Springlea Limited

Haversham House

Inspection report

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Date of inspection visit: 29 September 2015
Date of publication: 04/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 29 September 2015 and was unannounced.

The provider for Haversham House is registered to provide accommodation and personal care for up to 16 older people who may have needs due to old age, physical disability or dementia. The accommodation is provided over two floors. On the day of our inspection there were 11 people living at the home.

The provider had not had a registered manager at this home since January 2013. However, they had appointed a new manager who had submitted their application to the Care Quality Commission which was being progressed. 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.

We carried out an unannounced comprehensive inspection on 30 and 31 December 2014 at which breaches of legal requirements were found that had an

Summary of findings

impact on people who lived at the home. The provider did not work within the guidelines of the Mental Capacity Act 2005 (MCA) as this had not been applied consistently when people were unable to make their own specific decisions about their care. We also found the provider had not sent in statutory notifications of events and incidents which happened at the home as they are required to do by law. After our comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches and sent us some action plans.

At this inspection we found that these actions had been completed and improvement had been made in areas we had concerns about. The provider had sent in a statutory notification to us about an event which had happened at the home as they were required to do by law. People were asked for their permission before staff provided care and support so that people were able to consent to their care. Where people were unable to consent to their care because they did not have the mental capacity to do this decisions were made in their best interests and staff provided care in the least restrictive way in order to effectively meet people's needs.

The provider had systems in place for recording information about medicines and specific aspects of people's care. Although these systems were in place we found they were not always effective to make sure people's safety and well-being was continually promoted. For example, the checking of staff competencies were not regularly completed and the required improvements made were not always monitored for their effectiveness.

People's medicines were kept safely and made available to them. However, we saw the administration of people's medicines was not consistently managed in a safe way so that avoidable risks to people receiving their medicines as prescribed were sufficiently reduced.

We saw staff were busy in the morning meeting people's personal care and medicine needs. Staffing levels had improved in the mornings during the week so that people's individual needs were met to reduce risks to people's safety but this had not happened at weekends. However, the manager could not show us how staffing levels had been monitored at weekends for their effectiveness in promoting people's needs and safety.

Staff were trained and understood their responsibilities in the prevention and reporting of potential harm and abuse. Improvements had been made to ensure checks had been completed on new staff to make sure they were suitable to work at the home before they started working there. Risks to people had been assessed and staff knew how to reduce risks to people's safety when supporting people with their care. Staff understood their responsibility in dealing with any accidents or incidents that may occur. These were monitored to reduce any issues of concerns and the likelihood of these happening.

People enjoyed the food they received and were supported to eat and drink enough to keep them healthy. When staff supported people at meal times they did so with respect and ensured people's dignity was maintained. When they needed it people had access to other healthcare professionals to make sure their health needs were met in a timely way.

People felt staff treated them with kindness. Staff respected people's dignity and privacy and supported them to keep their independence. Staff spoke with people in a way they could understand and this helped them to be involved in making choices about their care.

People received care that was personal to them because staff knew what their individual preferences and needs were. Staff responded to changes in people's wellbeing and supported them as necessary. However, people were not consistently supported with having fun and interesting things to do. The manager had already identified this as an area that needed to be improved.

People were comfortable to complain and felt able to discuss any concerns with the staff. There had been improvements made in recording complaint investigations and actions taken in response to complaints. We also saw people and their relatives now had regular opportunities of providing their views and suggestions about the quality of services people received at regular meetings.

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?

Requires improvement 

The service was not consistently safe. The administration of people's medicines was not always carried out to promote their safety. Staffing arrangements needed to be reviewed at weekends so that the provider was assured people always received safe and effective care.

People told us they felt safe when staff supported them and staff were able to explain how they kept people safe at the home.

Is the service effective?

Good 

The service was consistently effective. People were supported to make independent decisions and improvements had been made so that people's best interests were always considered. People were supported to have enough suitable food and drink when and how they wanted it and staff supported people's nutritional needs. People had access to health care professionals and staff were trained to meet their specific needs.

