

Dignus Healthcare Limited

Arden Croft

Inspection report

41 Thompsons Road
Keresley End
Coventry
Warwickshire
CV7 8JU

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Website: www.dignushealthcare.com

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?	Good ●

Summary of findings

Overall summary

This inspection took place on 4 February 2016. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and to discuss if our presence may cause anxiety to people.

Arden Croft is registered to provide accommodation and personal care within a residential setting to a maximum of four people. There were four people using the service at the time of our inspection. This included people with a learning disability and autism.

The service consists of one house. Four people lived in the house where the registered manager's office was also situated.

A requirement of the provider's registration is that they have a registered manager. 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 the time of our inspection there was a registered manager at the service.

A new manager had recently been employed at Arden Croft and was working alongside the registered manager. They were in the process of registering with us and would then be responsible for the running of the home.

Relatives told us they felt people were safe at Arden Croft. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

There were enough staff at Arden Croft to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people at the home.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were carried out of medicines to ensure they were managed in line with good practice guidelines. People were supported to attend health care appointments when they needed to maintain their health and wellbeing.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent in assisting with tasks around the home and shopping.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

Where people were not able to make decisions, relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities and staff were keen to explore a variety of new activities for people. People who lived at Arden Croft were encouraged to maintain links with friends and family who visited them at the home.

A team leader supported the new manager in the running of the home and assisted with supporting staff and conducting quality monitoring audits.

Relatives knew how to make a formal complaint and were able to discuss any concerns they had with staff. At the time of our inspection no complaints had been received. However the provider, monitored complaints from their other services to identify any areas where improvements could be made to the provision of care at Arden Croft.

Staff felt the management team were supportive and promoted an open culture within the home. Staff were able to discuss their own development and best practice in supervision and during regular team meetings. A programme of training and induction provided staff with the skills and knowledge to meet people's needs.

The registered manager and new manager felt well supported by the provider who visited regularly and their views and ideas were encouraged on how to improve the service.

The provider carried out audits to check the quality of care people received however they acknowledged these had not been carried out consistently over the last year and improvements were being made to address this. Audits by the registered manager and team leader were conducted regularly to continually monitor and improve the quality of the service.

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.

Relatives told us people were safe because they received support from staff that understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good ●

The service was responsive.

People were given support to access interests and hobbies that met their preferences and the provider was looking to improve the range of activities offered. People and their relatives were involved in decisions about their lives and how they wanted to

be supported.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager supported staff to provide a person centred service which focused on the needs of the individual. The provider conducted audits to measure and improve the quality of the service however these had not been carried out regularly and the provider was addressing this.

Arden Croft

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.

The inspection visit took place on 4 February 2016 and was carried out by one inspector. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home.

We observed the care and support provided to people who lived at Arden Croft. Most people had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke to relatives to get their views on the care given to their family members.

We spoke with the registered manager, the new manager and the provider. We also spoke with three members of support staff, three relatives and a visiting healthcare professional. We looked at the records of two people who used the service and two staff records. We also reviewed quality monitoring records.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. At the time of our inspection the new manager was in the process of completing 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. We discussed this with them during our inspection.

Is the service safe?

Our findings

Relatives told us they felt people were safe at Arden Croft. One relative we spoke with told us, "I feel [person] is safe here, there are always plenty of staff around to observe [person]." Another relative told us, "The staff have a great understanding of [person] and how to manage any changes in behaviour and keep [person] safe."

Staff knew the risks associated with people's care and how to manage and minimise risks. Some people had behaviours that could place themselves or others at risk if they became anxious or upset. Staff knew how to manage the risk. They had been trained to 'de-escalate' situations and help people remain calm. There was clear information in people's support plans for staff to follow to manage behaviours to minimise the impact. One staff member told us; "We know people here so well and study them for any signs of anxiety or stress."

During our inspection staff gave us clear and consistent information on how to recognise changes in body language and vocal sounds that could indicate a change in people's behaviour. One person became distressed that we were in their home. Staff quickly identified this and took appropriate action to keep the person and others safe.

We saw risk assessments identify risks to people health and wellbeing both inside the home and when taking part in activities outside the home. Risk management plans provided staff with guidance on how to manage identified risks so people were kept safe.

