

London Borough of Hounslow

# Sandbanks Resource Centre

## Inspection report

Sandbanks Resource Centre  
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### 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

We undertook an unannounced inspection of Sandbanks Resource Centre on 12, 13 and 14 July 2016.

Sandbanks Resource Centre is a care home and is run by the London Borough of Hounslow. Sandbanks Resource Centre provides 24 hour care and supervision for up to 60 men and women over the age of 55, who are no longer able to live independently at home. The home is situated within a residential area of the London Borough of Hounslow. At the time of our visit there were 54 people using the service.

At the time of the inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. The head of regulated services explained that the previous registered manager and the assistant manager had left the service at the end of March 2016. The head of regulated services confirmed they were acting as interim manager at the home while they recruited a new registered manager.

We previously inspected Sandbanks on 10 and 11 November 2014 and the home was rated as Require Improvement. Issues were identified in relation to staffing levels, pressure ulcer management, staff training and support, food, activities and quality assurance. Improvements have been made in relation to the care provided.

The system used to identify how care workers were allocated to meet the support needs of people using the service had improved.

The provider carried out assessments when people were identified as being at increased risk of pressure ulcers. A range of risk assessments were in place in relation to the care being provided.

The provider had appropriate processes and training in place for the safe administration of medicines. Processes were in place for the recording and investigation of incidents and accidents.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also, care workers had regular supervision with their manager and received an annual appraisal.

Some improvements had been made in the support provided to people to eat their meals and to make

choices from the menu. We have made a recommendation for the provider to review guidance on developing appropriate menus.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

The range of activities and how they were provided had been improved.

Detailed assessments of the person's needs were carried out before they moved into the home and each person had a care plan in place which described their support needs. Care workers completed a daily record of the care provided.

People using the service and their relatives had a range of ways to provide feedback on the way care was provided and the quality of the service.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

Care workers told us they felt supported by their line manager.

## 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. Improvements had been made in relation to the number of care workers providing support.

Assessments were carried out where people were identified as being at increased risk of pressure ulcers

The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had an effective recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

### Is the service effective?

Good ●

The service was effective. Care workers had received the necessary training, supervision and appraisal they required to deliver care safely and to an appropriate standard.

Some improvements had been made in the support provided to people to eat their meals and to make choices from the menu.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training in the Act and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

### Is the service caring?

Good ●

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

Care workers supported people to maintain their independence when providing care.

The care plans identified the cultural and religious needs of the person using the service. The name the person preferred to be called was recorded in the care plan.

### Is the service responsive?

Good ●

The service was responsive. Improvements had been made in the type of activities provided for people using the service.

An initial assessment was carried out before the person moved into the home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided.

### Is the service well-led?

Good ●

The service was well-led. At the time of the inspection a registered manager was not in post at the service but the provider was actively recruiting to the role.

The provider had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their line manager.

# Sandbanks Resource Centre

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 12, 13 and 14 July 2016. The first day of the inspection was unannounced with the following days being announced. During the inspection period the home was visited by 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 expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with nine people using the service, eight relatives and five care workers. We also spoke with the head of regulated services who was the acting manager for the service at the time of the inspection. We reviewed the support plans and daily records for eight people using the service, the medicine administration record (MAR) charts for 18 people, the employment folders for five care workers, the training and support records for 55 staff and records relating to the management of the service.

# Is the service safe?

## Our findings

During our comprehensive inspection of Sandbanks Resource Centre on 10 and 11 November 2014 we found that people were at risk of not receiving appropriate care as there were not enough care workers available.

At the inspection on 12, 13 and 14 July 2016 we saw that since the previous inspection additional care workers had been recruited and changes had been made in the way they were allocated around the home.

A relative we spoke with told us "I think sometimes they could do with another person; if they are busy [the main living room] can be unattended for a while. .... I think it's good when they have the same carers, regular ones rather than agency. Agency are usually only on the weekends. .... I have a look at [my relative's] care plan once in a while."