Is the service caring?

Good 

The service was caring. Staff knew people well and understood their likes, dislikes and preferred routines. Staff demonstrated kindness and in the way they cared for and supported people. People and their representatives were involved in agreeing how they would be cared for. People were treated with dignity and respect when staff provided care and support.

Is the service responsive?

Good 

The service was responsive. Staff knew when people's needs changed and shared information with other staff at daily handover meetings. People had some opportunities to follow their personal interests and access group social activities. Further work was in progress to ensure people were consistently supported to follow their interests. There were improved opportunities for people to have their say about their care at regular meetings.

Is the service well-led?

Requires improvement 

The service was not consistently well-led. The provider had systems in place to assess the quality of service provided but these were not always as effective as they could be in monitoring required improvements and staff competencies.

The provider did not have a registered manager at this home. Although the provider had appointed a new manager. At the time of our inspection an application to register this person was being progressed.

People felt the home was well run and the management team were approachable. Staff were clear about their roles and wanted to provide good standards of care to people who lived at the home.

Haversham House

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 29 September 2015 and was unannounced. The inspection team consisted of three inspectors.

We looked the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications.

We contacted the local authority and the clinical commissioning group who commission services from the provider for their views of the service people received. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with four people who lived at the home. We also spoke with four relatives by telephone. We saw the care people received in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who lived at the home.

The manager, two deputy managers, the cook, the domestic staff member and three care staff also spoke with us during this inspection.

We looked at the care and risk plans and monitoring records for four people. We also looked at two staff recruitment records, incident and accident reports, meetings for people who lived at the home and staff. Records were viewed about the running of the services people received which included how the manager and provider assessed, managed and monitored the quality of the services people received.

Requires improvement

Is the service safe?

Our findings

When a member of staff administered people's medicines in the morning we saw that they did not follow the procedures for the safe administration of people's medicines. For example we saw the medicine for two people which had been prescribed by their doctor as a calcium supplement had been signed for prior to them taking this. This medicine for both people had been left in medicine pots on their side tables. This was not in accordance with good medicine practices and increased the risk to other people as they could have taken this medicine by mistake. The staff member acknowledged they should have made sure people had taken their medicines before they signed the medicine records. Staff we spoke with and records we looked at confirmed staff had medicine training. Although the manager showed us checks on people's medicines had been completed they told us they had not observed staff competencies when they administered people's medicines. observations of staff competencies were not in place to make sure they practiced in a safe manner.

People's medicines were stored securely in locked cabinets in their rooms. Records showed people's medicines were made available to them as prescribed and there were suitable disposal

arrangements for medicines in place. People told us they received support to take their medicines as prescribed, and in the way they preferred. One person said, "Sooner they (staff) do my tablets as I would only forget. I always have them every day." We saw information was available for administering medicines prescribed on an 'as required' basis to protect people from receiving too little, or too much medicine. We saw people were asked whether they needed their 'as required' medicine during the medicine round. Where people could not always communicate their need for their medicine, there was guidance in place for staff to follow to determine whether people needed to receive their medicine.

People who lived at the home told us there were sufficient staff to meet their needs but at times staff were busy and they had to wait a few minutes. One person told us, "Sometimes in the morning staff are busy, they do help me within a few minutes." Another person said, "They (staff) are busy but they are really good to me." A relative told us, "I think there are enough staff when we have visited." Another relative said staff were very busy but had no concerns about the safety of their family member. Although the provider had increased staffing numbers in the morning and there were three staff on duty, the manager told us one staff member was at work to carry out some of their own responsibilities. We saw this staff member helped to make sure people were safe in the lounge area whilst the other two staff were busy supporting people with their personal care needs and medicines. The manager and staff told the staffing numbers in the mornings did not always support people to follow their interests and we saw this was the case. The manager had already identified this and recruitment for a person to lead on organising leisure based activities for people was taking place.