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. All the staff we spoke with had a good understanding of abuse and how to keep people safe. They knew the process to follow to report any safeguarding concerns and that there were policies to give guidance to staff. One of these was a whistle blowing policy that informed staff how they could anonymously report any concerns they had about the service. One staff member told us, "I would report to the manager if I had concerns, but I would also tell the CQC or the safeguarding team if I wasn't happy with the outcome." The new manager told us all staff would be receiving refresher training in the upcoming months about safeguarding to reinforce their knowledge and responsibilities under the safeguarding procedures.

During our inspection we saw there were sufficient numbers of staff to support people living in the home. Relatives we spoke with told us, "There are always enough staff around when I visit." Another told us, "Yes I think there are enough staff." All the staff we spoke with told us they felt there were enough staff to meet people's needs.

The new manager told us staffing was based on individual people and their needs. On the day of our visit there were three members of staff on duty. The new manager told us there were usually three staff. The new manager told us staffing levels would be increased if activities were planned for people who required the support of two staff members outside the home. At night time there were two staff on duty, one awake and one sleeping, and a twenty four hour on call manager available.

We asked how staff vacancies for leave or sickness were covered. The new manager told us they never used agency staff as they had their own bank staff available to provide cover. This ensured people received care from staff who knew them well.

The provider was actively recruiting new staff at the time of our inspection. The new manager told us, "We have to have the right people working here who can manage challenging behaviours and understand the people they are supporting."

We looked at medicines and found these were administered, stored and disposed of correctly. Administration records showed people received their medicines as prescribed. Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely. Medication audits were conducted regularly in order to check that people received their medicines as prescribed.

Some people required medicines 'as required'. There were protocols for the administration of these medicines to make sure they were given safely and consistently. We asked how staff would identify when this type of medicine would be required, for example if a person became agitated or distressed. A staff member told us, "We use a colour coded system to rate the level of anxiety and what interventions we can put in place before we would give any medicines." During our inspection we observed staff put this into practice when a person became anxious.

We saw that there were up to date emergency folders containing all relevant information that would be required in an emergency situation such as a fire. These documented people's care and support needs so they could be assisted safely.

Is the service effective?

Our findings

Relatives we spoke with thought staff had the skills and knowledge to care for their family members. Comments included, "The staff seem well trained to me" and, "Yes, they seem to have the right skills." One relative told us they were aware staff required additional training to manage the behaviours of their relative, but this was being addressed.

Staff new to the home told us they completed an induction programme and 'shadowed' an experienced member of staff before they supported people independently. The new manager told us new staff were enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. One staff member told us, "I had a lengthy induction and had to read all the policies and people's support files. I wasn't thrown in at the deep end."

Staff received training suitable to support people with their health and social care needs. Staff told us they felt confident and suitably trained to effectively support people. This included NAPI (Non Abusive Physical Intervention) training so staff could support people who had behaviours that could place themselves or others at risk of harm. Where a need was identified, staff received further training to support their work practice. For example, we were told staff were receiving training the week after our inspection on record keeping. A visiting healthcare professional told us they would be carrying out training with the staff, along with other professionals, around managing behaviours effectively.

The new manager told us they had identified that handover meetings in the past had not been used effectively. They had addressed this with staff and staff now started work 15 minutes before their shift time so they could all be present for the handover. We also saw a communication book that staff updated at each shift to pass on general and specific information.

Staff felt supported by the management team with regular one to one meetings. This provided them with the opportunity to discuss their work performance and learning and development needs. One staff member told us, "I get regular supervision sessions every month and it's a two way process which I like." Another said, "I can use these sessions to raise any concerns if I have any."

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood issues around

people's capacity to make certain decisions and why DoLS authorisations were in place for people. Staff told us they had received training around the MCA. They told us, "People can make decisions and they must be allowed to, we use pictures to help them make choices." Another said, "We have to look after the persons' best interests and when we need to we involve families or relevant healthcare professionals." One relative we spoke with confirmed they had been involved in making decisions for their family member when needed.

The home also had access to an independent mental capacity assessor (IMCA). An IMCA is a legal representative for people who lack the capacity to make specific important decisions: including making decisions about where they live and about medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

People who lived at Arden Croft were involved in choosing their own meals with support from staff. The team leader told us they had weekly house meetings with people and used picture books to help them choose menu options. In the kitchen we saw large pictures of the menu displayed and there were also healthy option meals available. We saw people's weight was regularly monitored to maintain their health and well-being.

