

Mrs C Cunningham

Birkdale Park

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Birkdale Park 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. Birkdale Park is registered to provide accommodation, nursing and personal care for up to 36 adults. The home admits older people with general nursing care needs. It is a large detached house on a main road leading to Southport town centre. There were 26 people accommodated at the time of the inspection. The home was last inspected in April 2017 and was rated 'Requires Improvement' at that time.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; Safe, Effective, Responsive and Well-led to at least good.

This inspection was conducted on 30 April and 3 May 2018 and was unannounced on the first day.

A registered manager was in post, and the ratings from the previous inspection were displayed as required. 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 2017 we identified a breach of regulation because audit processes had failed to identify a number of concerns and omissions that were picked-up by the inspection team. Following the inspection the provider submitted an action that detailed how the necessary improvements would be made and sustained. At this inspection we found the audit processes at Birkdale Park were extensive and covered a wide range of safety and quality indicators. The provider had made and sustained the necessary improvements in accordance with their action plan and was no longer in breach of regulation regarding audits.

We saw evidence that managers at Birkdale Park used information from audits, accidents, incidents and feedback to learn and develop. There was evidence that the management team at Birkdale Park were making good use of external resources, guidance and partners to measure performance and drive quality improvements.

At our last inspection in April 2017 we identified a breach of regulation because records relating to the administration of medicines contained anomalies which meant it was not clear if the medicines had been given as prescribed. Following the inspection the provider submitted an action plan which detailed how the home would improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

Medication was safely administered and the provider was no longer in breach of regulation regarding the

safe administration of medicines. However, some records and systems were difficult to navigate and could be further improved. We made a recommendation regarding this.

People and their relatives told us they felt safe living at Birkdale Park. People were kept safe because staff had been trained in adult safeguarding and understood indicators of abuse and what action to take. Risk was fully considered as part of the assessment and care planning process. The care records that we saw showed that risk had been assessed and reviewed in relation to a number of factors including; falls, skin integrity and weight-loss.

As part of the inspection we checked the operation of fire doors and found that some did not close fully. This meant that they may not have been effective in the event of a fire. We reported this to the registered manager who arranged for each door to be checked and adjusted as required before the end of the inspection.

Staff were recruited safely in accordance with requirements. Staff were deployed in sufficient numbers to keep people safe and meet their needs. However, people living at Birkdale Park and staff commented that the allocation of staff overnight meant that people were sometimes kept waiting for care.

Prior to the inspection we received information of concern which indicated that people were not given sufficient fluids to maintain a safe level of hydration. As part of the inspection we checked the availability of fluids and the monitoring of consumption. We found that the people had appropriate access to fluids and were supported to drink.

Staff had completed a programme of training in relevant subjects such as; food safety, health and safety, moving and handling and safeguarding. Staff told us that they felt well-supported by the provider. Staff were given regular formal supervision and could access additional support at any time.

The home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Applications to deprive people of their liberty had been made appropriately and were subject to regular monitoring.

We saw evidence that people were supported to access healthcare in a timely manner as required. Documentation in care records showed that people had made use of GP's, opticians and dieticians amongst others.

Parts of the building had been adapted to meet the additional needs of people. For example, a stair-lift and a passenger lift had been installed to help people move around the building and high-contrast paint schemes had been used on hand-rails to make them easier to see.

Prior to the inspection we received information of concern which indicated that staff did not always treat people with respect. As part of the inspection we spoke with people living at Birkdale Park, relatives, visitors and staff to gather their views. Each of the people that we spoke with was positive about their relationship with staff and the quality of care that they provided. Staff knew people well and interacted with them in a relaxed, caring and supportive manner. Staff took time to speak with people and offer information and reassurance as required.

Staff were clear about their responsibility to protect people's right to privacy and dignity in the provision of care. They explained how personal care was given in people's bedrooms or in locked bathrooms. Each of the people that we spoke with confirmed that staff treated people with respect in the provision of personal care.

Following the last inspection in April 2017 we made a recommendation to improve practice in relation to the monitoring of people's care. As part of this inspection we looked in detail at four care records. Each of the four records was sufficiently clear and well-detailed to instruct staff how to provide safe, effective care.