We spoke with the manager about how the numbers of staff were determined. The manager told us the operations director did the assessment of how many staff were needed at the home. They confirmed with us staffing numbers were based on the amount of people who lived at the home and their needs. The manager and staff we spoke with all told us they thought staffing levels in the morning at weekends should be improved, for the benefit of people's safety as there were only two staff members on duty. The manager acknowledged the staffing levels at the weekends needed to be reviewed. This was to make sure the actions taken to increase staffing numbers were effective to enable people to be safe.

Staff told us that they had been interviewed and checks had been made before they were employed. We looked at the recruitment records for a recently recruited staff member. We saw appropriate pre-employment checks had now been carried out and recorded. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and character are employed.

People we spoke with told us they felt safe when they were supported by staff. They had no worries or concerns about the way they were treated. One person said "It is okay here as they will help me to when I want to go out so I am safe." Another person told us, "They make sure I am okay which is good." Comments we received from relatives were positive they told us their family members were supported in a safe way. One relative said, "I am very happy [person's name] is safe and secure there." Another relative said, "They make sure [person's name] does not fall so they are safe."

Requires improvement

Is the service safe?

Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood how to report their concerns to the registered manager and or external agencies such as the local authority or the Care Quality Commission. Staff we spoke with told us they had attended training and this was confirmed from training records.

We saw that risk assessments included the actions needed to reduce risks to people's safety. Plans were in place to guide staff on what they needed to do to support people with their walking and reduce the risk of falls. When we spoke with staff about risks to people's health and wellbeing, they were able to tell us about people's individual needs. For example, staff were aware one person needed a piece of equipment to keep them safe. We saw this person had this in place in line with what staff had told us and the information in their risk assessment. Staff were also seen supporting people to take appropriate risks in order to meet their lifestyle choices whilst risks were reduce to their safety.

Staff understood how to report accidents, incidents and knew the importance of following these procedures to help reduce risks to people. The manager monitored all accidents and incidents which occurred. They told us that by monitoring these they could identify any trends which may indicate a change in people's needs or their health condition. We saw where accidents and incidents had taken place these had been investigated to help prevent these from happening again. For example, one person had experienced some falls and their medicines had been reviewed by their doctor to see if this assisted in reducing this person's falls.

Good

Is the service effective?

Our findings

At our comprehensive inspection on 30 and 31 December 2014, we found people received care, treatment or support that they had not consented to. This meant proper application of the Mental Capacity Act (MCA) 2005 had not been consistently followed to show that the decision done for or on behalf of each person was in their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since the change in legislation on 1 April 2015 now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made the required improvements to ensure they were meeting the law around Regulation 11.

We saw examples where staff supported people to make their own decisions about how they received their care and support where they were able to. For example, one person did not want to sit in their room and staff went through choices with this person to help them choose where they wanted to be. We saw staff effectively communicated with another person so they remembered where they wanted to be and were happy. One person also confirmed to us always asked for their permission before they did anything to help them like having a wash or getting dressed.

Where people were unable to make specific decisions due to their mental capacity specific decisions had been made in people's best interests. For example, specific decisions had been made about one person moving rooms and another person having an alarm on their door. Relatives and professionals involved in people's care had been consulted which made sure people's best interests were promoted in line with the Mental Capacity Act 2005 (MCA). When we asked staff what they knew about best interest decisions, a staff member said, "We always make sure decisions are made in people's best interests and with their relatives and sometimes the doctor."

The manager was aware of the current Deprivation of Liberty (DoL) guidance and a number of people had been identified who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people were being advised by staff not to leave the home alone or had equipment in place to reduce risks to their wellbeing. We saw applications to deprive people of their liberty in people's best interests and these had been sent to the local authority. Staff had received training in the MCA and DoL following our last inspection and staff spoken with knew where people had restrictions placed on them in order to meet their needs and keep them safe.

All people and relatives we spoke with were happy with the care and support from staff. One person told us, "Staff are okay". Another person said, "You can take it from me they are all very good carers." All relatives we spoke with told us they were happy with the care their family members received. One relative said, "Very happy with the care, they (staff) are very good with her."

