

Careline Lifestyles (UK) Ltd Wilkinson Park

Inspection report

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Date of inspection visit:
12 September 2017
18 September 2017

Date of publication:
04 October 2017

Ratings

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

Summary of findings

Overall summary

This inspection took place on 12 and 18 September 2017 and was unannounced. A previous inspection undertaken in December 2016 found there two breaches of legal requirements.

Wilkinson Park is registered to provide accommodation, personal care and support for up to 21 adults with learning difficulties. The home is subdivided into a main house, a courtyard semi-independent living area and two cottages attached to the home, where people also live on a semi-independent basis. At the time of the inspection there were 17 people using the service.

The home had a registered manager who had been registered with the Care Quality Commission since August 2017. This registered manager had left the home approximately three weeks prior to the inspection, but had not cancelled their registration at the time of the inspection. An acting manager had been appointed and had been in post for two weeks. A registered manager is a person who has registered with the 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. The acting manager was supported in their role by regular visits from the provider's Head of home operations. Both individuals were in attendance and supported the inspection over the two days.

The service had previously been in organisational safeguarding, but had worked closely with the local safeguarding adults team and had recently come out of this overarching safeguarding process. The provider had dealt with recent safeguarding issues appropriately.

There had been previous concerns with regard to staffing at the home and in particular the high use of agency staff. At this inspection we saw the provider had taken action to address this issue. Several new staff had been recruited and people and staff told us this had had a beneficial effect on the service. Appropriate recruitment processes and checks had been followed.

Checks on the safety and security of the premises were undertaken and safety certificates for gas, electricity and small electrical appliances were in place. Checks related to fire safety were also undertaken. Medicines at the home were dealt with safely and appropriately. The provider had introduced a new electronic medicines system, which staff said made the administration of medicines easier and safer.

The home was generally clean and tidy. An outside contractor was currently used twice a week to thoroughly clean the home until full time domestic support could be appointed. A basic infection control audit had been completed. Some people raised issue about odours in the home at times, potentially linked to ongoing issue with drainage. The handyman told us a solution was being considered.

Staff told us they had access to a range of training and new staff had completed a detailed induction programme before starting work at the home. Training records indicated staff were up to date with

mandatory training areas. We had previously found issues with annual appraisals not being undertaken at the home. At this inspection we found the issue had been addressed. Staff confirmed they had regular appraisals and supervision and support sessions.

People told us they found the food acceptable, although a number suggested the variety of dishes could be increased. Some people told us they were also able to go shopping and were supported to prepare their own food, where they lived in the semi-independent accommodation. People continued to have access to health care professionals to help maintain their wellbeing.

The acting manager confirmed appropriate assessments and applications had been made, where people met the criteria laid down in the Deprivation of Liberty Safeguards (DoLS) guidance, and records confirmed this. They told us people living at the home had the capacity to make the majority of decisions. Where there was any concern capacity assessments were conducted and we saw copies of these. Where appropriate, people had signed consent forms and staff sought day to day consent in an appropriate manner.

People told us, and we observed decoration in communal areas was in need of updating. The acting manager told us there was a planned programme to refresh the home over the next few weeks, including the renewal of furniture.

People told us they were happy with the care provided and the support they received from the staff. We observed staff treated people with kindness and respect and there were good relationships and interactions. People said they valued their privacy and staff respected this.

People had individualised care plans that addressed their identified needs. However, we found some reviews of care plans and associated risk assessments were not always undertaken in a timely manner. The acting manager and the Head of home operations told us a new electronic care records system was being introduced and demonstrated how this would work when fully integrated. Staff told us they found the new electronic system easy to access and complete. They felt it was an improvement on previous paper records. We have made a recommendation about ensuring timely updates are made in the future.

People told us they were still able to access a range of outings and activities, although continuing issues with access to vehicles meant these had to be re-timetabled on occasions. The Head of home operations told us a new seven seat vehicle had been ordered and was awaiting delivery. We have made a recommendation about transport needs at the home. Complaints and concerns continued to be recoded and were addressed appropriately.

The Head of home operations showed us records confirming periodic checks and audits were carried out at the home. We noted some of these check were largely tick box in nature. The Head of home operations told us new audits formats were being developed to focus more on quality of service. At the previous inspection staff morale had been low and people told us they lacked confidence in senior management. At this inspection staff were more positive about the leadership of the home and felt well supported by management. People and staff talked about the increasingly positive atmosphere at the home and felt the service was 'on the up.' Previously, records had not been well maintained and were not always accessible. At this inspection records were better maintained and required documents readily available for inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

The provider had recruited a range of new support workers and there was reduced reliance on agency staff. People said they were happy with the new staff support.