One care worker told us "We were short staffed but now each unit has a senior care worker in place. We still need to recruit more care workers so we cover day by day" , " Staffing has got better, it can be difficult as it can be hectic if someone wants to go into the garden" and "Working on some units can be harder than others. Some are like well-oiled cogs so they can fit things in all day. New agency staff can make it stressful." Another care worker commented "We don't have enough regular care workers but staff are moved around to ensure there are enough staff in each unit"

The head of regulated services explained that recruitment had been put on hold last year as vacancies were being held for care workers transferring from another home. These vacancies had been covered by temporary care workers. The care workers had now transferred as well as a number of people who had been living at the other home. They were still in the process of recruiting additional care workers to fill the remaining vacancies and reduce the use of agency care workers. The head of regulated services told us that the levels of individuals support needs on each unit were reviewed. There were two care workers and a senior care worker based on each unit during the day. Two units had people who needed high levels of support so there was an additional care worker that worked between the two units during the day. During the night there was one care worker per unit and they would provide assistance when required across the home. All the bedroom doors had alarm systems so care workers knew when a person left their room so they could check on them. Pressure mats and other alarms were used when required to help the care workers support people in their rooms.

During the inspection we saw that there were enough care workers to provide appropriate care based on the identified support levels for the people within the unit. When there was a need for additional support we saw care workers from other units were available and came quickly when called.

Following our comprehensive inspection of Sandbanks Resource Centre on 10 and 11 November 2014 we found that assessments were not carried out to review the risk of pressure ulcers and identify how any risks should be managed.

At the inspection on 12, 13 and 14 July 2016 we saw that changes had been made to the way the risk of pressure ulcers was managed. We saw the initial assessment identified if a person had any issues with their skin and possible pressure ulcers. If a concern was identified a Waterlow Assessment was carried out to review the risk and identify what pressure relieving equipment was required. The Waterlow Assessment is used to identify a person's risk of developing problems with their skin integrity.

We saw a range of risk assessments were in place for people using the service. These included risk assessments in relation to moving and handling, ability to use call bells, nutrition and mobility. If any issues were identified following an assessment, additional guidance was provided for care workers in the care plans.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. Relatives told us "I normally feel comfortable when I leave; I know [my relative] is safe. It's not like one of those places you see on TV. I've never come in and found [my relative] with bruises" and "My family member is safe at the home. The doors to people's rooms are fitted with sensors; if anyone should enter my relative's room at night staff are alerted."

We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. Safeguarding concerns were recorded on a monitoring sheet with details of the type of abuse, if a concern had been progressed and the outcome of any investigation. During the inspection we saw three records for safeguarding concerns which were detailed and contained copies of correspondence. The provider also had a whistle blowing policy in place. Care workers we spoke with had a good understanding of safeguarding and how to report any concerns relating to the care provided.

We looked at how accidents and incidents were managed in the service. When an incident or accident occurred it was recorded on a form with a description of the event, who was involved and what action was taken. Any contributory factors to the event would also be identified. An investigation into the accident or incident was completed and the record would then be reviewed. The information was then transferred to the provider's computerised records system and the head of regulated services would approve the record once it had been reviewed. During the inspection we looked at 10 incident and accident records which were detailed and the information had been transferred to the computerised system.

We saw each person had an evacuation plan in place in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. The plan also identified issues which might impact on the evacuation of the person from the home including mobility and health conditions.

The service followed safe recruitment practices. When applications were received the head of regulated services would review the forms and produce a shortlist for interview. The provider's human resources department arranged interviews and applicants were asked to provide the contact details of two people to provide references. New care workers could not start work until a criminal record check had been received. During the inspection we were unable to look at the recruitment paperwork for care workers as this was held by the provider's human resources department but we saw three care workers had notes on their records confirming when their references and criminal record checks had been received and they had been reviewed.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. The medicines were stored securely in a locked metal wall cabinet in each unit. Medicines were provided in