Some people required special assistance with their meals. For example food that could be mashed to reduce the risk of choking and the correct size of food so it could be chewed easily. One person required their fluid intake to be carefully monitored in order to maintain their health and well-being and we saw staff were recording this. Where appropriate, specialist support and advice from the speech and language therapist had been sought and support plans put in place to guide staff on how best to support people with their food and fluid intake.

We observed staff monitoring people closely when they were eating and drinking and also that people could have their meals when they wanted them.

We asked relatives if their family members had access to healthcare when they needed it. They told us, "The staff are straight on to the doctor or hospital if they have any concerns about [person]." Another said of the staff, "They are very proactive, [person] sees their psychiatrist and doctor, and staff will organise the appointments."

Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Staff told us, "We will organise any appointments that are needed."

Records showed people were supported to attend health appointments and received care and treatment from health care professionals when required. Where additional support was required the guidance and involvements of clinical psychologists, and speech and language therapists were sought.

Is the service caring?

Our findings

We asked relatives if they felt staff were caring, they told us; "Just absolutely brilliant, they are very caring staff." Another said, "They are all very good and the team leader is fantastic."

We spent time observing the interactions between staff and people. There was a calm relaxed atmosphere at the home and we observed people were comfortable approaching and engaging with staff. Most people appeared accepting for us to be in the home and one felt able to come over and take our hand to show us something.

We heard staff speaking kindly to people and heard one telling a person, "You look lovely today." We observed one member of staff placing their hand on a person's shoulder and then stroke their hair and the person clearly enjoyed the contact.

Staff we spoke with were highly motivated to provide good care and support to people. They told us, "I love working here, everyone is treated equally, it's like a friendship, and we have fun together." Another said, "This is their home and we want it to be as relaxed and calm as possible." They went on to say, "I have great job satisfaction, it's important to make someone happy."

People received care from staff that knew and understood their likes, dislikes and personal support needs and people were, overall, able to spend their time as they chose. Staff understood people's communication skills and communicated effectively with people who had limited verbal communication with the aid of signs, pictures and gestures.

We heard one person making vocal sounds and a member of staff told us, "That is [person's] happy sound." Staff were knowledgeable about people and could identify moods through watching their body language and listening to them. We were told when speaking to one person to ensure that we used a low tone so as not to unsettle them. Frequently during the inspection staff would tell us how to approach people and where to be in the home so we did not cause any disruption to people's well-being or routine.

One relative told us how impressed they were with how staff worked with people to get an understanding of their needs. They told us, "There really is attention to detail on building relationships with people."

Staff supported people to maintain their independence by doing things for themselves. A relative told us, "They encourage [person] to do chores and keep their room tidy to maintain their independence." Another told us staff were supportive of their family member to be as independent as possible such as tidying up and shopping. The registered manager told us, "Staff are not afraid to try new things with people and will encourage things like travelling on public transport with support." A staff member said, "We encourage independence." A member of staff explained how one person wanted to put some items away in a cupboard and told us, "It didn't matter they were in the wrong place, the fact they did it was important."

Staff had a good understanding of the importance of respecting people's privacy and dignity.

We observed they knocked on doors before entering and when one person needed the toilet they were discreetly observed by staff in order to maintain their safety. The new manager told us people could lock their rooms if they wanted from the inside and staff had master keys if they needed to gain entry in an emergency.

People's rooms provided them with their own private space, and where possible they had been supported to choose how their rooms were decorated and furnished. Some rooms had little furnishings; however this was to maintain the safety and well-being of people if their behaviours put them at risk.

There was a communal lounge that people could use and during our inspection we saw people coming and going as they wanted around the home. There were also areas that were set aside for people when they wanted time on their own. One person liked to be able to sit and look into the garden and we saw there was a desk they could sit at next to the window.

People were able when possible to make choices about how they spent their day and we saw that people got up and had their breakfast when they wanted. A relative we spoke with told us, "[Person] gets to choose what they want to do." Staff told us they would support people in what they wanted to wear and how they wanted to spend their day. Visual aids were used to help people decide what they wanted.

Staff told us they would have their meals alongside people living at Arden Croft. One staff member told us, "This is people's home." They went on to say it was important that meal times were seen as a chance for staff and people to spend time together.