Safeguarding concerns were now better recorded and notified to the local authority and CQC. Recording and monitoring of accidents and incidents had improved.

Checks on fire equipment and safety at the home had been undertaken. Staff recruitment continued to be undertaken in a safe and effective manner. People's medicines were managed effectively.

Is the service effective?

Good 

The service was effective.

Staff told us they had access to a range of learning and records showed the majority of staff were up to date with mandatory training areas. Annual appraisals of staff had now been undertaken. Regular supervisions had also been completed.

There was evidence applications had been made to the local authority safeguarding adults team to in relation to the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were undertaken to ensure people understood the decisions they were making.

People were generally positive about the meals at the home, although some said the range could be improved. A plan was in place to update and refurbish the property.

Is the service caring?

Good 

The service was caring.

People told us they were happy with the care they received. We observed staff supported people with appropriate respect, affection and understanding. People were supported to remain

as independent as possible.

Care was provided whilst maintaining people's dignity and respecting their right to privacy. People were involved in determining their care and in influencing the running of the home.

Is the service responsive?

Good ●

The service was responsive.

We found care plans contained good detail of how people should be supported, although some reviews required updating. The service was moving to a new electronic based care document system, which staff said was helpful and responsive.

There were a range of activities available for people taking place both in the home and in the local community. Issues with transport continued, although a new car was being purchased.

Complaints were recorded and monitored appropriately.

Is the service well-led?

Good ●

The service was well led.

A registered manager had formally registered with the CQC in August 2017. They had recently left the home but had not cancelled their registration. An acting manager was in post. People and staff said the acting manager was proactive and supportive. People and staff felt the home was improving and that morale had increased.

Checks and audits on the home had now been undertaken to ensure people's care and the environment of the home were monitored. Some of these were predominantly tick box in nature but the provider was reviewing this.

Records at the home were easily accessible and were up to date. The provider was meeting their legal requirements with the home's quality rating displayed.

Wilkinson Park

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 was an unannounced comprehensive inspection and took place on 12 and 18 September 2017. We undertook a previous comprehensive inspection in June 2016 and a focused inspection of the service in December 2016. At this inspection we checked on breaches and recommendations from both these previous inspection reports.

The inspection team consisted of an adult social care inspector.

Following the previous inspections the provider sent us action plans detailing the action they would be taking to improve the service at the home. We reviewed information we held about the provider, in particular, notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team and the local authority safeguarding adults team. We were aware the service had previously been in organisational safeguarding, but this situation had now been resolved.

We spoke with five people who used the service to obtain their views on the care and support they received. We talked with the Head of home operations, acting manager, two senior support workers, a support worker and the handyman. Following the inspection we contacted three care managers for their views on the home.

We reviewed a range of documents and records including; four care records, five medicine administration records and three records of staff employed by the service. Additionally, we examined training records, safeguarding records and accidents and incident records. We also looked at a range of quality audits and other management information.

Is the service safe?

Our findings

At the previous inspections in June 2016 and December 2016 we rated this domain as Requires Improvement. At the inspection in June 2016 we had made recommendation with regard staffing at the home and the need for an infection control audit. At the inspection in December 2016 we had identified a breach of regulations with regard to the effective recording and maintenance of safeguarding records. At this inspection we found the provider had taken action to address the issues previously found.

People we spoke with told us there were now enough staff to support them, although a number of new staff members had only recently started and were still settling into their roles. At the previous inspection we had found the service was reliant on high numbers of agency staff, with agency workers often outnumbering permanent staff on some shifts. At this inspection the Head of home operations and the acting manager told us there had been a strong recruitment drive which had resulted in around ten new staff being appointed. They told us that to overcome the difficulties of recruiting in a rural area they had recruited staff from around Newcastle and now provided daily transport for staff to the home. Staff told us this system was working well. On the days of the inspection there were 17 people living at the home. We looked at the duty rotas for the home and saw there were seven or eight support staff rostered to work each shift. We noted there was a reducing requirement for shifts to be covered by agency workers, with only one agency staff on duty during the first day of the inspection. For the previous month we saw 70 shifts had been covered by long term agency staff. For the prospective month covering late September and early October 2017, this need had reduced to 33 shifts requiring cover. The acting manager told us this would reduce further as more staff came into post. One person told us they found the influx of new staff slightly unsettling but other people told us they were happy with the new members of staff and felt they were settling in quite well. Staff we spoke with told us the new staff had eased the need for staff to work overtime and additional shifts and this had in turn improved morale at the home.