individual blister packs by type of medicine and were colour coded to identify when they should be administered during the day. Care workers could only administer medicines once they had completed medicines training and their competency had been assessed. We saw records that showed that care workers had completed medicines training as part of their induction and had undertaken refresher training when required. There was a list of care worker signatures in each medicines administration record (MAR) chart folder to make it easier to identify who signed the MAR chart and administered the medicines. The MAR were also colour coded to reflect how the medicines were provided in the blister packs. When a pain relief patch was administered we saw it was checked by two care workers and both signed the MAR chart. During the inspection we noted that where the General Practitioner (GP) had prescribed paracetamol for people to be taken regularly during the day it was not always administered as the person stated they were not in pain. The head of regulated services explained they had been in discussion with the GP to review each person who had been prescribed paracetamol and other similar medicines to see if it could be amended to be administered as and when required (PRN). During the inspection we looked at the MAR charts for 18 people using the service. We saw the MAR charts for two people which indicated that care workers had not recorded the administration of a prescribed cream on one occasion during the previous month. We discussed this with the head of regulated services and the MAR charts had been reviewed before the inspection ended to ensure the creams had been administered correctly.

The provider had appropriate processes in place in relation to infection control. The care workers used appropriate equipment including aprons and gloves when providing support. The home was clean, tidy and there were no malodours present. We saw care workers had completed infection control training. During the inspection we saw there were members of housekeeping staff cleaning the communal areas and people's bedrooms.

# Is the service effective?

## Our findings

During our comprehensive inspection of Sandbanks Resource Centre on 10 and 11 November 2014 we found that people were cared for by staff that were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training.

At the inspection on 12, 13 and 14 July 2016 we saw that care workers were up to date with all the training identified as mandatory by the provider. The head of regulated services provided a copy of the spreadsheet used to record the training the provider expected all care workers to complete. This training included safeguarding, first aid, administration of medicines, infection control and moving and handling. Care workers told us "All the training we need for the role is provided and we get regular refreshers", "The training is very good and useful" and "The ongoing training is good as it refreshes your knowledge." The spreadsheet we looked at showed that all the care workers were up to date with the training identified as mandatory by the provider or they had been booked on a refresher course. Care workers we spoke with confirmed they had regular supervision meeting with their line manager and had completed an appraisal. This was supported by the records we saw in the care worker's employment records.

During our comprehensive inspection of Sandbanks Resource Centre on 10 and 11 November 2014 we found that people were not supported appropriately to eat their meals. Also people were not given support to make choices in relation to their meals.

At the inspection on 12, 13 and 14 July 2016 we saw that improvements had been made to how people were supported during mealtimes.

We asked people about the food provided at the home and they told us "The food varies. It's like a canteen" and "The food is very good here. There is plenty of choice: English, Asian, vegetarian." Relatives commented "[My relative] eats like a horse [since he came to live here]. The food is good" and "I think the food is quite good. My relative does eat well; she's got a very good appetite."

The head of regulated services explained that the protected mealtime policy that was in place at the time of the previous inspection had now been ended. Relatives were now being encouraged to visit the home during mealtimes and provide additional support for their family member.

During the inspection we saw that people were able to choose if they wanted to eat in their room, in the lounge area or in the dining room. There were adjustable tables available for people who chose to eat their meal in the lounge area so the table could be set at the correct height for the person in the armchair.

We saw meal times on each unit had been organised to ensure there were enough care workers available to provide each person who needed support to eat with the appropriate levels of care. On one unit we saw the care workers placed four people who required support to eat on the same table so they could ensure people ate their meal and received appropriate encouragement. We did note on one day during breakfast that these four people had been left at a dining table for more than 30 minutes and they had not had their

breakfast as they each required support to eat. This was discussed with the head of regulated services who confirmed this would be reviewed and a more appropriate system would be put in place so people were not waiting for their breakfast. On the other units where we observed breakfast people did not wait and received their choice of food and drink when they requested it.

Care plans we looked at indicated each person's preferences for food and drink as well as if they required a specific diet such as soft or pureed food. We saw some people had place mats which described their dietary needs and what support they required. In the kitchen there were records to indicate how many of each type of specific menu were required for each unit.

