

# Four Seasons Health Care (England) Limited Westroyd Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Westroyd Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Westroyd is registered to accommodate up to 55 older people; at the time of our inspection, there were 37 people living in the home.

At our last comprehensive inspection on 19 and 20 July 2017, we rated the service as inadequate and identified breaches of legal requirements. The provider was asked to complete an action plan to tell us what they would do to meet legal requirements in to breaches in Safe care and treatment, Safeguarding service users from abuse and improper treatment, Premises and equipment, Dignity and respect and Good governance. The service was also in breach of the registration regulations failing to notify the Commission of events affecting people.

We carried out a focused inspection on 5 December 2017 to review the actions taken by the provider to meet the legal requirements. You can read the report from our last comprehensive inspection and our focused inspection, by selecting the 'all reports' link for Westroyd Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The inspection took place on the 27 February 2018 and was unannounced.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager had left the service and there was a temporary manager in place. Following our inspection the provider confirmed the manager had been offered the position on a permanent basis and would be applying to register with CQC. We will continue to monitor this.

We made two recommendations in relation to ensuring environmental checks were carried out at all times and information about people's dietary needs being written down and available to staff who work in the kitchen.

People received safe care. There were risk assessments in place, which ensured identified risks were mitigated. Staff were appropriately recruited and there were sufficient staff to meet people's needs.

Although people worried the staffing levels were not always correct due to sickness or absence of staff. The manager explained staff recruitment was on-going and wherever possible staffing levels were maintained through the use of agency to cover any sickness.

People were protected from the risk of harm. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People's health and well-being was monitored by staff and they were supported to access health professionals. Some people felt they were not always supported to do this in a timely manner.

People were cared for by a staff team who were friendly, caring and compassionate. Positive relationships had been developed between people and regular staff. People were treated with kindness.

People's care and support needs were monitored and reviewed to ensure care was provided in the way they needed. People or their representative had been involved in planning and reviewing their care. Plans of care were in place to guide staff in delivering consistent care and support in line with people's personal preferences and choices. End of life wishes were discussed and plans put in place.

Staff had access to the support, supervision and training they required to work effectively in their roles. However, some staff felt the training needed to be more detailed. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There was a variety of activities available for people who lived in the Lodge to participate in if they wished to. People who lived in the House were not always offered activities as the recruitment of an activities coordinator was on-going. Family and friends were welcomed to visit.

The provider had a positive ethos and an open culture. People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

The service was run by a manager who had the skills and experience to do so. The manager led a team of staff and was developing their commitment to high standards of care and vision of the type of home they hoped to create for people.

People knew how to raise a concern or make a complaint and the provider had effective systems to manage any complaints they received.

## 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.

Risks to people had been identified and assessed. Measures needed to keep people safe were identified.

People were protected from abuse and harm by staff who knew their responsibilities for supporting them to keep safe.

People were supported to take their medicines safely.

Staffing levels had been assessed. Some people worried the staffing levels were not always at the right level. The provider followed safe recruitment practices when employing new staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People were cared for by staff who had received training and support to carry out their roles. Some staff felt the training needed to be more detailed.

People's consent was sought before staff provided care. People were supported to access healthcare services. Some people felt this was not always done in a timely manner.

People were supported to follow a healthy diet and had access to drinks and snacks based on their dietary needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People felt they got to know regular staff well. People were treated with dignity and respect, and staff ensured their privacy was maintained.

People were encouraged to make decisions about how their care was provided.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People were encouraged to take part in activities and pursue their interests if they lived at the Lodge. People who lived at the House were not always offered activities. The recruitment of an activities coordinator was on-going.

People's needs were assessed before they came to stay at the home and were kept under review to ensure their individual needs could be met.

People could raise a concern about their care and there was written information provided on how to make a complaint.

**Is the service well-led?**

The service was not consistently well led.

There was no registered manager in post at the time of our inspection.