The home had been under a process called organisational safeguarding during the early part of 2017. Organisational safeguarding is a process of scrutiny of a service where there are various issues or concerns of a safeguarding nature. The service had worked with the local safeguarding adults team to address the matters of concern. Just prior to the inspection we were informed the service had been taken out of organisational safeguarding and there were currently no major concerns about the home. During the inspection we found safeguarding matters were now better recorded and investigated. Where necessary, appropriate referrals had been made to the local authority or people's care manager's had been updated on matters.

At the previous inspections we found accidents and incidents at the home were recorded and reviewed, although the detail of how future similar events would be managed or reduced was not always appropriately recorded. At this inspection we found incidents continued to be recorded and reviewed and the notes on actions to be taken were more appropriate and proactive. For example, one person had been noted to have had a number of falls or stumbles recently and so a review by their general practitioner had been arranged.

We had previously noted safety checks on the premises had been undertaken on a regular basis; such as checks on fire alarms, emergency equipment, gas safety and electrical equipment. At this inspection we found these checks continued to be undertaken. On the first day of the inspection an outside contractor was visiting the home to service the fire alert system. On the second day of the inspection a fault had developed in the system, but the provider had put in place precautionary actions and systems, agreed with the local fire service, whilst the fault was addressed. Previously, there had been some concerns over issues with the water, as the supply to the home was from a local spring. We saw results from recent testing had indicated the supply was currently showing no contamination. However, as a precaution people had been supplied with bottled water to keep in their rooms. Supplies to kitchen areas went through a preventative screening process.

At the inspections in June 2016 and December 2016 we had found the provider had in place appropriate systems for the safe and effective recruitment of staff. Evidence viewed at this inspection indicated appropriate processes continued to be followed, with staff subject to appropriate checks, including Disclosure and Barring Service (DBS) checks and the taking up of two references. New staff told us they had been through a thorough process and had been subject to a suitable induction with the opportunity to shadow more experienced staff.

At the previous inspections we found medicines at the home were being managed effectively and safely. At this inspection we found this continued to be the case. Staff demonstrated the service's new electronic medicines management system. This incorporated a number of additional safety and audit systems, such as alerting staff if any medications had been omitted or advising them if stocks of certain medicines were running low. The Head of home operations also demonstrated how the system could be accessed by management to check there were no concerns. A daily audit log was also produced which highlighted any errors or concerns. For example, we saw the report had highlighted a missed medicine for one person. This had been checked and noted the person had refused this medicine on that day, but the staff member had not recorded this fact. Staff told us they found the electronic system much easier to manage and felt it was safer than the previous paper based system. We found the administration and storage of medicines at the home was also safe and appropriate.

At the inspection in June 2016 we had recommended the provider undertake an infection control audit of the home. This had not been completed at the inspection in December 2016. At this inspection we found a review of cleanliness and infection control at the home had been undertaken, although the majority of the form was tick box in nature. The Head of home operations told us all audit processes were being reviewed. The home was clean and tidy. The Head of home operations told us that because the service had not yet recruited to domestic posts an outside contractor was visiting the home twice a week to conduct thorough cleaning of the building. On the second day of the inspection we witnessed staff from this company cleaning around the home. The Head of home operations and acting manager told us people were also encouraged to take responsibility for maintaining their own rooms and keeping communal areas tidy.

Two people raised concerns with us that there was sometimes an offensive odour in parts of the home, although we did not witness any such smells at the time of the inspection, in the main house. We spoke with the Head of home operations about this. She said this had previously been raised by the local safeguarding team and they had looked into this, but could not find a cause. The handyman told us this may be connected to how the drainage system linked to the sewer system in the cellar. We visited the cellar area and noted there to be an unpleasant smell in this area. The handyman told us they had suggested a specialist valve was fitted to one drain to help prevent this, but he was awaiting confirmation the matter was to be addressed.

Is the service effective?

Our findings

At the previous inspections in June 2016 and December 2016 we rated this domain as Requires Improvement. We had identified a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Staffing), in that annual appraisals for staff were not being undertaken. At this inspection we found the provider had taken action to address this issue.