All staff followed an induction programme when they started work at the home and specific training to meet people's needs. Staff told us they had shadowed experienced staff until they were confident and got to know people's preferences. We saw staff used their skills and awareness in terms of meeting the needs of people, such as, noticing when people needed some support when walking or needed some help when remembering certain events. We saw one example where a staff member did not follow procedures or their training when administering people's medicines. The manager told us they had not completed observations of staff's competency in administering medicines but confirmed they would now be doing this.

People we spoke with were happy with their meals and liked the choices of meals on the menu. One person said, "The meals are nice and I can have what I fancy I have more than enough to eat." One relative told us, "The food looks good and there are healthy options". Another relative said, "Food is lovely, all home cooked on the premises." Staff we spoke were aware of people's dietary needs and we saw nutritional needs had been assessed. We saw where people had been identified of not eating or drinking sufficiently to meet their individual nutritional needs they had been referred to the doctor for advice. Plans were in place to guide staff so that people were consistently supported to eat and drink enough. This included prescribed supplements from the doctor and the frequency of weight checks to ensure any deterioration was identified. We saw staff encouraged people to eat and drink at regular intervals. The cook told us they constantly communicated with staff so that they had accurate information about people's dietary needs. We saw people's individual dietary

Good

Is the service effective?

needs were met to make sure they remained healthy and well. For example, where people needed reduced sugar in their meals or people needed extra nourishment using ingredients like cream and butter.

People told us, and records confirmed they received support from healthcare professionals. One person told us, "If I am unwell they (staff) tell the doctor, they visit every week if we want to see them." Staff reported concerns about people's health to the nurses or management team who would then contact the relevant health professional if needed so that people's medical needs were effectively met. For example, a relative told us staff had taken advice from the doctor about their family member's bruised legs and antibiotics were prescribed.

Good

Is the service caring?

Our findings

People told us staff were kind and they liked them. One person told us, “Alright here we all get on.” Another person said, “They (staff) are ever so good and kind to me. I am quite happy with the lot of them.” Relatives told us staff were kind and caring and they were made welcome when they visited. One relative told us, “We can visit at any time and staff always chat to us.” Another relative commented, “The ladies are very caring of her and always kiss her goodnight, she is part of the family there.” A further relative described to us how they thought staff had taken a caring approach to the new items of clothing they had brought for the family member by confirming they would wash these first to make sure they were soft.

We saw positive communications between people who lived at the home and staff. We saw staff made sure the environment was homely for people and they provided thoughtful care and support to people because they recognised the importance of caring. For example, we saw people’s coats were hung on a coat stand by the door so that these were accessible to people. When one person wanted to go into the garden staff supported them and chatted to them about their day. This person responded happily and their body facial expressions showed how this person’s wellbeing was enhanced by the conversations they had with staff.

Staff spoke kindly with people and took time to listen to what people were saying to them. They knew and used people’s preferred names. We saw where people made their choices known to staff these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people’s needs, preferences and personal circumstances. A relative told us staff knew their family member liked to be in their room and this was respected.

We saw staff knew people they provided care to and made sure people were comfortable and happy with the care they received. At lunchtime staff noticed when people needed some assistance to eat their meals and made lunchtime a social experience for people. For example, staff made sure where people needed specific cutlery and aids to assist them to eat their meals these were provided. We also saw a staff member chatted to a person about their garden and growing vegetables. They said to this person, “When (vegetables) they’ve grown shall I bring some in?” This person said they would like this and the staff member asked them, “How do you like them boiled or roasted?” We saw this person enjoyed chatting to the staff member as they happily smiled.

Staff had the knowledge to meet people’s needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, “I do something’s by myself.” We saw staff checked with people whether they needed any assistance. For example, one person was asked if they wanted any assistance with their meal and they said no and staff respected this person’s choice.