Quality assurance systems were in place to monitor and review the quality of the service which was provided. The provider had worked in partnership with other agencies.

People had been asked for their feedback and this had been reviewed.

**Requires Improvement** 

# Westroyd Care Home

## **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 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 unannounced comprehensive inspection took place on 27 February 2018 and was undertaken by two inspectors and one expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We planned for the inspection by reviewing information we held about the service including statutory notifications. A statutory notification is information about important events that the provider is required to send us by law. We sought feedback from commissioners that monitored the care and treatment of people using the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection, we spoke with six people who used the service and four relatives. We also spoke with the manager, the regional manager, a unit manager, two senior care staff, five care staff, a cook, the maintenance person, and an activities co-ordinator.

We reviewed records relating to the care of six people, medicines records and storage, the minutes of resident meetings and staff meetings. We also reviewed three staff recruitment records, staff training records, management audits and health and safety checks completed by the provider and arrangements for managing complaints.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 19 and 20 July 2017 we found four breaches of the regulations. Regulation 12, Safe care and treatment, Regulation 13, Safeguarding people from abuse and improper treatment, Regulation 15, Premises and equipment and Regulation 18, Staffing. We required the provider to make improvements. We issued the provider with a warning notice in relation to Regulation 12, Safe care and treatment and required them to be compliant with this by 30 September 2017. This is because people were not consistently protected from risks relating to their health and safety, risks were not always identified and people were not protected from abuse. There were not enough staff on each shift each day to meet people's needs. We had concerns about how people's medicines were managed in relation to the dosage of inhalers. Premises and equipment were not clean and maintained properly.

We carried out a focused inspection on 5 December 2017 to make sure the provider had made the required improvements in relation to the warning notices we had issued. At that inspection we found the provider had made most of the required improvements and had met the requirements of the warning notice.

At this inspection we found the provider had continued to make improvements and met the legal regulations.

People and their relatives had contacted us before our inspection to say they were concerned about there not being enough staff on duty to meet people's needs. During our inspection people told us they felt there were enough staff on duty and they were not usually kept waiting for support. One person told us, "Normally they respond to the call bell quite quickly. I have had to wait up to half an hour. They don't have enough staff sometimes." Relatives gave mixed views. One relative commented, "We should have three staff and a senior on duty here. That is when I feel [person] is safe. There have been times the staffing levels are lower due to sickness. They do try to cover with agency or existing staff where possible. They are doing their best to make sure there is enough staff and always someone in the lounge. It is hard when there are only two staff on." Another relative told us, "The staff help [person]. I think there are enough [staff]."

Staff also gave mixed views about the staffing. One member of staff commented, "They will sometimes only have two on shift on the rota. If it is picked up by the manager they will try and get extra staff to cover. The unit manager does the rota. It is hard with only two staff as some people need two staff to help them when mobilising." Another staff member commented, "Staffing is getting more consistent. We have had some sickness and where possible this is covered with agency." One staff member commented, "Where we have to use agency we do. We use the same people where possible so they know the service. [Manager] is recruiting so we will have more staff." The manager told us staffing levels had been agreed based on the needs of people using the service. These were reviewed regularly. They explained there had been a period of time where information handed over to them had not been clear about the staffing levels which had resulted in concerns being raised by family members. This had been addressed and the planned staffing levels on the rota were based on the levels which had been assessed as necessary to meet people's needs safely. The manager also explained other roles such as a cook and an activities coordinator were being recruited to ensure there were enough staff in all areas. Throughout the day of the inspection, people were responded to

in a timely way.

The provider had environmental risk assessments in place and there were effective systems to monitor the health and safety of people, which included regular fire tests and maintenance checks. At our last inspection we noted there were gaps in the checks due to the maintenance person having been off work. A member of staff told us there was no contingency plan in place to identify who would complete the checks if the maintenance person was not able to do so. We had made a recommendation at the last inspection for a second person to be nominated for this role. This was not acted on. This meant if the maintenance person had not been at work the checks may not have been completed which may put people at risk should there be any issues with the fire tests.

