

Handsale Limited

# Handsale Limited - Shakespeare Court Care Home

## Inspection report

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Bradford  
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Website: N/A

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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



### Overall summary

We completed an unannounced inspection on 15 July 2015. This meant the provider and registered manager did not have notice we would be inspecting the service on this date.

During our inspections on 13 and 21 August 2014, 11 November 2014 and 3 February 2015 we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches related to; care and welfare, infection control, respect and

# Summary of findings

involvement, nutrition, safeguarding, staffing, records and quality assurance. This inspection was to check improvements had been made in these eight areas and to re-rate the service.

Shakespeare Court is a care home with nursing and provides services to a maximum of 80 people. The service provides care to older people and people living with dementia. It is a modern building and internally is divided into four separate units. At the time of this inspection 38 people used the service.

The service did not have a registered manager. However, the manager had submitted an application to become the registered manager. Their application was being processed by the Commission at the time of this inspection. 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.

During this inspection we found improvements had been made in all eight areas and no new breaches were identified. The manager had plans in place to ensure improvements continued and were sustained and both they and the staff team told us they were committed to ensuring this happened. The manager and operations manager were clear that an increase in occupancy would be gradual and carefully managed to ensure there were no adverse effects on the quality of care provided. Following our inspection we met with the provider to ensure they were aware of the need to sustain and build upon these improvements.

Staff had a good understanding of how to keep people safe and were supported by robust protocols in relation to safeguarding, emergency procedures and staff recruitment. There were sufficient numbers of suitably skilled staff to ensure people were cared for safely. However, the manager and operations manager were

clear that the arrangements in place for assessing staffing levels would need to be continually reviewed as the occupancy of the home increased. Care staff were provided with effective training and support to ensure they could safely care for people.

Improvements had been made to the quality and accuracy of information within care records. Staff translated this information into person centred care and support. People's healthcare needs were being met and improvements had been made to how nutritional risk was managed and the overall mealtime experience.

People were listened to when they complained and were involved in making changes to improve the quality of care and service provided. Feedback from people who used the service about the quality of care provided and care staff was good.

We found medicines were being safely managed. However the arrangements in place in relation to one person who received their medicines covertly were not sufficiently robust. **We recommend the provider considers current guidance on giving people covert medicines and takes action to update their practice accordingly.**

Staff were respectful, patient and caring when providing people with support. People's consent was sought and appropriately used to deliver care. Staff at all levels had a good understanding of how the Deprivation of Liberty Safeguards (DoLS) might affect their role.

Significant improvements had been made to the governance and audit systems. The systems in place still needed some minor refinements, however overall we found they helped to improve the quality of care provided. The manager took learning from incidents and accidents to help improve practices and the quality of care provided. Staff spoke positively about the new management team and the changes they had made. They also told us that staff morale had greatly improved since our previous inspections.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to aid the delivery of safe care. However it was too early to evidence these improvements could be sustained.

We found the home to be clean and refurbished to a good standard.

Staff had a good understanding of how to keep people safe and were supported by robust protocols. There were sufficient numbers of suitably skilled staff.

We saw evidence risks to people's health and wellbeing were appropriately managed. Medicines were managed safely however the service's approach to covert medicines was not sufficiently robust.

Requires improvement



### Is the service effective?

Improvements had been made to aid the delivery of effective care. However it was too early to evidence these improvements could be sustained.

Care records had been improved so they provided detailed information to enable staff to provide effective care. There was evidence people's individual healthcare needs were being met.

People's nutritional needs were being met and improvements had been made to the overall mealtime experience. Care staff were provided with effective training and support.

People's consent was sought and used to deliver care. Staff at all levels had a good understanding of their role in protecting the rights of people with limited mental capacity.

Requires improvement



### Is the service caring?

The service was caring.

Staff were respectful, patient and caring. Improvements had been made to ensure people's privacy and dignity was maintained.

Staff ensured people were involved in making decisions about their care and were pro-active in encouraging people to retain their independence.

Good



### Is the service responsive?

The responsiveness of the service had improved, however it was too early to evidence these improvements could be sustained.

Improvements had been made to the quality and accuracy of information within care records. Staff translated this information into person centred care and support.