People's need regarding equality and diversity were assessed and recorded. We saw and heard of examples relating to people's culture, faith and sexuality. Staff were aware of people's different needs and reflected them in the provision of care.

Birkdale Park employed an activities coordinator who engaged with individuals and groups. The home had a programme of activities and events including; seed planting, gentle exercise, hair day, scented activity and songs of the war. We spoke with the coordinator and observed them providing activities. It was clear that they knew people and their preferences well. The people that we saw were fully engaged and appeared to enjoy the activities available.

Birkdale Park increasingly provided end of life and palliative care to people. The registered manager recognised the additional requirements of this model of care and was in the process of sourcing specialist training for care and nursing staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Improvements had been made since the last inspection, but practice and records relating to the administration of medicines required further development.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

Risk was appropriately monitored and people were protected from abuse and neglect by trained staff.

Requires Improvement ●

Is the service effective?

The service was effective.

Improvements had been made following the last inspection meaning staff acted in accordance with the principles of the Mental Capacity Act 2005.

Records indicated that staff were well-trained and supported through regular supervision.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Good ●

Is the service caring?

The service was caring.

Staff knew people well and provided care in accordance with their individual needs and preferences.

People's privacy was respected and staff were careful to ensure people's dignity was maintained when providing care.

Good ●

Is the service responsive?

The service was responsive.

Assessment records and care plans contained sufficient detail for

Good ●

staff to provide person-centred care.

The home employed an activities' coordinator who facilitated a wide-range of group and individual activities.

Is the service well-led?

The service was well led.

There was evidence of improvements being made and sustained following the last inspection.

The governance framework was clear, and we saw evidence of involvement and oversight at provider level.

There was evidence of partnership working and monitoring of performance against recognised standards.

Good ●

Birkdale Park

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 checked whether the provider was 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 an unannounced inspection which took place on 30 April and 3 May 2018. The inspection team consisted of two adult social care inspectors on day one and one inspector on day two.

We did not request a Provider Information Return (PIR) before the inspection. The PIR 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.

Prior to the inspection we had received information of concern relating to; staffing levels, staff conduct, hydration and pressure wound care. We reviewed other information we held about the home and contacted one of the commissioners of the service to obtain their views. We used this information to plan how the inspection should be conducted.

During the visit we were able to meet and speak with six people who were living at Birkdale Park. A large proportion of people living at the home had difficulty communicating effectively because of their health conditions. We also spoke with two relatives and one other visitor. We spoke with the owner, the registered manager, the clinical lead, a nurse, the activities coordinator and a care assistant.

We looked in detail at the care records for four people including medication records. We also looked at four staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives. We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Is the service safe?

Our findings

At our last inspection in April 2017 we identified a breach of regulation because records relating to the administration of medicines contained anomalies which meant it was not clear if the medicines had been given as prescribed. Following the inspection the provider submitted an action plan which detailed how the home would improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

Medicines were managed and administered by trained nurses. At the time of the inspection none of the people living at Birkdale Park was administering their own medicines. Medication was stored in a locked room which was clean and of sufficient size for its purpose. The temperature of the room was monitored to ensure that it remained within a safe range. The effectiveness of some medicines can be damaged by exposure to high temperatures. Other medicines requiring refrigeration were correctly stored. The temperature of the fridge was regularly monitored and within safe limits. Controlled drugs were stored in a locked cabinet within the locked room. Controlled drugs are medicines that have additional controls in place because of their potential for misuse. Medicines were stored in a mixture of bottles, boxes and blister packs.

We checked records, storage and stock levels relating to seven different medicines. We found that the majority of records had been completed correctly and contained sufficient information to instruct staff on safe administration. However, the process for checking stock levels was not clear. From the information provided during the inspection we were unable to confirm that the stock levels of some medicines were correct. We spoke with the registered manager regarding this and they subsequently provided evidence that, with one exception, the stock levels were correct. The provider was unable to account for the one missing medicine. On the second day of the inspection we saw evidence that the system for checking stock levels had been simplified.