We recommend the provider considers ensuring environmental checks are completed at all times.

There was a system in place to record any accidents or incidents which occurred. These were reported to the manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitored if changes to practice needed to be made. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. There was a skill mix of staff, which meant people's diverse needs were met by a staff team who were knowledgeable and able to deliver care safely.

People were protected by the prevention and control of infection. Areas of the home were clean and tidy, and regular cleaning took place. Staff were trained in infection control and used personal protective equipment such as disposable gloves, aprons and hand gel when appropriate. The home had a five star food hygiene rating.

People were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling. Appropriate controls and measures had been put in place to reduce and manage the risks. Risk assessments had been reviewed following a change in people's needs to make sure they were up to date and based on the person's current needs.

People told us they felt safe within the home. One person said, "I have always felt safe." A relative said, "It is getting better. I have never doubted the care and I feel [person] is safe due to the staff."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. Lessons learnt were shared with staff through supervision and staff meetings. Staff had completed training in safeguarding to make sure they understood their responsibilities. One member of staff said, "I would raise anything I was not happy about. I think [manager] would listen. None of us here are scared of speaking up."

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People received their medicines at the prescribed time and medicines were safely stored. Staff undertook training in the administration of medicines and their competencies were tested regularly.



## Is the service effective?

### Our findings

People received care from staff who had completed training to enable them to fulfil their role. However, some people and relative's felt staff required further training to enable them to be confident in their roles. A relative commented, "[Staff member] makes poor decisions. They don't seem to always know what to do. That comes from a lack of knowledge." Some staff told us they did not always feel the training provided enough detail. One staff member said, "We had an issue which could have been avoided if the staff member knew what to do. Luckily the person was okay and I was there to support." Another staff member commented, "I did my moving and handling training a week after I started. It was not good. We just put a member of staff in the hoist. It was very short and not very good." We discussed these issues with the manager. They told us they were aware of staff and relative concerns and action was being taken to address these. Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. The manager told us staff were booked to go on training to refresh their knowledge and they were working to develop the training programme to be more detailed.

The staff team had achieved accreditation to use the Dementia Care Framework. This included them completing specialist dementia care training to provide a better experience when caring for people who were living with dementia.

Staff had regular supervision, observed practice and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support they required to maintain their nutritional intake. Referrals to a dietician and speech and language therapist (SALT) had been made when required and advice followed. Staff completed records of what people had eaten and drank when people required their food intake monitoring as they were at risk of malnutrition.

There was a choice of meals each day and alternatives were available should anyone wish for something different. There were snacks and drinks available throughout the day. However, one person commented, "I like a cup of Horlicks at night. It isn't always brought." People told us the food was nice. One person said, "The food is very nice." A relative commented, "[Person] is eating really well."

The cook told us they received information about people's dietary needs such as if they needed a soft diet or were diabetic. They explained they had been given guidance from the SALT team and worked closely with the staff and people using the service to make sure they provided food based on each person's assessed needs. They could describe to us each person's dietary needs. However they did not have written records for each person. This meant they could share the information verbally but it was not available for other staff to review if the cook was not there. The cook told us a new cook had started in the last week and was being inducted to the home as there had been times when there was only one cook for the whole home which was not enough.

Staff usually knew people's dietary needs and during lunch we saw one staff member check the food for one person was suitable for them as they needed to have a low sugar diet. However, another member of staff told us one person did not have any dietary needs. This person told us they struggled with swallowing harder foods. We raised this with the manager who agreed to discuss further with the person and the member of staff.

We recommend written information about people's dietary needs and guidance on how to meet these were made available to all staff who work in the kitchen.

People's needs were assessed prior to them moving into Westroyd Care Home to ensure the provider was able to meet their care and support needs. Assessments of needs were completed and individual plans of care developed to guide staff in providing care to people based on their needs.