Requires improvement



# Summary of findings

Staff provided people with appropriate encouragement, motivation and stimulation.

People were listened to when they complained and were involved in making changes to improve the quality of care provided.

## Is the service well-led?

The leadership of the service had improved, however it was too early to evidence these improvements could be sustained.

Significant improvements had been made to the governance processes and audit systems. The manager took learning from incidents and accidents to help improve practices and the quality of care provided.

Staff spoke positively about the new management team and the changes they had made.

**Requires improvement**



# Handsale Limited – Shakespeare Court 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 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 15 July 2015 and was unannounced. The inspection team consisted of three inspectors.

Prior to this inspection we spoke with the local authority infection prevention team. On this occasion we did not ask the provider to complete 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.

As part of this inspection the team used a variety of methods to help them to understand the experience of people who used the service and to assess the quality of care provided. This included reviewing ten people's care records and medication administration records. We also reviewed a number of other records relating to the running of the service, such as policies, procedures, audits and staff files. We spent time observing the care and support provided to people and spoke with eight people who used the service. We also spoke with the manager, operations manager, cook, two members of domestic staff, two nurses, four members of care staff and the administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We found significant improvements had been made to the cleanliness and appearance of the home. We looked around all four units, including bedrooms, bathrooms and communal areas. The provider had refurbished most of the building. This had been done to a good standard and the materials used aided effective cleaning. Overall we found the home to be clean, tidy and free from odours. We found bedding, mattresses and pillows were clean and dry. The manager told us some minor work was still to be completed but plans were in place to enable this work to be finished. The manager explained the maintenance of the building was an ongoing project and said the provider was aware of the need for continual improvement to ensure the appropriate standards of cleanliness and décor were sustained. For example, the manager had identified two rooms where the flooring required replacement due to a persistent odour. These had not been on the original refurbishment plan, however they were in the process of arranging for the flooring to be replaced.

We spoke with two domestic staff who told us the improvements meant it was easier to keep the home clean and odour free. They also told us they now had more hours to clean and additional domestic staff had been recruited to cover weekends and holidays. Care staff were equally positive about the changes. One carer told us, "It used to be a bit grubby and dated, but now I think it's so much better for the people who live here and easier for us to keep tidy and clean."

We spoke with the local authority infection prevention team. They explained they had returned to the service to complete an infection control audit on 11 June 2015. They found the service had an overall improvement in their score which had moved from 85% to 92%. They explained this meant the home now passed their audit. The manager had a plan in place to address the areas where further improvements were required and we saw evidence they were working to this during this inspection. The infection prevention team also told us they found the manager was responsive to any advice they provided and actioned their recommendations to a realistic timescale and a good standard.

We looked at documentation relating to the premises which showed regular checks on the building and equipment were undertaken to help keep people safe. We

saw a system in place for staff to report any faults to maintenance and records showed prompt action was taken to address defects. The annual gas safety check certificate had expired in February 2015. However, the manager had identified this and a contractor was due to attend the home the following week to complete the gas safety check. Following our inspection the manager sent the updated gas safety certificate to confirm the check had taken place and said systems were now in place to ensure safety certificates did not expire in the future.

People told us they felt safe living at the home. One person told us, "I would prefer to live at home but this is the next best thing." Another person said, "Yes I am safe here and the staff are so kind." Staff had a good understanding of how to keep people safe, such as emergency protocols and what action to take in the event of a fire. We saw improvements had been made to ensure people were protected from the risk of abuse. The manager had a good understanding of what constituted abuse and the appropriate action to take to keep people safe. We saw this knowledge had been translated into practice.

We saw evidence that potential risks to people's health and wellbeing were being appropriately managed. Care records contained risk assessments and care plans to assist staff in identifying and reducing risks for people. This included falls, nutrition, behaviour that challenged and pressure care. We saw examples of staff following the instructions provided which showed us care records were used as working documents within the home.