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed when assisted with personal care. We saw staff discreetly assisted people with their toileting needs and closed doors to ensure people’s privacy was protected. One person told us, “Staff always knock my door and don’t come in until I answer.” We saw and heard staff do this and they were polite to people and used people’s preferred names when speaking with them.

Good

Is the service responsive?

Our findings

People told us they were happy with the care staff provided and it met their individual likes and dislikes. One person told us, "I like to get up early and the carers will help me." Another person said, "They (staff) know I like having my nails painted and they do this for me." One relative told us, "[Person's name] always seems well cared for by staff who are attentive to [person's name] needs."

Staff we spoke with were able to give a detailed account of people's lives, history and needs. We saw staff used this knowledge when they responded to people's individual needs and knew what helped people to feel reassured and happy. For example, staff told us about a person who liked to have something close to them as it was reassuring for them and we saw this person holding this. They told us, "I like this very much." We also saw staff responded to people when they wanted a drink, or to go to their room. One person told us, "They always help me when I want to go outside." A relative told us staff had involved them in their family members care and the specific equipment they required to meet their needs.

We saw examples where people's care needs had changed and care plans reflected these changes so that staff had up to date information available to them. We also saw staff kept daily records of the care they delivered and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and attended handover. One staff member said, "When you know people well you know how they like things done." We saw staff were given up to date information about each person's needs and their wellbeing on the day to enable staff to respond to these in the right way and at the right time. We found examples where these arrangements for assessing, planning and reviewing people's care needs had been successful. For example, we saw a person's needs had been reviewed by an external health professional.

Following our last inspection a staff member had been appointed to take the lead role in organising social events and to plan with people the things they wanted to do but this had not worked out. In the meantime whilst the manager was trying to recruit another person to organise leisure activities they planned these for people. The manager and staff told us people liked to do simple things, such as, having afternoon tea, folding laundry and a clothes party had taken place on the day before our inspection. We also saw photographs of people enjoying some of the fun things they had done, such as planting in the garden and spending time in the garden.

Staff told us they were sometimes too busy in the mornings to support people with interesting things to do. We saw this was the case on the day of our inspection as people who would need support to do things were in their rooms or the lounge unoccupied as staff were busy helping other people. One person who had been folding some laundry said they did not want to do this anymore and sat unoccupied until staff could support them in going outside. However, later in the afternoon people were supported to sing along to music. One person told us, "It is a happy place to be. We have a laugh and a joke and play skittles. We have a little dance too, I love to dance." One relative told us they had seen people had support to do exercises to music but said, "A few more activities would be good." Another relative said they thought there should be more to occupy people. They told us there could be, "A little more going on." We discussed this issue with the manager who told us this was an area which they had already identified as one that needed to be addressed. The manager said they would be working with staff to further improve the consistency of people having interesting things to do, particularly for people who required staff support in order to pursue their hobbies and interests.

People who lived at the home and relatives we spoke with knew how to raise any complaints and concerns they had. One person told us, "I would speak with staff if I was unhappy with anything." A relative said they had no complaints but if they did they would, "Speak with the manager or the assistant managers."

Staff we spoke with knew how to support people in raising any complaints and believed all complaints received would be listened to and action taken by the manager to resolve people's issues. Staff also told us people could raise their concerns and complaints at meetings held at the home, such as, review meetings. Some people who lived at the home would need support to be able to raise any complaints and concerns they had. Staff were knowledgeable about people's preferred communication styles and told us they would know if people were unhappy by their body language and facial expressions.

The provider had complaints procedures and information for people on how to complain was accessible to people

Good

Is the service responsive?

who lived at the home and visitors so that they had the knowledge about how they could make a complaint. We saw the systems in place to record complaints and the investigations and actions which had been taken. The complaints records showed that when a complaint had been received they had been acted on and people informed of the outcome and any actions taken.

Requires improvement

Is the service well-led?

Our findings

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care. We refer to these as notifications. At our comprehensive inspection on 30 and 31 December 2014, the manager confirmed with us that they had not always notified us as they are required to do by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection the provider had made the required improvements to ensure they were meeting the law around Regulation 18. This is because we had received a notification about an event that had happened since our last inspection.