Westroyd Care Home was split into two separate units; the Lodge and the House. The property was undergoing works to develop more accessible bathrooms for people to use, create more communal spaces and update and refresh the general décor. It was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled.

There was an equality and diversity policy in place and staff received training on this. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

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. We found they were.

Where people were not able to make their own decisions capacity assessments had been completed to confirm if the person was able to make the specific decision. However, the information in the assessment had been copied from a previous assessment and did not relate to the decision that needed to be made. For example, one person had an assessment about their ability to consent to the use of sensor equipment to monitor their movements. The assessment said, 'Visual aids have been used [to help the person to understand the information] by showing them their medication.' The same sentence was recorded in each of the person's capacity assessments. This meant the capacity assessments had not been based on the individual and the specific decision. Other capacity assessments which had been completed since our last inspection were detailed and information was relevant to the decisions being made. The manager confirmed all capacity assessments were being updated.

DoLS had been requested for people who may have been at risk of being deprived of their liberty. The manager showed an understanding of DoLS which was evidenced through the appropriately submitted

applications to the local authority.

People had consented to their care where they were able to do so. They were encouraged to remain independent and make decisions about their care and their day-to-day routines and preferences. One person said, "I choose what time I get up, if I want to do the activities and where to eat my meals."

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were able to choose where they spent their time, such as in their own room or in communal areas and could move freely around the home.

Any change in people's health was recognised by staff and referrals were made to healthcare professionals. A relative commented, "I am not sure the doctor is always called quickly enough, but they are called." People had regular access to healthcare professionals and staff sought the appropriate advice when needed. One person told us, "The doctor visits if I need to see them." However, another person told us, "I have missed 4 appointments for an injection now. I have mentioned it to the manager but nothing has happened yet." Records showed staff had sought advice from health professionals and chased these up if they felt the person had not got better.

# Is the service caring?

## Our findings

At our last comprehensive inspection on 19 and 20 July 2017 we found one breach of the regulations. Regulation 10, Dignity and respect. We required the provider to make improvements. People were not offered the assistance they needed during mealtimes, staff did not respond to people if they presented behaviour which put them and others at risk and people's requests for help or their choices were not responded to.

At this inspection we found the provider had made the required improvements.

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person told us, "The staff make sure the door and curtains are closed." Staff understood how to promote people's privacy and dignity. One member of staff commented, "I come to work for the people who live here. It is important we interact with them and treat people as individuals. I make sure people are treated with respect. I always close the door and don't talk about things in front of others."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs. However, one person commented, "At night the second member of staff is often an agency worker. They just don't know what to do." A senior care worker told us agency staff received a detailed induction to the service and where possible the same agency staff were used for consistency.

People were complimentary about the regular staff and felt they had a good relationship with them. One person commented, "The regular care staff are really good." A relative told us, "The staff are caring and they are brilliant." A senior care worker told us staff from the agency received an introduction to the service and where possible would only work with regular care staff to ensure people still received support from staff who knew them.

There was a warm, friendly atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person said, "The staff are good. They chat with me and help me."

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives.

If people were unable to make decisions for themselves and had no relatives to support them, the provider was aware of advocacy organisations who would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Visitors were welcomed throughout the day. They were offered drinks and there were areas they could speak in private. Visitors interacted with other visitors and people who used the service. A relative commented, "We all know each other well and support each other."

People's care records and personal information were kept securely and the provider had a confidentiality policy which was followed. Documents were kept in locked cabinets or on a password protected computer.

## Is the service responsive?

### Our findings

People who lived in the Lodge at Westroyd Care Home were encouraged to take part in activities both as part of a group or individually. The activities co-ordinator offered people a choice of what they wanted to do and staff encouraged people to participate or to complete crafts such as colouring. However, in the House, there was no activities co-ordinator. One person commented, "I don't do any activities. There doesn't seem to be anyone doing them now." Staff explained they tried to offer activities and this was not always possible as they were providing care. No activities took place in the House during our inspection. People were sitting in the lounge and were not engaged in activities. The manager told us they were in the process of recruiting someone for this role.