We saw that menus were displayed on a notice board in each dining room but this was not easily accessible for people using the service. We raised this with the head of regulated services who explained they were in the process of reviewing the menus to provide healthy, nutritious options for people. They were also planning to introduce new menus including photographs of each option to help people make their decisions easier.

We recommend the provider reviews guidance on appropriate menus for people using the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

During the inspection we saw capacity assessments had been carried out and were kept in people's care folders. We saw a record was maintained of all the people who had been assessed, the date any applications had been made to the local authority, when these had been approved and when they needed to be renewed. The records also showed where a person had been assessed as having capacity and when they should be reassessed. Paperwork received from the local authority was kept in the person's care folder. Care workers we spoke with were aware of the importance of supporting people to make decisions about their care.

The provider had a good working relationship with healthcare professionals and other professionals involved in supporting people using the service. One person we spoke with told us "Specsavers come here to test my eyes and I go to the dentist with my mum." A relative told us "A very good GP visits very regularly" which was confirmed in records we saw that detailed the outcome of each visit. The head of regulated services explained that if a person was identified as requiring support from other agencies, a referral form was completed. This could include referrals to occupational therapy, physiotherapy and district nurses. If a referral was required it was discussed by a multidisciplinary team of healthcare professionals during regular meetings. Any agreed actions to be taken were recorded.

# Is the service caring?

## Our findings

People using the service and relatives were asked if they felt the care workers were kind, caring and treated them with dignity and respect when they provided support. People told us "It's nice [living here]. They are all kind", "The girls are all very nice; couldn't be nicer", "They're the best people you could have" and "I like Sandbanks. The staff are very good. The night staff are good too." One person we spoke with found it difficult to communicate verbally but they told us they were very happy and when we asked about the care workers the person pointed to them and smiled.

Relatives we spoke with commented "They're very kind here, very nice" and "[The carers] are happy doing their job and they do it to perfection.... With [my relative's] reactions you can tell that she is happy", "[The carers] are lovely ladies..... They do genuinely care. I don't think you could do it better" and "I cannot praise the staff enough. As a relative I cannot say 'Thank you' enough. The staff are wonderful, absolutely wonderful." Another relative told us "I think they are looking after [my relative] very well indeed. It satisfies me that he is in a home with very nice people to look after him. Some the same, some different but they are all very good..... Everything you want is there for him. He likes it here."

During the inspection we saw the care workers treated people in a caring manner and respected each person's privacy and dignity. The care workers spoke to people in a kind way and asked if they were happy and if they needed anything. The care workers knocked on people's bedroom doors before entering and ensured people could make choices throughout the day, for example about meals or activities. We asked care workers how they maintained people's privacy and dignity. Their comments included "You need to explain what you are doing and cover them up to make sure they are not inappropriately exposed" and "You always need to knock on the door before going into their room and keep the door shut during personal care."

We saw care workers provided support when required but encouraged the person to do as much as they could. We asked staff how they helped people maintain their independence. Care workers commented "You have to encourage people to do things for themselves, to do what they can. Even if people find it hard to do things like eating we need to guide them and not feed them so they can be independent" and "Let people do what they can do for as long as they can. Not stepping in to help people eat when they can do it just puts them off." The care plans we looked at identified the activities each person could do without support and when the care worker needed to provide additional assistance.

Equality and diversity care plans identified the person's cultural and religious needs. The care plans we looked at also identified the preferred name a person wished to use. The care plans also provided care workers with information relating to a person's likes and dislikes, favourite activities and what was important to them.

## Is the service responsive?

### Our findings

During our comprehensive inspection of Sandbanks Resource Centre on 10 and 11 November 2014 we found that activities organised at the home were not meaningful and engaging for people using the service.

At the inspection on 12, 13 and 14 July 2016 we saw that improvements had been made in relation to the range of activities and how they were provided. One person we spoke with told us "We have a craft room and we play bingo and other games and we have a Food Evening. ... I go to a club in Whitton once a month in the community transport bus. .... I would like to go to art school." We saw this person enjoyed drawing and they had access to a large range of coloured pencils/crayons on the table and sketch pad full of things they had drawn. The person pointed out their artwork had been displayed on the walls and windows of the lounge.

