We discussed this area of training with the registered manager and they agreed this was an area to develop further.

Staff had a good understanding of giving people choices and ensured they gained consent before they provided care. One person said, "Oh yes, they do. For example, they ask if it's ok to come into my room to clean the sink. They don't just come in and start doing things." Staff we spoke with said, "You talk to the person and guide them if needed. It's about knowing the person and moving at their pace." We saw throughout the day people were asked for their consent and their wishes were respected.

Good

Is the service caring?

Our findings

People and relatives felt the care they received was kind. One relative said, "I am happy with the care. I find the manager extremely professional and the staff are so good, they treat them like family." We saw one person expressed they were cold and the staff member responded with the offer of a blanket and the closing of the windows. A staff member said, "I love my job. I get a lot of love out of helping people."
We saw people who were able, could walk independently around the home. There were stopping places if people wished to rest and the staff acknowledged people as they passed them. A new staff member said, "It's like a breath of fresh air here, everyone genuinely cares. They don't walk past people." We saw as part of the refurbishment the hand rails were being changed to ones which were in line with health and safety guidance. The new hand rails reduced the risk of a person getting caught on the rail.
People were supported with their religious beliefs. One staff member told us, "At least once a week I sit and read the bible to [name]. This is what they enjoy." Relatives were welcome to attend the home at any time. One person said, "Nobody stops anyone from coming in." A relative said, "I tend to choose the afternoon though that's my personal preference." We saw visitors called at a time to suit them which included calling in the evenings. When family or groups of people visited they were given space to be private and to reduce the disruption for other people. When events occurred like birthdays, the person received a special tea, cake and cards.

People felt their privacy and dignity was respected. One person said, "I've never noticed that they are intruding on my privacy and that's the only answer I can give." A relative told us, "They always ask me if I want to stay when they care for them and we can sit and watch television together." A family member of a person who had one to one support said, "The staff are very good, they let us have our own privacy when I'm with them, without compromising on the care." We saw on a compliment card a relative had said, "They spent their final days amongst wonderful people, who set the gold standard." A staff member we spoke with said, "Staff are respectful and listen to people." We saw when people expressed their wishes these were valued. This showed peoples dignity was considered and respected.

Requires Improvement

Is the service responsive?

Our findings

Staff were not always responsive or worked together to support people's needs. For example, during the morning for 45 minutes the nurse sat and completed written notes. During this period there was no interaction with people in the room and no other staff in attendance. All the people sat in chairs around the room with only the company of the radio. When the tea trolley was taken around by the catering staff we saw most people received their drink. However if the person required thickener they had to wait for the care staff, who then had to wait for the thickener to be obtained from the cupboard by the nurse. Thickener is prescribed when a person requires this to reduce the risk of choking. We saw the staff working as separate teams on a task lead basis. The registered manager told us, "We are introducing a new care system. This is in order to work collaboratively with the Nurses and be able to cross-reference all aspects of Nursing and Care."

Some people and relatives were not always happy with the care that was delivered. One person told us, "It's mainly the younger ones; they can be a bit offish sometimes." This person had raised their concerns at the residents meeting. A relative said, "It's varied, some days I am happy with the care and other days not, it often depends who is on." The environment was not always supportive of people's different methods of communication and understanding. For example, the menus for the meals were displayed in written form on a white board. There was no pictorial version and the menus displayed on the table were also in written form. For one person a white board system had been developed for when they felt unable to verbalise, this was not in use during the inspection.

When people required support with their end of life plans, we saw this had not always happened. For example, the care plan had not been completed for one person who was identified as reaching the stages of end of life. There were no choices or preferences identified to guide staff. During the inspection the nurse made arrangements with the GP for the relevant medicines to ensure a pain free death. In addition a meeting had been arranged with family to discuss the wishes and the level of support required. We saw some plans had identified people's wishes, however there was limited detail. The registered manager acknowledged that they needed to be more responsive in ensuring the conversations and planning for people at this difficult time had been completed in a timelier manner.

We saw that the care plans reflected people's physical, mental and emotional needs. They included information about their personal history. Staff we spoke with were able to tell us about people's lives. Some aspects of people's interests had been reflected in the activities on offer, for example baking.