Records relating to the use of topical medicines (creams and lotions) were completed correctly for prescription and non-prescription medicines. However, a small number of the instructions for their use did not contain sufficient detail. For example, one person's record instructed staff to apply a cream to the person's legs. It did not state where on the legs and under what specific circumstances the cream should be applied. This meant that staff who were not familiar with the person would not have sufficient information. We spoke with a nurse and a member of the care staff who were clear about how, where and when the cream should be applied. The clinical lead confirmed that all Medicine Administration Record (MAR) sheets and associated administration instructions for topical medicines had been checked and updated within 24 hours of the matter being reported.

At our last inspection we found that protocols for PRN (as required) medicines were not consistently followed and administration times of Paracetamol were not recorded. Paracetamol and some other medicines require a minimum of four hours between doses. As part of this inspection we checked to see if improvements had been made and sustained. PRN protocols were in place and had been used correctly to inform the administration of medicines. However, some of the protocols were lacking in sufficient detail to

instruct staff who were unfamiliar with the person. For example, one protocol for the administration of pain relief simply instructed staff to administer the medicines when the person was in pain. It did not explain if the person was able to ask for pain relief or what indicators of pain staff should look out for. The record was amended immediately. The administration of Paracetamol was recorded correctly and included the time of administration.

The administration of medicines was subject to regular audit. No issues had been identified in recent audits. The medicines' policy was sufficient, but made reference to a previous manager and did not reference best-practice guidance. The provider was no longer in breach of regulation regarding the safe administration of medicines. However, some records and systems were difficult to navigate and could be further improved.

We recommend the provider reviews its approach to the administration of medicines to ensure that it complies with best-practice guidance for care homes.

People and their relatives told us they felt safe living at Birkdale Park. Comments included; "I've no concerns about [friend's] safety", "I feel completely happy that [relative] is looked after. No concerns" and "Nothing makes me feel unsafe. There's enough staff."

People were kept safe because staff had been trained in adult safeguarding and understood indicators of abuse and what action to take. Since the last inspection there had been an increase in the number of safeguarding referrals made to the local authority and notified to the Care Quality Commission. Each referral had been well-documented and actioned in accordance with the provider's policy. We checked records relating to incidents and accidents and found that they had been safeguarded where appropriate. Incidents and accidents were recorded in sufficient detail and subject to analysis. This allowed senior staff to identify patterns or trends and reduce risk.

Risk was fully considered as part of the assessment and care planning process. The care records that we saw showed that risk had been assessed and reviewed in relation to a number of factors including; falls, skin integrity and weight-loss. Important information was recorded and used to review risk. For example, weight charts were completed and falls were charted. We saw evidence that people had been referred to specialists such as falls' teams and dieticians as risk changed. The risk of infection was understood and managed by staff who wore personal protective equipment (PPE) when providing personal care or handling food.

On our arrival at Birkdale Park we were escorted around the building and completed observations. The home was clean, uncluttered and free from obvious odours. We checked the operation of fire doors and found that some did not close fully. This meant that they may not have been effective in the event of a fire. We reported this to the registered manager who arranged for each door to be checked and adjusted as required before the end of the inspection. We saw that the home had fire-fighting equipment and emergency lighting throughout the building. We checked records and found that equipment had been checked and serviced in accordance with requirements. Each care record contained a personal emergency evacuation procedure (PEEP) to assist staff and emergency services in the event of an evacuation.

Health and safety were subject to monthly monitoring. Audit processes were completed in relation to; safety, laundry, premises and equipment. Findings from audits were shared with staff and used to improve safety and quality. For example, work had been commissioned on the laundry and improvements made to recording systems. Maintenance certificates for utilities, hoists and legionella testing were all in place.

Staff were recruited safely in accordance with requirements. Each of the four staff records that we checked contained evidence of a full employment history, references, photographic identification and a Disclosure

and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people. Staff were deployed in sufficient numbers to keep people safe and meet their needs. However, people living at Birkdale Park and staff commented that the allocation of staff overnight meant that people were sometimes kept waiting for care. We checked staff rotas and found that staffing levels reduced to one nurse and two care staff overnight. This had been assessed as a safe staffing allocation by the provider based on an assessment of people's level of dependency.