Our review of records, discussions with people and observations showed us that there were sufficient numbers of suitably skilled staff on duty to safely care for people. People told us and we saw that people did not have to wait long for staff assistance when they asked for it or pressed their call bell. The home was recruiting 77 hours of night nursing staff. Whilst the absence of these employed hours did not present a risk with the current occupancy levels, it would become a risk as the home became more occupied if not promptly addressed. A dependency tool had been used to calculate staffing levels previously but had not been done since April 2015 and therefore was not based on the current occupancy and dependency level of residents. The manager told us they had a certain budget for staffing on each unit. They told us care worker staffing levels on some of the units would not change when occupancy increased because they were currently overstaffed. We

## Is the service safe?

spoke with the manager and operations manager about the plans for staffing levels in the future. Both were clear that as more people moved into the home they would look to review staffing levels in line with people's needs and dependency to ensure there were sufficient numbers of staff to deliver safe care.

We found robust recruitment procedures were in place and relevant checks had been completed before staff had worked unsupervised at the home. These procedures helped protect people from the risk of being cared for by unsuitable staff.

During our visit we looked at the systems in place for the receipt, storage and administration of medicines. We observed the morning medicines round. We saw people received their medicines as prescribed and in a safe way. We found medicines were stored safely and procedures were in place for receiving and returning medication safely when no longer required. Medication administration records were up to date with no gaps in recording. This

demonstrated people received their medicines in line with their doctors' instructions. Procedures were in place and being followed to ensure controlled drugs were managed, stored and given in an effective and safe way. We found appropriate arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines.

One person in the home received their medicines covertly. Our review of this person's care records showed the person's family and GP had been involved in this decision. However, a formal best interest meeting with pharmacy input had not been held and there were no arrangements in place to review the decision to ensure it remained in the person's best interest. Following our inspection the manager wrote to us to confirm appropriate action had been taken in relation to the management of covert medications. **We recommend the provider considers current guidance on giving people covert medicines and take action to update their practice accordingly.**



# Is the service effective?

## Our findings

Overall we found improvements had been made to people's care records. They contained more in-depth information about people's health and social care needs which enabled staff to provide effective care. We found information within people's care records which showed they had been supported to access care and treatment from a variety of other health professionals such as speech and language therapists, dieticians, opticians, GPs and the local district nursing team. Advice given by health professionals had been translated into clear care plans and we saw examples of this advice being followed by staff to ensure people's healthcare needs were met.

Most people had their weight checked monthly but where there was a specific risk people would be weighed weekly. The manager monitored people's weights on a monthly basis. If they saw a change of two kilograms they said they would refer the person to their GP. The manager explained they had experienced problems with the calibration of the weighing scales because they had to be moved in the lift. They identified this had resulted in occasional discrepancies in weights so had put in a request to the provider to order an additional set of scales.

We found improvements had been made to ensure people received sufficient food and drink. It was warm on the day of our inspection. We saw iced juice dispensers on each unit for people to help themselves to drinks. Staff regularly encouraged and prompted people to drink extra fluids. They brought fresh drinks at regular intervals throughout the day and used side tables to ensure these were positioned within people's reach. Staff told us most people on Cedar Unit needed regular prompting with food and drink. We saw a note on the board in the dining room to remind staff of this and there was a snack box to provide people with additional foods outside of meal times. Where people were at risk of malnutrition or dehydration staff completed charts so food and fluid intake could be monitored. We saw evidence people's fluid intake had increased in the weeks prior to our inspection due to the warmer weather. It was not always clear from people's care records what an appropriate level of fluid intake for each person was. However, the manager was developing a procedure to ensure this was made clear.

We observed lunch across three of the four units and breakfast across two units. Improvements had been made

to the mealtime experience so it was now more of an occasion. We observed a relaxed atmosphere in the dining rooms and where people required support they were allocated a specific staff member who focused on providing this support for the duration of the meal. This meant people were provided with dedicated and personalised support and ensured staff could accurately monitor people's food intake. Tables were set with placemats, serviettes and matching crockery. We spoke with two cooks. They demonstrated a good understanding of how to cater for people's dietary needs and preferences and showed they were committed to producing nutritious home cooked food. People told us the food was good and there was always plenty available.