The provider had been without a registered manager since January 2013 at this home. However, the provider had now taken steps to appoint a new manager who had been in post for about six months at the time of our inspection. They had submitted their application to be registered with the Care Quality Commission. This was progressing to ensure the provider fulfilled their responsibilities in having a registered manager at this home.

The provider had systems in place to assess the quality of service provided and to record information about people's care. We saw evidence that regular checks were completed which included care plans, infection prevention and control and medicines. The manager showed us these checks are used to inform staff of areas for improvement. For example, where staff did not follow best practice to make sure all medicines records were signed when they had administered people's medicines. We saw control measures were in place which included staff training and additional checking of medicine records. However, we found these were not as effective as they could be because we saw some staff practices when administering people's medicines were unsafe. When we spoke with the manager they could not provide evidence of how staff practices in administering medicines had been regularly checked to make sure staff remained competent.

We saw improvements had been made following our last inspection which included ensuring staffing arrangements in the mornings during the week met people's needs and safety. What we did not see is how the required improvements had been monitored for their effectiveness through the quality checks once they had been implemented. For example, we saw three staff members on duty in the morning were busy and the manager and staff told us there were only two staff on duty in the mornings at the weekend. We also saw an example where one person suddenly became ill and staff took the appropriate action to make sure this person's needs were met. The manager and staff told us it would have been difficult to meet this unforeseen emergency if only two staff had been on duty at the time. We discussed these issues with the manager who told us they had, "Good caring staff but under pressure time wise especially of a morning. No access to third person over weekend when deputy managers are not on duty." The manager assured us they would be speaking with the provider to make sure staffing levels at weekends were reviewed to ensure people's needs and their safety was effectively promoted.

People who lived at the home and relatives who we spoke with knew who the management team were and told us they felt comfortable in approaching them. One person told us, it is a great home if you have to be anywhere this is the place to be. We spoke with a relative who told us the management team were responsive and made them feel welcome and listened to. Another relative said their family member, "Always seems okay, well fed and looked after so it is well managed."

We saw meetings had taken place with people who lived at the home and relatives to enable people to share their views and make suggestions about improvements. For example, people had made comments about laundry procedures and how these could be improved upon. There had also been some suggestions about people going on local outings but this had not taken place as yet. The registered manager was aware that only a small number of people attended the meetings held at the home and was looking at ways to improve this.

The registered manager was knowledgeable about the areas where improvements were on-going, such as, care plans and where improvements needed to be sustained for the benefit of people who lived at the home. They told us they were proud of, "Consistently good care and building relationships with external professionals." They also told us one of their biggest challenges was, "Continuing good care at current staffing levels." They had also taken some action about concerns which had been raised with them since

Requires improvement

Is the service well-led?

they came into post. They confirmed to us they had followed the provider's procedures to make sure these were investigated so that they could be resolved for the benefit of people who lived at the home.

Staff we spoke with told us they felt supported by the manager and were able to approach them about any concerns or issues they had. One staff member told us they felt supported by the manager and that they could tell them their concerns if needed. However, some staff told us there was low staff morale at the home and some of this was due to staffing levels. The manager was aware of the low staff morale and was working to improve this. All the staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home. One staff member told us, "I would not hesitate to use this to protect the residents if I needed to."

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We saw the manager had discussed their expectations of staff since they had come into post and how improvements could be made to the quality of the care people received. The manager and staff told us improvements were being made to the home environment. Some staff told us about the new windows and some new carpets had been fitted. The manager confirmed to us there was a continued programme of redecoration so that people continued to live in a home which was well maintained.

The manager showed they took an open and responsive approach to the issues we identified at this inspection to act on and drive through improvements to make sure people consistently received high quality care. The manager told us how they would be acting on and driving through the improvements. For example, checking staff competencies in administering people's medicines as part of their regular quality checks and reviewing the effectiveness of staffing levels with the provider.