Is the service effective?

Our findings

People and their relatives spoke positively about the effectiveness of the care provided and in particular about the food and access to healthcare. Comments included; "The food is very good and [friend] has got jugs of juice", "The food is good. [Relative] seems to love it" and "I usually eat all the food. I can get what I want. We can have a drink if we want one." Regarding access to healthcare, people said; "I see a Doctor if I need one. I have a low-fat diet that was agreed with the dietician" and "The GP has [recently] been asked to come-in by staff because of a possible infection."

Prior to the inspection we received information of concern which indicated that people were not given sufficient fluids to maintain a safe level of hydration. As part of the inspection we checked the availability of fluids and the monitoring of consumption. We found that the majority of people had appropriate access to fluids and were supported to drink. However, we were made aware that the records relating to fluid intake had not always been accurate. This was because staff had sometimes recorded when drinks were provided without recording if they were actually consumed. There was no evidence that this practice had led to any harm, but it presented a risk that people may not have maintained a safe level of hydration. We spoke with senior staff regarding this and were assured that the practice had been challenged and corrected before the inspection. The records that we saw reflected the volume of liquid consumed.

We shared lunch with some of the people living at Birkdale Park and observed the lunchtime experience. Lunch was served in different settings within the home dependent on people's needs and preferences. Some people ate in the lounge/diner, while others ate while being cared for in bed. The food was nutritionally balanced and prepared to a high standard from fresh ingredients. Meals were served by staff who were relaxed and supported people to eat in a discrete and respectful manner. The main meal for lunch was displayed on a pictorial menu, and people were offered an alternative if they chose. People were offered a choice of drinks with their meals and at various points during the day.

Staff had completed a programme of training in relevant subjects such as; food safety, health and safety, moving and handling and safeguarding. The training information provided showed that the majority of training had been completed in accordance with the provider's requirements. However, the information did not include completion or renewal dates which made it difficult to assess the level of compliance. Staff told us that they enjoyed the training and were given opportunities to improve their knowledge and skills by accessing additional courses. New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires new staff to complete a programme of learning and have their competency assessed within 12 weeks of starting. Some staff had been supported to access nationally recognised qualifications in care to enhance their skills and knowledge.

Staff told us that they felt well-supported by the provider. They were given regular formal supervision and could access additional support at any time. The records that we saw showed that the majority of staff had at least two formal supervision sessions in the previous 12 months. However, there was no discernible pattern to the scheduling of supervision and some significant gaps were recorded.

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 make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Applications to deprive people of their liberty had been made appropriately and were subject to regular monitoring. At the time of the inspection only one application had been approved by the local authority. However, records did not clearly indicate when authorisations had lapsed which increased the risk that applications may not be submitted as required. We discussed the monitoring process with the registered manager who introduced improvements to the system within 48 hours.

People's capacity to provide consent was considered and recorded in accordance with the principles of the MCA. We saw examples of capacity being considered in relation to a range of decisions including; use of bedrails and administration of pain relief. Where appropriate, people had signed to indicate their consent. In other cases best-interests decisions were recorded or people with legal authority to make decisions had signed to indicate their consent.

We saw evidence that people were supported to access healthcare in a timely manner as required. Documentation in care records showed that people had made use of GP's, opticians and dieticians amongst others. It was clear that nurses and staff worked effectively with healthcare professionals to address health issues. For example, one person had been supported to lose weight after a consultation with a dietician. Progress was dependent of regular encouragement by care staff and the preparation of low-fat, healthy meals by kitchen staff.

Birkdale Park provided care to people who required nursing in bed, people with mobility needs and people living with dementia. Parts of the building had been adapted to meet the additional needs of people. For example, a stair-lift and a passenger lift had been installed to help people move around the building and high-contrast paint schemes had been used on hand-rails to make them easier to see. We discussed the needs of people living with dementia with the registered manager and provider. They confirmed that the needs of people living with dementia were considered as refurbishment and re-decoration were completed.

Is the service caring?