We found there was now more comprehensive information within people's care records, such as nutritional risk assessments and person centred care plans which detailed people's specific dietary needs and how staff should provide support. However, in two of the ten care records we reviewed we found people's current preference for foods had not been included. For example, during our lunchtime observations we saw one person left the dining room without eating any of their meal. We saw a carer promptly provided this person with a yogurt, which they quickly ate. We heard the carer request another yogurt from the kitchen and they said this was one of the only foods this person had been enjoying in recent days. This person's care records had not been updated with this information. We raised this with the manager and they said they would ensure all care records contained up to date information. They also explained this person had been referred to their GP due to concerns about deterioration in their health.

The care staff we spoke with told us the training and support they received was good and provided them with the skills and knowledge required to deliver safe and effective care. Our review of staff records showed staff had received recent training in a range of areas including; safeguarding, manual handling, food hygiene, fire safety and infection control and prevention. This training helped to ensure staff had the necessary knowledge and skills to meet people's needs. The manager explained they were aligning the training programme to ensure all staff received the same level of training. They were transferring the training from e-learning to class room based learning and had a plan in place to ensure this was completed by the end of 2015.



## Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Staff members told us they had received training in this area and demonstrated a good knowledge of how DoLS might affect the care they provided. Our observations, discussions with people and review of records showed consent was sought and appropriately used to deliver care.

No people at the home had authorised DoLS in place. An application had been submitted for one person and they were awaiting a response from the supervisory body. The manager recognised two other people may be being deprived of their liberty but had not yet submitted the applications because they had been informed there was a backlog for assessing them. The manager wrote to us following our inspection to confirm these applications had been completed and assured us there would be no delay in submitting applications for DoLS in the future.

# Is the service caring?

## Our findings

During our inspection we spent time on all four units of the home. We observed the care provided and interactions between care staff and people who lived at the home. We saw care staff were consistently patient, kind and caring when speaking with people and providing support. We observed a calm and relaxed atmosphere on all units and saw staff promptly responded to people's needs and requests. People appeared well dressed, clean and no bad odours were noted. This demonstrated staff took time to assist people with their personal care needs.

We spent over six hours observing the care and support provided to people on Cedar Unit. Most people on this unit lived with advanced dementia and were unable to express their views. We used the Short Observational Framework for Inspection (SOFI) to observe their experiences and interactions with staff. We saw from people's body language and facial expressions that they appeared relaxed, smiled and made eye contact when staff spoke with them. We also saw several examples where people sought reassurance and encouragement from staff, which in all cases was provided in an appropriate and prompt manner. People's acceptance of support showed us they were comfortable and felt safe in the company of the staff who cared for them.

We saw staff treated people with dignity and respect. For example, we saw they respected people's privacy by knocking on their bedroom door and waiting until being invited in. We also saw care staff called people by their preferred name and were discrete when offering support with personal care. Care staff told us about the changes that had taken place in the home to ensure people's privacy and dignity was maintained. For example, they explained how consultations with health care professionals now always take place within the privacy of the person's bedroom. They also told us the manager regularly completed dignity audits where they would challenge poor practice and dignity and respect was a regular topic for discussion at team meetings. This ensured this topic remained a key focus for care staff.

Feedback from people about the quality of care provided was good. People spoke highly of the care staff and management team and told us they had noticed positive changes had been made to the environment and general

standard of care provided. One person told us, "You can really see the difference in the home and staff's approach. I am sure it benefits us all, I am much happier living here now and have no complaints at all." Another person explained how they had chosen the décor in their newly refurbished bedroom because it was their favourite colour. They said, "I like it a lot. It's much better now, it's my home. Staff are kind to me, I like them."

We saw staff had developed a thorough understanding of the people they cared for. This knowledge had been enhanced by clear and detailed care records which reflected people's life stories, likes and preferences.

We saw evidence people were involved in making decisions about the care and support they received. This included six monthly reviews of their care which were attended by the person, their family and staff. We also saw care staff demonstrated an inclusive approach when delivering day to day care. Staff routinely offered choices and sought consent before providing support. Where people were unable to communicate their preferences through speaking staff altered their approach to establish people's preferred option, such as interpreting people's facial expressions and body language. When offering choices we observed staff took time to listen to people and supported them to make their own decisions, explaining the available options and checking to ensure people understood the choices available. This was particularly clear during lunchtime. We saw staff spoke with people at eye level either by sitting next to them or kneeling at their side. Staff clearly explained to each person what food was available, encouraged them to try the dishes and reassured them that, should they not like it, they could always have something else. We also saw people were shown available food options to enable them to make an informed choice.