People were supported to maintain relationships with those who were important to them. Relatives told us they could visit when they wanted to but were asked to call first to make sure their family member had not gone out.

Is the service responsive?

Our findings

People living at Arden Croft had a consistent staff member known as a 'keyworker', who got to know their likes, dislikes and with whom they could build a relationship.

One relative we spoke with told us, "I get really good communication from them and the other staff."

Another relative we spoke with felt their family members' key worker was, "Excellent". We saw photographs of keyworkers and co-keyworkers for each person displayed in the kitchen for people and their relatives to see so they could identify which members of staff were supporting them or their family member.

Staff we spoke with were mostly allocated to work with one person to provide continuity of support; however they had a good understanding of everyone in the home and their needs. Each person had a detailed support plan so staff could read and understand each person's individual preferences. Staff told us, "Support plans give us all the information we need especially around risk assessments. It helps us to get to know them well." Another member of staff told us, "It's useful because there is information to tell us how people may respond to something they dislike or don't want to do."

Due to most people living at the home having limited verbal communication, staff told us they used body language, facial expressions and gestures as guides to identify how people were feeling. We observed that staff quickly identified when people wanted something. One staff member told us, "I look at facial expressions, their actions and body language." Where appropriate, pictures or objects were used to help people communicate their needs.

We looked at two people's care records. Support plans contained up to date and detailed information for staff to provide appropriate levels of care and support to people including activities outside the home. Plans were individualised and informed staff what people liked and how people wanted their support delivered. Plans contained a section called "This is me" which gave detailed information on people's likes and dislikes and what triggers may affect their Behaviour.

The support plans were person centred which means they were based on each person's individual needs and the support they required. Relatives we spoke with told us staff would discuss their family members care with them. One relative told us, "There is good communication with the staff and I have been involved in meetings about my family member and the support they require."

Relatives told us they could discuss any issues or concerns with staff when they visited. We saw that the support plans were reviewed regularly by the team leader and new manager. The registered manager told us, "Staff put people at the centre of everything they do, it's all person centred."

We saw that staff were knowledgeable about the people they supported, There was a daily 'handover log' with relevant communication regarding each person and any areas of concern.

Each person had their own diary in which staff entered information about how a person's day had been and activities they had been involved in. The team leader told us it was essential that staff were always fully up to

date regarding people living at the home and the support they required. They told us, "We make sure staff read the diaries so they always have the right approach to people." They went on to explain that staff would need to be aware if a person had been anxious or distressed so they could respond to them in the correct way, for example talking calmly to them.

The registered manager told us to ensure a smooth transition for people when they first planned to move into the home staff would liaise with other professionals and meet the person, and their relatives. This would assist them in deciding which members of staff at Arden Croft would be best placed to support the person. The new manager told us the aim was to learn as much about the person and identify their own unique needs.

They told us one person enjoyed the sensation of touching various objects and this had been discouraged at their previous home. The staff were concerned that not allowing this behaviour was creating anxieties and they now allowed the person to touch objects and items, but monitored their safety at all times. The team leader told us, "[Person] wants that sensory experience and we want them to have that freedom."

People were supported to pursue their individual hobbies and interests. On the day we visited three people had gone out with support staff for the day and to have lunch.

Relatives told us, "[Person] is always going out, they go to a disco, bingo, swimming and clothes shopping." Another relative told us, "[Person] goes everywhere and is always busy going out, walking, going to the pub and out for dinner." One relative told us they would like to see their family member take part in more activities, but acknowledged staff were looking to find appropriate activities for their family member. Only one person required the support of two staff in the community and people could choose how they wanted to spend their day and go out when they wanted to with support.

The home had created a "Den" in a room off the lounge area and people had helped choose the name and decorate it. There were games and puzzles along with bean bags for people to sit on and the room contained various sensory objects. The room could be blacked out to allow people to have sensory stimulation or quiet time and on the wall there was a large mural that people had helped staff create. For people who did not like to walk outside, there were mini exercise bikes for them to use to support their health and well-being. The garden had a trampoline sunken into the ground and the new manager told us they were looking to buy a barbeque.

All the staff we spoke with stressed the importance of trying new activities with people and involving them in the local community. One told us, "I love taking people out and I am always looking for new things such as horse riding, I would like to explore that possibility." The new manager told us they were researching the use of a hot tub for one person as they felt this would be therapeutic to their well-being. They told us; "We look at relevant activities for managing people's behaviours."