The provider had recently recruited two activity staff; both were in the home at the time of the visit. They were still developing their role and the activities available; however we saw that they had a programme of activities. This was displayed and had been shared with the people and relatives. One person said, "I think its nail polishing this afternoon, I will get them filed and polished again." A relative said, "They do have activities and ask if they wish to join in, they don't force them into doing anything." We saw during the morning some people enjoyed making cakes. We noted from the meetings held with people who use the service, the activities had been discussed. Visiting entertainers were also discussed and those which had been a success were rebooked. We noted some people were unable to join in group activities, the registered manager told us as the activities people become more familiar they anticipated this area would be

developed. They also told us that they were hiring a mini bus regularly so that trip outside the home could be accommodated. One relative told us, "Next month they are going to Lichfield Cathedral." This meant people were encouraged to engage in activities of interest to them

We saw there was a complaint policy displayed in the reception and relatives were encouraged to raise any concerns. People had regular meetings which included an agenda item for people to express any issues they may have had. One person said, "I would find the right person and ask them. I don't have any complaints about the place at all; they're always there when you need them." A family member told us they had raised a complaint, they told us, "I'll complain and I do. I have signed a form off today. They had sorted my complaint out." Another relative said, "Initially I had a couple of things I've not been happy about and have complained and it's been seen to." We saw that all complaints, even verbal ones had been documented and any follow up action recorded. For example, a relative had identified a hearing aid had gone missing. A full search was initiated which included the bins. The aid was found in a paper towel. Since this incident staff had checked on the location of the aid to avoid the incident reoccurring. All complaints were audited to reflect any reoccurring themes. This demonstrated there was an open approach to complaints, which were used to make improvements for the individual and those important to them.

Good

Is the service well-led?

Our findings

There was a registered manager at Kings Bromley Care Home and all those we spoke with either knew them or how to make contact if needed. A relative said, "I met her when I first came and I find her very approachable, seems very knowledgeable as well. Another relative said, "They are very efficient and I've noticed when the people get upset with staff she steps in and calms it down."

People and relatives also commented about the atmosphere of the home. One person said, "I've never felt there was a barrier; there's a very good atmosphere here." A relative said, "Very pleasant, everybody will chat and have a joke with you." Another relative said, "The provider is doing a good job of all the refurbishments." Staff also felt things had been improved by the new providers, one said, "There is a better atmosphere here now with more staff and the refurbishments."

Staff we spoke with said they felt supported by the registered manager. One staff member said, "They are very approachable, there have been lots of changes and we have been kept informed." They told us they received supervision, they said, "I have this regular and we talk about my role, the people and any competency checks."
Staff felt confident about whistleblowing if needed. One staff member said, "I would say something if I needed to and feel confident the manager would be responsive." A whistle blowing policy protects staff if they have information of concern.

The registered manager understood their role and the requirements under their registration. We received notifications about events which affected the home and the people living there. We found the provider had conspicuously displayed their rating within the home and on their website. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their website where a rating has been given. This is so that people, visitors and those seeking information about the service could be informed of our judgments.
The provider had asked for feedback from the people who use the service and relatives. These covered all aspects of the home and people had an opportunity to raise any concerns. A relative told us, "They always send you a letter of the topics and what's being brought up at the meetings and the schedule of activities." Another relative said, "There is a residents meeting and you're welcome to attend." The staff member who ran the meetings told us, "I run everything past the manager ahead of the meeting and then feedback afterwards." We saw that any area of concern which had been raised was addressed by the registered manager.

The registered manager had a calendar approach to auditing areas of the home. Medicines were audited monthly and any areas identified were followed up. We saw that errors in relation to medicines had reduced, which showed the actions from the audits had been maintained. For example, there had been missed signatures in the past, and we saw on the last audit all medicines had been signed for. The care plans had also been audited. When areas required action these had been passed to the relevant staff member and once completed the registered manager had signed them off.

All other areas of the home had an auditing schedule. These covered the maintenance, fire risk assessments and all associated evacuation information. We also saw the provider completed regular walks round the home to spot check on the home and care people received.

We saw that accident and incidents had been monitored. To support people to reduce the risks we saw equipment had been introduced. For example, a chair sensor which alerted the staff when a person got up, so they could provide assistance and ensure the persons safety. The registered manager was also looking into new equipment which would have a positive impact on the person and the staff. For example, a hoist sling which could be left in position. These slings are made of specialist fabric to protect people's skin and provide less handling by the staff when transfers are required.

The registered manager had established a link with local health care professionals and social work teams. The home had recently been supportive is transferring some people from a home which was closing. One relative said, "I feel confident since they have moved here and their health has improved." This showed the provider worked with other partners to provide smooth transition of care for people.