Care records contained clear information about what people could do for themselves which meant staff were prompted to help people to maintain their independence where possible. During our inspection we saw examples of staff encouraging people to make decisions about key aspects of their life, such as what clothes they wore and where and how they wanted to spend their time. Where possible people were encouraged to remain independently mobile through staff providing appropriate guidance and reassurance and ensuring mobility aids were left within people's reach.

# Is the service responsive?

## Our findings

Improvements had been made to the quality and accuracy of information within care records. This included detailed information of how staff should support people with health and social care needs such as personal care, communication, nutrition, skin care and mobility. Records were reviewed monthly and we saw examples of care records being updated as changes occurred. This ensured information remained appropriate to people's current needs. Overall we found care records were person centred and contained appropriate information to ensure care staff could be responsive to people's individual needs and preferences. The manager explained there were some areas where they wanted to further improve care records. For example, they were in the process of introducing documentation called 'my dementia plan'. We saw that where these had been completed they contained detailed information about how dementia impacted upon key aspects of the person's life. The manager said they wanted to introduce these for every person living with dementia at the service and had started with the people living with the most advanced dementia first. They said they hoped to complete this by the end of August 2015.

Our observations and discussions with care staff showed that the information within care records was being translated into person centred care and support. Staff spent time speaking with people about things which were personal and familiar to them. For example, we saw staff provide one person with the local paper and spent time discussing various articles and the local football team with them. We reviewed this person's care records and saw that keeping up to date with the news and sport in their area was something which was important to them. This showed us staff knew people well and translated this knowledge into personalised care and support.

We observed that the atmosphere across the units was calm and relaxed. We saw this was promoted through staff having the time to respond quickly to people when they needed support, attention or showed signs they were becoming anxious or upset. We saw a number of examples where staff promptly responded to people to keep them calm, provide reassurance and reduce anxiety. The care staff we spoke with demonstrated a good working knowledge of people's potential triggers and effective strategies to help reduce the risk of behaviour that

challenged. Our review of accidents and incidents showed a reduction in the number of incidents where people's behaviour escalated, which demonstrated staff were taking appropriate action to respond to people's mood and taking effective action to help reduce the risk of behaviour that challenged.

Staff provided people with encouragement, motivation and appropriate stimulation. We saw that where it was possible people were supported to eat their meals at the dining table. This approach encouraged people to move from the lounge to the dining room and provided the opportunity to increase social interaction between people who used the service. We also saw that staff tried to help people to remain connected to everyday life by encouraging them to help with tasks such as setting the table. We also saw that one person enjoyed taking responsibility for keeping the wall calendar up to date which helped them to keep in touch with time, place and date.

A programme of activities was run by the activities coordinator. On the day of our inspection we saw some people enjoyed a quiz which was appropriate for their generation and reminiscence therapy. Where people did not enjoy group based activities we saw staff spent time on a one to one basis with people. One person told us they preferred this approach and commented, "It's nice to speak to someone." We also saw carers provided sensory hand muffs for people to use on Cedar Unit. We saw people appeared to enjoy using these and staff changed them regularly and encouraged people to look at and feel the different textures so they remained interested. We also saw one person who did not like to sit down was guided to the stimulation wall which was a new feature on Cedar Unit.

An appropriate system to record and investigate complaints was in place. All complaints including verbal were recorded. There was a tendency to also record and investigate low level concerns which helped the provider prevent these from turning into more serious complaints. We looked at the log and saw seven complaints had been received in 2015. They had all been responded to promptly within the timescales set out in the policy and clear actions put in place to learn from them and help continually improve the quality of the service.

We saw evidence that people who used the service and their family were listened to and involved in making changes to improve the service and amend the support

## Is the service responsive?

provided to meet their personal preferences. For example, we saw one person had said they liked toasted teacakes for breakfast. The kitchen staff had been made aware of this and had added teacakes to the breakfast menu.