People received care and support based on their assessed needs. They had care plans which detailed the care and support they needed; this ensured that staff had the information they needed to provide consistent support. If a person's needs had changed the care plan was updated to reflect this. This meant the care provided was responsive to people's needs. People and their relatives told us that they had sometimes been involved in developing and reviewing their care plan. One person commented, "They asked me about what I needed before I came here." A relative said, "My wife looks at [Person's] care plan." However another person told us, "I asked to see [person's] care plan and was told it was not available." The manager told us they were in the process of reviewing care plans and involving people and their family in this.

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the district nurses to support people with their final wishes.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. There was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to offer information regarding the service in different formats to meet people's diverse

needs. Regular staff knew people well and knew how each person communicated.

## Is the service well-led?

### Our findings

At our last comprehensive inspection on 19 and 20 July 2017 we found two breaches of the regulations. Regulation 17, Good governance and Regulation 18 of the Care Quality Commission (Registration) Regulations, Notification of other incidents. We required the provider to make improvements. We issued the provider with a warning notice in relation to Regulation 17, Good governance and required them to be compliant with this by 30 September 2017. Systems and processes in place were not effective at identifying risk or reducing this. Actions had not been taken to ensure people received a good quality service and staff did not feel supported in their roles.

We carried out a focused inspection on 5 December 2017 to make sure the provider had made the required improvements in relation to the warning notice we had issued. At that inspection we found the provider had made most of the required improvements and had met the requirements of the warning notice.

At this inspection we found the provider had continued to make improvements and met the legal regulations.

There were effective systems in place to monitor the quality of the service. Monthly audits were undertaken by the manager, which ensured the systems in place to monitor the standards and quality of the service were being managed effectively. If any shortfalls were found an action plan was put in place for the manager to address the issues raised. The manager was supported to complete the actions by the regional manager and other staff from the provider such as the resident experience team and a human resources business partner.

The provider identified ways to improve the service. There was a refurbishment programme in place to enhance the environment and furnishings within the home. The staff team had achieved accreditation to use the Dementia Care Framework. This included them completing specialist dementia care training to provide a better experience when caring for people who were living with dementia.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Westroyd Care Home. It is a legal requirement for providers to display their CQC rating. The rating from the previous inspection was displayed for people to see.

A registered manager was not in post at the time of the inspection. We took this into account when making our judgement in this area. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager had left the service and there was a temporary manager in place. Following our inspection the provider confirmed the manager had been offered the position on a permanent basis and would be applying to register with CQC. We will continue to monitor this.



People spoke positively about the manager, however they were concerned about further changes to the management team as the manager was in a temporary position. One person said, "The new manager came and introduced himself to me which was nice." A relative commented, "[Manager] is very good. I just hope they get the chance to keep on making improvements." Staff also spoke positively about the manager. One staff member told us, "[Manager] has come in and is making a difference. They are very on the ball and make sure things are done correctly. I can talk to them and know things will get done." People's overall view was that the home was improving and had a nice atmosphere.

The manager told us they had plans to develop the staff team and put in place a staffing structure which would enable staff to have clear responsibilities and roles. This would enable the manager to implement their vision of high quality care so the service people received was improved.

Procedures were in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training offered staff the level of support they needed.

Staff attended team meetings. The minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. There were regular family meetings held to share information and listen to any concerns. Minutes showed action had been taken to address concerns when these had been raised. A relative commented, "The last meeting was positive. If [manager] does what he says it will be good."

The provider worked in partnership with other agencies in an open, honest and transparent way. Working in partnership with other agencies who commissioned services and local authority safeguarding and community health teams ensured that people received a joined up approach to their care and support. The manager was working with the local authority to improve the quality of the service. The feedback from the local authority at their visits showed the manager had engaged in the process and was working to put in place the processes they were asked to.