Our findings

Prior to the inspection we received information of concern which indicated that staff did not always treat people with respect. As part of the inspection we spoke with people living at Birkdale Park, relatives, visitors and staff to gather their views. Each of the people that we spoke with was positive about their relationship with staff and the quality of care that they provided. Comments included; "The staff are very good", "The staff are all friendly. [Friend] has never had a problem with any member of staff", "The staff are lovely, really caring. I always feel welcome. I can come in anytime I choose", "Staff speak to you nicely. They're lovely, most of them" and "I like living here."

We observed that people living at the home and staff had positive relationships. Staff knew people well and interacted with them in a relaxed, caring and supportive manner. Staff took time to speak with people and offer information and re-assurance as required. It was clear from conversations that staff were aware of people's personal histories, likes and dislikes. They used this information effectively to provide distraction when people showed signs of distress.

We saw that staff took time to involve people in discussions about their care and activities and seek their consent. Staff spoke with people before providing care to ensure that they understood and agreed. We heard from people who declined some aspects of care and staff were respectful of their decisions. For example, one person who experienced pain regularly declined pain relief because it made them feel unwell. This was detailed in their care plan and understood by staff. Where people did not have the ability to communicate through speech, staff took time to explain what they were doing and offered choices. Care records showed that most people and their relatives were involved in the assessment process and reviews of care on a regular basis. One relative told us, "We had a review of care in the last four or five months."

Staff were clear about their responsibility to protect people's right to privacy and dignity in the provision of care. They explained how personal care was given in people's bedrooms or in locked bathrooms. Each of the people that we spoke with confirmed that staff treated people with respect when providing personal care.

People were encouraged to maintain their independence by staff and this was reflected in care plans where appropriate. Care plans we viewed included information regarding people's needs in relation to; physical health, personal care, mobility and nutrition amongst others. There was evidence that people and their families had been actively involved in their production of their care plans. They had been subject to regular review and where appropriate revised when as people's' needs changed.

People told us their cultural and religious needs were considered by the service and were recorded in people's care records. We were told of examples where people's requirements in relation to their faith and food were supported by the home. Care records also included plans which reflected people's end of life wishes.

We saw that relatives visited throughout the inspection. The relatives that we spoke with told us that they

were made to feel welcome and free to visit at any time. People received their visitors in their own rooms or shared lounges depending on their preferences.

For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home for people to access. One person was using the services of an independent advocate at the time of the inspection.

Is the service responsive?

Our findings

Following the last inspection in April 2017 we made a recommendation to improve practice in relation to the monitoring of people's care. In particular, we were concerned that records relating to catheter care, fluid balances and behaviours were lacking in detail and sometime contained contradictory information. As part of this inspection we checked to see if practice had improved. We saw evidence that records had been reviewed and improvements made in accordance with our recommendation.

We looked in detail at four care records. Two of the records related to people who required catheter care. Each of the four records was sufficiently clear and well-detailed to instruct staff how to provide safe, effective care. The care plans had been reviewed and amended as people's needs changed. Each care plan was supported with appropriate charts where required, for example, in relation to fluid intake and weight. We saw other records were maintained to assist staff to monitor safe care such as positioning charts and pressure wound observations. The records in relation to catheter care had been improved following the last inspection. Where necessary, people had a catheter passport in place which detailed; when the device was inserted, care instructions and when the device was due to be changed.

Care records contained person-centred information to help staff provide care and support that was personalised to their needs. We saw good examples of person-centred detail in each of the four care records that we checked. Information was recorded in relation to; clothing, activities, moving and handling technique and communication. For example, one care plan informed staff that the person was anxious when being hoisted. It outlined a plan to reduce the level of anxiety. In another plan we saw that the person was sporting and sociable prior to their admission and was at risk of anxiety from being isolated in their room. This level of information helped staff build rapport with people and better understand and meet their needs.

People's need regarding equality and diversity were assessed and recorded. We saw and heard of examples relating to people's; culture, faith and sexuality. Staff were aware of people's different needs and reflected them in the provision of care. For example, one person was supported to celebrate their Jewish faith, while other people had their needs met in relation to the Catholic faith through food and festivals. One person told us, "I have fish in here on Fridays." In another example, we were told about a person with a particular health condition which meant that they became anxious in the company of others. To ensure that the person didn't miss-out, staff facilitated activities the person could enjoy alone like watching programmes about wildlife and chair exercises.