Relatives we spoke with commented "The activity lady who is new appears to be trying very hard to do something with them" and "They have a music therapist who comes and plays music and gives them all instruments. .... They have outings sometimes but there's limited capacity for wheelchairs. [My relative] doesn't go. .... [My relative] likes to go into the garden when weather permits."

Care workers told us "It would be good to be able to take people out into the community more to somewhere that is secure and safe" and "Activities are working better with the room used upstairs now. People enjoy going to a different room or unit for activities now."

The head of regulated services confirmed there was a staff member responsible for organising and supporting activities around the home. They explained new activities were being identified and they would be looking at successful activities already in place at their other home which could be introduced at Sandbanks Resource Centre. An activity room was now in use on the top floor and activities were also held in each of the units. Schedules of activities for each unit were displayed on notice boards. During the inspection we saw craft activities were organised in the activities room and the care workers from one unit took a number of people into the garden for tea and to enjoy the good weather. We saw both the people and the care workers were enjoying themselves and they were relaxed and happy. We also saw people choose what they wanted to watch on television and one care worker had a game of cards with two people and a relative.

Each person had a care plan folder which was kept securely on the unit where they lived. The care plan folder included an information sheet about the person which contained their photograph, their religion, the contact details for their next of kin, GP and social worker if they had one. There were a range of care plans in place including mobility, pressure care, general health, nutrition, personal hygiene, continence care, night time care and end of life wishes. The head of regulated services confirmed that care plans were reviewed monthly. We saw from the care plans we looked at that they were up to date and had been reviewed monthly. We saw some care plans had not been dated when written and we raised this with the head of regulated services who confirmed the care plan would be reviewed and the dates recorded. The care plans we looked at identified how people wished for their care to be provided, their preferences and how the care

workers could provide appropriate support.

Care workers completed a daily record of the support and care they provided for each person using the service. The records included if the person had received personal care and what they did during the day. We looked at the daily records of care for three people and saw they were up to date and clearly written.

People's needs were assessed prior to them using the service. The head of regulated services explained when a referral was received from the local authority the information was reviewed and any additional information that was required was identified. The person's General Practitioner would be contacted to obtain further information relating to their health if required. The person was then visited in their home or in hospital to confirm their care needs and discuss the support the care home could provide. If the person's care needs could be met by the home it was then arranged for the person to visit to spend the day and then stay overnight before they made a final decision about moving to the home.

The provider had a complaints policy and procedure in place. The head of regulated services told us that when a concern or complaint was raised the person would be contacted and the issues discussed with them with the aim to resolve any concerns as soon as possible. The information relating to a complaint was recorded on a form and there was guidance available for care workers on how to complete the forms as well as the process in the complaints folder. The complaint form included information relating to the reason for the complaint, who was involved, what action was taken and the outcome of the investigation. During the inspection we looked at the record of complaints and saw they were detailed and included if the complaint was resolved.

People using the service and their relatives could provide feedback on the quality of the care provided. The head of regulated services explained a questionnaire was sent to relatives in April 2016 and the results were being analysed at the time of the inspection. We saw examples of completed questionnaires that had been received and the comments were positive. There were also regular relatives meetings and the minutes of these were circulated to all the relatives.

## Is the service well-led?

### Our findings

During our comprehensive inspection of Sandbanks Resource Centre on 10 and 11 November 2014 we found that the provider had various audits in place to monitor the quality of the care provided but these did not provide appropriate information to identify issues with the quality of the service.

At the inspection on 12, 13 and 14 July 2016 we saw that the audits carried out now provided appropriate information to identify issues with the quality of care provided.

The provider had a range of audits in place to monitor the quality of the care provided in the home. The head of regulated services told us a care plan audit was carried out earlier in the year and this would be carried out annually. All the care plans were reviewed to identify any missing or out of date information and what action was required to resolve this. During the inspection we saw examples of the audit documentation in relation to the care plan audit.