Staff told us, and records showed long term staff had been subject to an annual appraisal process. Appraisal reviews were thorough in nature and covered areas such as timekeeping, attitude to work, use of initiative and overall performance. Sections looked at areas where the individual was performing well and areas for future development and learning. Staff completed a pre-meeting form, in which they also rated their own performance for discussion with their supervisor. Following the appraisal a brief action plan was agreed. Appraisal documentation was signed by both the appraisee and their manager.

We also saw copies of supervision documentation. The acting manager told us she had ensured she met with new staff on a regular basis to confirm they were comfortable in their roles and were coping in the new environment. Supervision documents covered how the individual was progressing and identified any ongoing support or training requirements. A new staff member told us they felt they had been well supported since starting at the home. They told us they had received two weeks training at the provider's headquarters, prior to starting at the home. They told us, "I have worked in care for some time. I thought the training was some of the best that I have had." They also told us they had completed three "shadow shifts" prior to working as a recognised member of staff. They told us, "I'm well supported by senior staff. If you need help it is there. Employee support is amazing."

Staff told us they had access to a range of training. They told us they had recently started completing online training packages. One staff member told us they were unsure about this initially, but had found the training overall to be very useful and that doing it online meant it was flexible to their circumstances. The Head of home operations forwarded us a copy of the home's most up to date training matrix. This indicated the majority of staff were up to date on essential training and had also completed additional training appropriate for the service, such as MAPA (Management of Actual or Potential Aggression) training. One staff member told us, "I'm 100% with my training – eLearning. It's very useful to me. I quite like it now."

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.

The Head of home operations and acting manager told there were currently three people living at the home who were subject to a DoLS authorisation. We saw the home maintained appropriate paperwork in relation to this and the acting manager was starting the review process for one person who's DoLS was due to expire. The acting manager told us all the people living at the home had capacity to make most decisions about their lives. They said that whilst no recent best interest decisions had been made, where important decisions were being made by an individual they conducted a capacity assessment, to ensure they fully understood the consequences of the action they were to take. We saw copies of capacity assessments related to one person who was considering getting a pet and for two people who were considering getting married. There was evidence staff had explored people's understanding of the issues as part of the assessment.

People were asked for their consent throughout the day and given choices over meals and activities. Where appropriate people had signed consent forms to say they agreed to sharing information or were happy with their care reviews.

At both previous inspections we had found people were supported to maintain good health and wellbeing. There was evidence of people attending health screening appointments, GP and hospital appointments and meetings with local mental health professionals. On both days of the inspection staff supported people to attend GP appointments and were observed arranging additional appointments over the telephone.

People told us they were broadly happy with the meals. Some people told us the menu could be repetitive at times and they would like more choice, particularly at lunch times. One person told us, "The food can be a bit shady [not good quality] at times – for the money you are paying." On both days of the inspection we saw people given an immediate choice of the types of breakfast or lunchtime meals they wanted. We reviewed the menus recorded in the kitchen diary and noted that whilst they did vary, meals were often similar in nature, such a chicken curry and chicken fricassee. We spoke with the Head of home operations and acting manager about this who said they would look at the matter and consider how things could be improved.

People told us they were happy with their individual rooms and accommodation and said they could decorate it to their personal choice. Some people told us the communal areas were looking tired and in need of decoration and we witnessed this to be true. We spoke with the Head of home operations and acting manager about this. They told us there was a planned programme of redecoration about to start at the home and people had been consulted about potential colour schemes. Staff we spoke with confirmed this. The acting manager said the lounge areas and corridors would be completed first and there would also be an upgrade of the kitchen facilities. She told us a budget had also been identified to provide new furniture at the home.

Is the service caring?

Our findings

At the previous inspections in June 2016 we rated this domain as Good. We did not inspect against this domain when we carried out a focussed inspection in December 2016. At this inspection we found the provider was continuing to meet the regulations related to this domain.

People told us they were happy with the care they received and the staff supported them well. Comments from people included, "I get on better with two of the new staff now. They have a better understanding of my issues"; "I like living here. The staff are nice. I'm very happy here, yes"; "There's not one staff I don't get on with. The new staff are settling in okay" and "If you need to talk the staff are there for you. That's good – no problem."