Birkdale Park employed an activities coordinator who engaged with individuals and groups. The home had a programme of activities and events including; seed planting, gentle exercise, hair day, scented activity and songs of the war. We spoke with the coordinator and observed them providing activities. It was clear that they knew people and their preferences well. The people that we saw were fully engaged and appeared to enjoy the activities available. The coordinator was creative and used personalised approaches to encourage people to take part. In one example, we were told about a person who was reluctant to leave their room. It was noted that he responded positively when classical music was played, so the coordinator organised an

event where the music was played and the person was encouraged to join-in by conducting the orchestra. Activities were evaluated and important information was fed back to senior staff for consideration at reviews. One relative commented, "We helped out on Valentine's Day. [Coordinator] has a lovely manner." A person living at the home said, "I like the entertainment man. He plays any tune you like."

The home had a complaints' policy in place and people understood how to complain if they needed. We saw there had been a small number of complaints since the last inspection. Each had been addressed in accordance with policy. Complaints were assessed as part of the audit process and discussed by senior staff to improve practice.

Birkdale Park increasingly provided end of life and palliative care to people. The registered manager recognised the additional requirements of this model of care and was in the process of sourcing specialist training for care and nursing staff. They told us that their ambition was to secure accreditation for the delivery of end of life care. The end of life care plans that we saw were lacking in some personalised detail, but were sufficient to provide safe care.

Is the service well-led?

Our findings

At our last inspection we identified a breach of regulation because audit processes had failed to identify a number of concerns and omissions that were picked-up by the inspection team. Following the inspection the provider submitted an action plan which detailed how they would achieve compliance with regulation. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

At this inspection we found the audit processes at Birkdale Park had been improved. They were extensive and covered a wide range of safety and quality indicators. For example, the weekly maintenance audit identified issues with the laundry and exterior woodwork. The call-bell audit identified that two call bells were not shown on a chart in the nurse's office, and an audit of personnel files identified that additional identification was required. Information from audits was shared at relevant meetings and used to improve practice. For example, a new form was introduced for kitchen staff which recorded hydration, presentation, allergies, likes and dislikes. The provider had made and sustained the necessary improvements in accordance with their action plan and was no longer in breach of regulation regarding audits.

At the time of the inspection Birkdale Park had two managers registered with the Care Quality Commission. One of the registered managers left in 2016, but had not completed an application to cancel their registration. This was addressed shortly after the inspection. The second manager was involved with the home at the last inspection in April 2017 and was registered in November 2017. The registered manager understood their responsibilities in relation to their registration and had submitted notifications to the Commission as required.

There was a clear management structure in place for the service from the provider, registered manager, senior nurses and senior care staff. The provider visited the home regularly and attended many of the weekly management meetings held. The current registered manager described a clear and credible vision which focused on driving improvements in safety and quality. They stated their ambition to improve the rating of Birkdale Park by providing outstanding, person-centred care. Other staff that we spoke with demonstrated an understanding of this vision and a commitment to continuous improvement. Each person we spoke with was aware of the areas where improvement was required and their own role in the process.

Information regarding improvements and other priorities was shared and discussed at weekly team meetings. One member of staff said, "We have a meeting every Friday. It's all departments and any changes are discussed." Information was shared with people living at the home and their relatives at regular meetings and through written communications. At the meeting in November 2017 the registered manager shared details of improvements made following the last inspection and outlined plans for further developments. Examples included; new activities, better social interaction and accreditation for end of life care.

We saw evidence that managers at Birkdale Park used information from audits, accidents, incidents and feedback to learn and develop. Staff told us they were encouraged to speak-out and contribute and felt comfortable doing so. Staff gave examples where they had influenced change and improved safety and

quality such as changing the allocation of care staff and introducing new documentation.

There was evidence that the management team at Birkdale Park were making good use of external resources, guidance and partners to measure performance and drive quality improvements. We saw that links had been established and developed with local partners and nationally accredited organisations.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Birkdale Park was displayed for people to see.