An infection prevention and control audit was completed regularly to identify any issues and actions to improve. The audit covered the general environment of the home, hand hygiene, use of personal protective equipment, waste management and decontamination. We saw the audit carried out in April 2016 and saw if any issues were identified there was a record of the required action to resolve the issue.

An audit in relation to the key performance indicators for the home was carried out quarterly. This audit included staff turnover, occupancy levels and the age groups of the people living in the home, number of London Ambulance Service call outs, how many care plan reviewed were completed and the number of notifiable incidents that were reported to the Care Quality Commission. We saw the audits covering the first six months of 2016 which were detailed with clear information.

An audit of medicines administration was carried out each month and we saw the completed audit for March and June 2016. The medicines and MAR charts for nine people were checked for this audit. Checks were also carried out when the months' supply of medicines were received from the pharmacy. The checks included if the names of people were correct, if the medicines provided in the blister pack reflected the prescription and the medicines provided in their original packaging were accurate. If any issues were identified they were noted, actions identified and the pharmacy contacted.

A newsletter was produced quarterly for people using the service and relatives letting them know what was going on at the home, forthcoming events and planned activities. The newsletter was displayed on noticeboards in the units.

At the time of the inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. The head of regulated services explained that the previous registered manager and the deputy manager had left at the end of March 2016. The head of regulated services confirmed they were acting as interim manager at the home as they still needed to recruit

a suitable manager. They explained they were actively recruiting to the manager post and they had recently appointed an assistant manager.

We asked care workers if they felt they were supported by their manager. They told us they all felt supported. They said "There is a lot of support from the interim manager and everyone else here", "I was going to resign but I gave it another shot when the manager changed. I enjoy coming to work, not every shift goes smoothly but you enjoy getting on with things and not clock watching to the end of the day" and "If we have any problems we know we can get help and support." Other comments included "They really support us. The new interim manager (head of regulated services) is part of the team. At the moment the interim manager is trying to make things better for all the staff and residents. She comes to help with care and trying to find out what we do and need" and "We get support and we now have the confidence to deal with any issue."

The head of regulated services explained a questionnaire had been sent to the care workers asking for their views on the service and to identify any issues such as training or communication. The analysed results were sent to the care workers with the actions identified to make improvements. These included training which care workers were expected to complete on their days off would now be done during shifts when possible and options for improving communication between staff.

We spoke with people and asked them if they thought the service was well-led. One person told us "It's like everywhere; it has its ups and downs. They have good heating in the winter." We asked relatives if they felt the service was well-led. Their comments included "[The interim manager] has worked very hard to make the move work. The staff have learned with [my relative] and supported her well through a difficult time. The atmosphere has changed for the better since the previous manager left" and "This place is brilliant but it was built all wrong. There is no separate kitchen; there is no separate quiet sitting room. It can get noisy and difficult for people to concentrate." Other comments included "If you have a problem they listen. [The duty officer or the administrator] phone me if there is a problem or if [my relative] needs anything", "They arranged this new wheelchair for [my relative] as she was no longer able to sit up straight in the old one. .... I take her out in the garden when it's nice. .... I take any concerns to the office and they sort them out. [For instance] I asked them to fix [something that broke on] the new wheelchair and they have ordered a new part" and "When there has been a problem we've asked and they've sorted it out. For example [my relative] has skin problems and they sorted out his creams and so on and it's alright now."

We also asked care workers if they thought the service was well-led. They told us "If you report something with evidence they act on it now. Before we were just managing with people with challenging behaviour. Now they have solutions for care", "We are now being listened to" and "The interim manager is much more approachable, she even helps out giving care on the units." Other comments included "We are building a team, we are getting there", "It is so much better here now" and "I really enjoy working here, I wanted to leave but I love it here now." Other care workers said "If you are treated with respect care workers are happier and they stay so residents are happier and there is consistency for people with dementia with who provides their care" and "Communication is better. We all know what we are doing and the interim manager makes suggestions on how we can improve. If you have any concerns you are listened to and something is done about it as before nothing was done. We need to be listened to and heard as we are the people working on the units."