We spent time observing how staff and people interacted. We saw a great deal of friendly and appropriately affectionate interaction. Staff responded to people's needs, such as immediately offering a person a drink after they had come in from a shopping trip. Staff also spent time enquiring how people were, what they had been doing or what they had planned later in the day or later in the week. We noted two people approached staff about some anxieties or concerns and staff immediately responded and took them to a private area to talk about things. Staff knew people well, including their particular likes and dislikes and also about their background and life history.

People told us they were involved in helping to determine their care plans and in reviewing their care, as appropriate. There was evidence in care records of people being part of discussions and review processes. The acting manager showed us copies of 'House meeting' minutes that took place regularly. We saw there were separate meetings for each area of the home; the main house, courtyard semi-independent area and the semi-independent bungalows. We saw a range of matters were discussed including, ensuring people's privacy when on the telephone, meal options and suggested activities. Some people had suggested a regular take away night and one person had been reassured they could still access healthy options at the home if this did go ahead. The Head of home operations also showed us copies of minutes from the provider's 'People's Parliament.' The 'People's Parliament' was a meeting which involved people from a range of the provider's services across the region. Minutes indicated issues discussed included, whether staff should wear uniforms, vehicles and the use of public transport and joint activities between the various services. The minutes indicated a recent 'Come dine with me' style activity between two services had been successful and people wanted to repeat the event with other services.

People were encouraged and supported to maintain and develop their independence. Some areas of the home supported people in a semi-independent manner, supporting them to plan menus and go food shopping, as well as cook some of their own meals.

People's privacy and dignity were supported. People had access to their own rooms at any time during the day. They were able to spend time alone or in communal areas. People who wished to speak confidentially to staff were also supported and given time to discuss any matters away from other people.

Is the service responsive?

Our findings

At the previous inspection in June 2016 we rated this domain as Good. We did not inspect against this domain when we carried out a focussed inspection in December 2016. At this inspection we found the provider was continuing to meet the regulations related to this domain.

We looked at care records for people who lived at the home. At the previous inspection we had noted care records related well to people's assessed needs and covered a range of areas, including; physical, psychological and social needs. Care plans were noted to be personal and individual. At this inspection we found records remained highly detailed with clear information about how people should be supported in a range of situations. Care plans had risk assessment attached to each area of care delivery. We noted care reviews and reviews of risk assessment were not always completed in a timely manner. We spoke with the Head of home operations and the acting manager about this. They told us they would ensure updates would be addressed but also explained the service was in the process of moving to a fully electronic records system. The acting manager told us they had not just automatically transferred information from paper records onto the electronic system as they wanted to involve people and take the opportunity to update care plans. She showed us a list of planned meetings which would involve people who used the service and key workers, along with herself and senior staff.

The acting manager and Head of home operations demonstrated the system to us and showed us the small number of care plans and details that had already been transferred onto the electronic records. They demonstrated how the system followed the 'life star' model. The 'life star' system is a self-rating method or assessing people's own views on their wellbeing and feelings. They also showed us how care plans were developed under various headings, or to address particular matters, such as epilepsy or diabetes. They demonstrated how the system could be set up to prompt staff that a review of care or risk was required. They also showed us how the system could be used to ensure observations or checks were undertaken, such as the regular completion of food and fluid charts or observations of people's wellbeing. They told us additional information, such as copies of letters and documents could be uploaded onto the system for staff to reference, and that reviews of care and 'life star' scores would also be stored on the electronic records.

We recommend action is taken to ensure care plans and risks are timetabled for appropriate review.

Staff showed us how they were able to complete observations, updates or reviews using hand held tablet (minicomputer) devices, and we witnessed staff using these throughout the inspection. We noted daily records completed using this system were timely and contained appropriate detail. Staff told us they were still getting used to the system, but overall found it a very useful tool and felt it was much better than the paper system, with information more immediately available.

People told us there were a range of activities at the home and that they were able to go out. One person told us they were going to a local village show at the weekend. We observed other people going out on shopping trips whilst we were inspecting. One person was noted to have an interest in rugby and was supported to attend matches. Some activities were offered at the home itself, although many people

enjoyed following their own interests. The Head of home operations told us that Mencap had held its summer barbeque at the home, and showed us the risk assessment planned for the event. At previous inspections people had raised issues with access to the community because of the lack of vehicles. People told us this could still be an issue, although a minibus, which was limited in terms of staff who could drive, had been replaced by a multi seat vehicle. We spoke with the Head of home operations about the situation. She told us senior managers had purchased a new seven seater vehicle, which was due to be delivered in a few weeks. She later sent us confirmation of the date of delivery. She also told us that, although the local bus service was limited, people were encouraged to use public transport to support their independence. People said that although the situation with cars was frustrating, they were able to get out with some management of times or dates of events. One person told us, "We do need more and reliable vehicles. It is very isolated up here. Otherwise things are not too bad."