# Is the service well-led?

## Our findings

We found significant improvements had been made to the governance processes and audit systems. All records we looked at were well organised and indexed. This enabled us to promptly find everything we needed. We also found a range of audits had been introduced by the manager and provider to enable them to monitor the quality of care provided and take action to make improvements where required.

The manager completed 12 detailed care plan audits a month. This comprehensive audit gave us assurance that discrepancies in care assessment and delivery were being promptly identified and addressed. The manager completed daily walkarounds of the home which were documented. These showed they looked at a range of quality areas such as the environment and people's experiences. Unannounced night checks had also taken place and the manager had recently spent the night sleeping at the service so they could fully understand people's experience. Where issues had been identified we saw these had been addressed with staff through the supervision process. In addition the manager completed a monthly Key performance Indicator (KPI) audit submitted to the provider to help provide assurance that risk was being appropriately managed within the home. The manager also undertook audits which including; catering, dining experience, dignity and respect, and infection control. In most cases audits were accompanied by clear action plans which identified how improvements would be achieved and who was responsible for them. However, the manager had recognised that some of the newer audits, such as the dining experience audit, needed refinement so it was clear who was responsible for driving the required improvements. The manager told us they would alter the audit documentation.

The operations manager completed a monthly audit of the home. This looked at a range of performance areas including notifications, results of the manager's audits and accidents, incidents, safeguarding and training. The audit lacked a clear action plan with assigned actions and responsibilities, therefore it was difficult to see what the manager was required to do following these visits. We spoke with the operations manager about this and they said this would be addressed.

The home had recently been audited by external consultants. This had identified a range of quality issues. Following this the provider put an action plan in place to drive further improvement. This gave the manager allocated timescales to complete actions. These had identified some of the issues we identified during the inspection such as that the Covert Medication policy needed review, and some staff training was overdue. This provided us with assurance that any deficiencies in quality were being identified and plans were in place to address them.

We saw evidence the manager took learning from incidents and accidents to help improve practice and the quality of care. For example, a recent incident identified that sufficient information had not been transferred with a person when admitted to hospital. The manager had promptly introduced an NHS health passport which contained information about each person's health and wellbeing. We saw these were comprehensively completed in the care records we reviewed and the care staff we spoke with were clear that these documents should accompany people to hospital. This showed us that reflective practice and continuous improvement was now a key feature of this service.

Previously we raised concerns about the provider's incident form as it contained insufficient space to record details of the incident and the action taken to prevent a re-occurrence. This meant it was difficult to clearly analyse incidents. Although the old form had continued to be used until June 2015, a new form had since been introduced. This was a much improved format and contained more space to record details of the incident and the actions taken by management. The new system provided more evidence that appropriate action was being taken following incidents to keep people safe and prevent a re-occurrence. We looked at recent incidents and saw they had been fully investigated by management and clear actions put in place. On reviewing incident data, we did not identify any concerning trends regarding incidents such as falls or violence and aggression.

The manager demonstrated a good knowledge of the service and its systems and processes. They were honest and open with us about the current quality of the service and told us about the areas for further improvement they had identified. This assured us the manager had a good understanding about how the service operated and took

## Is the service well-led?

continuous improvement seriously. Regular management and staff meetings took place which were an opportunity to discuss quality issues and help drive improvement within the home. We saw evidence a range of quality issues were discussed with staff to help achieve this.

Staff spoke positively about the new management team and the changes they had made. When asked about the manager one staff member said, "You know where you stand with them. They are really supportive, their door is always open and they tell you when you are doing something well which really helps morale." Another staff member told us, "It is 100% improvement since you were last here, the staff team has pulled together to get things right and I am really proud about that." Another staff member told us, "Staff morale has improved so much. I

used to dread coming to work. But now I really like my job and I am proud to say I work here, whereas I wasn't before." All of the staff we spoke with expressed concern that the improvements made were largely sustainable due to the low number of people using the service. One staff member said, "The big test will be when more residents move in." We spoke with the manager and operations manager about this. Both were clear that an increase in occupancy would be gradual and carefully managed to ensure the improvements were sustained and there were no adverse effects on the quality of care provided. Following our inspection we met with the registered provider to discuss this in more detail and ensure they were aware of the need to sustain and build upon the improvements that had been made.