The new manager told us each week they would look at planned activities and allocate staff accordingly. We saw people had individual activity planners that were displayed in easy read form in the kitchen. Staff had a good understanding of the people they supported and the activities they enjoyed. One person did not like noise and enjoyed walking in nearby woods so they could sit and listen to bird song. People also had access to a nearby club that the provider used. The club gave people the opportunity to meet other people from the provider's other homes and to take part in sensory exercises and other activities. The home did not have its own transportation and had to share a vehicle with one of the provider's other homes, however staff supported people to use local transport.

We looked at how complaints were managed, there were no recorded complaints. We saw there was an easy

read pictorial poster on display telling people how to make a complaint and relatives we spoke to told us they knew how to make a complaint. One told us, "I would speak to the [provider] if I wasn't happy." We asked the new manager how they would identify if people living at the home were unhappy about something. They told us staff had good knowledge of the people they supported and would be able to identify changes in behaviour and mood.

The new manager told us they would be meeting families and relatives to introduce themselves and discuss any concerns or issues.

We saw people had a weekly meeting to discuss menus and activities and pictorial and visual aids were used to obtain their views and help them make choices.

Is the service well-led?

Our findings

Relatives we spoke with felt the home was well led, but were pleased a new manager had recently been employed at the home. They told us, "I didn't really know much about the previous manager, but the team leader was always there to speak to." Relatives particularly spoke highly of the team leader who supported the manager. One relative told us, "I think it is well led, but I don't really see the manager, I think there is a new one now and the team leader is excellent." One relative told us they knew who the provider was and said, "They are very approachable."

The registered manager at Arden Croft had been responsible for the oversight of three of the provider's homes until September 2015 when the new manager came into post. The provider had identified that there needed to be a more consistent managerial oversight of the home and had taken the positive action of recruiting the new manager. The provider told us that recruiting a new manager had been a priority when it was identified that relatives and staff wanted to see more of the manager.

Staff told us they felt supported by the management team and the team leader. Staff told us, "I can approach any of the managers; we all get on really well and can share ideas. I like that they listen to us." Another said, "It's a really approachable team and everyone is really helpful, we are a good team." The new manager told us they were still settling into their new role and that the staff and provider had been very supportive. They told us; "The staff here are a fantastic team and I can approach the provider about anything, they are very supportive of me."

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff told us they had supervision sessions to discuss their performance and training needs and we saw evidence these had been carried out. The team leader carried out observations of staff working to identify any areas of good practice or the need for additional training and support.

All staff we spoke with felt able to share their views and thoughts about the service and that the managers listened to them. One staff member told us, "That's important because we know the people here so well." Staff told us there was an open culture and they could approach the management team if they had any issues or concerns. One staff member told us this allowed them to be creative in ideas of how to make improvements in the home or suggestions for new activities for people. The new manager told us staff surveys were carried out to obtain their views about the service.

We saw that regular team meetings were held. Minutes of recent meetings highlighted the importance of weekly checks being carried out around the home with regards to health and safety and infection control. The provider operated an employee of the month award throughout its homes and the team leader had recently received this award in the form of a voucher.

The provider had carried out a range of checks to ensure the quality of service provision; however these had not been carried out consistently over the last year. The provider acknowledged there had been a lack of provider audits because the Operations Manager employed to conduct the regular audits, had recently left

the organisation. The provider told us they would be ensuring the audits would be carried out on a regular basis in the future and would be more detailed.

There was a system of peer review audits by other managers in the organisation and we saw evidence one had been carried out shortly before our inspection. One area highlighted was ensuring documentation regarding people's care was not archived too quickly so this could be reviewed by the manager carrying out the audit and not delay the process.

This was to ensure people at the home did not become upset by prolonged visits from people they did not know and this was being addressed. The audit also identified some signatures were missing on some forms but this had already been identified by the new manager's audit.

Relatives confirmed they were sent questionnaires to obtain their feedback and the new manager advised us the latest ones were just being sent.

We saw evidence that the managers and team leader performed their own regular audits and spot checks and walkabouts by the new manager were carried out.

The provider and new manager monitored accidents and incidents in the home and looked to see how improvements could be made to reduce any reoccurrence. Where investigations had been carried out support from relevant healthcare professionals was requested such as occupational therapists and psychologists