We recommend the provider conducts a full review of transport needs at the home and ensure appropriate access to suitable vehicles and transport is maintained.

At the inspection in June 2016 we found the provider was recording and dealing with concerns and complaints in an appropriate manner. At this inspection we found this continued to be the case with details of any issues recorded and appropriate action taken.

Is the service well-led?

Our findings

At the time of the inspection records showed a registered manager had registered with the CQC on 1 August 2017. Unfortunately, this registered manager had left the service approximately three weeks prior to the inspection, but had not yet formally cancelled their registration. The provider had put in place an acting manager at the home, who was the deputy manager for another of the provider's services. The acting manager told us it was their intention to formally register with the CQC.

At the previous inspections in June 2016 and December 2016 we rated this domain as Requires Improvement. At the inspection in December 2016 we had raised concerns about the overall management and leadership of the home, the lack of effective audit systems and the availability of records. At this inspection we found the provider had taken action to address the issues previously found.

People and staff were positive about the acting manager, although they had only been in post for two weeks. Comments from people included, "(Name of acting manager) is great. She knows about anxiety and is good about pushing it all the way. I can trust (name). She is a good listener and has experience of working with people like myself" and "(Name of acting manager) is quite good as well. She is really good at what she does. You just go and see her. She has an open door policy and will always make time for us. She is the same with staff and clients." Staff also told us the acting manager had made immediate improvements. One staff member told us, "(Name of acting manager) is really positive and really cracking on now. There are just a couple of outstanding issues from her action list. She has really done the work that was required."

Staff and people were also positive about the input from the Head of home operations, who they said visited the home on a regular basis. Comments from people included, "(Name) comes up quite regularly" and "(Name) listens to you. She may not be able to do anything there and then but she tries her best. One of the good things is that she doesn't promise unless she knows she can do it." A staff member told us, "I'm feeling more supported. I just see (acting manager) or (Head of home operations). They do things and sort things with head office straight away."

People told us overall they felt the home was improving and things were getting better, although there remained some outstanding issues. Comments about the running of the service from people who used it included, "Things have definitely improved. Lots of new staff making it better. I think they are working really hard behind the scenes. Something has changed making it better altogether. We have our difficulties, but that is the same wherever you go"; "Things are definitely on the up. It's not 100%, but as good as we can expect at the moment. A lot is down to the new staff starting"; "Things are picking up. It's better with more staff – that's better" and "Things are getting better. More staff has been a help. Some decoration would be good too. Good quality redecoration needs to be done."

Staff were also positive about the development of the service. Comments included, "It's alright at the moment. We have a few more staff and things are looking up; looking more positive. We were a sinking ship, but lately things have picked up"; "Things are on the up. The hours have settled – it's not like silly hours. And the lads are settled"; "Staff morale is much higher than it has been for a long time. The place is stabilising

with (acting manager) and (Head of home operations). Everyone knows their job and what they are doing. New staff have settled in and the lads (people using the service) have reacted positively to it" and "I think it is really positive. It is getting better and better. There is much more laughter and carrying on with the lads (in a positive way)."

The acting manager said she was committed to improving the service. She told us she felt the mood at the home was "brighter" and that she was trying to keep staff informed of developments, although had not had time to have a full staff meeting. She told us, "I think I can make a difference. I like a challenge. Every day is different."

The Head of home operations told us a considerable amount of work had been undertaken in ensuring documentation and records were in order and easily available. We encountered no problems accessing folders and records, which were well ordered and readily available. We found safety records and other important checks and information was up to date. Daily records were recorded on the new electronic system and were up to date and contained good detail about people's daily activities and presentation.

The provider had put in place a range of periodic checks and audits. We saw copies of general audits related to health and safety, first aid, infection control, daily records and medicines. Whilst the documents did contain some comments where issues needed to be addressed we noted they were largely tick box in nature. We spoke with the Head of home operation about this. She agreed the audits needed to be further developed and told us this was being led at a provider level, to focus the outcomes more on quality.

The provider was complying with their legal obligations. Appropriate notifications regarding safeguarding matters and other incidents had been sent to the CQC. The home's previous quality rating was displayed at the home and on the provider's main website.