HC-One Limited

Maple Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 27 July 2016 and was unannounced. At our previous inspection on 9 and 10 February 2016 we found that people were not always protected from the risk of abuse. Incidents had not been identified as potential abuse; they had not been reported or investigated. There were insufficient staff to keep people safe and people did not receive care in a person centred or safe way. The service was not well led. We issued the provider with two warning notices and three requirement actions and told them they needed to make improvements. We had rated the service as 'Inadequate' and placed it into special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At this inspection we found improvements had been made to protecting and safeguarding people from abuse, people were provided with a more person centred care approach and suitably trained staff had been recruited. Sufficient improvements had been made in all areas of this service therefore this service is no longer in special measures. However the provider must now ensure the improvements are maintained. We will continue to review the service.

Maple Court Nursing Home provides support and care for up to 80 people, some of whom may be living with dementia. At the time of this inspection 63 people used the service. The service was divided into three separate units. Elizabeth suite (ground floor) provides general nursing care and support for up to 35 people. Saunders and Sycamore suites (first floor) provide support for up to 45 people with more complex nursing care and support needs.

The service had a registered manager. Since the inspection in February 2016 the service had a new registered manager. The registered manager was absent on the day of the 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.

Staff were aware of the action they should take where they had concerns regarding the safety of people. Appropriate action was taken when allegations of abuse and concerns with people's safety were identified. Sufficient staff were available to keep people safe and meet people's care needs in a timely manner.

Risks to people's health and wellbeing were identified, assessed and reviewed to ensure the actions needed to mitigate the risks were recorded and risks were minimised.

Staff were supported through training opportunities to require the knowledge and skills necessary to meet people's individual care and support needs. The provider operated recruitment and vetting procedures that ensured appropriate people were employed. Staff received induction, training and supervision they needed to ensure they felt able to provide care and support to people.

People medicines were stored and administered safely by medication trained staff Topical medicine monitoring documents were completed at the time of the administration; checks were made daily to ensure medicines were administered as they were prescribed.

People told us they enjoyed the food and were provided with suitable amounts of food and drink of their choice. People considered to be nutritionally at risk had food and fluid charts to monitor their daily intake.

People had access to a range of health care professional and various agencies were contacted when additional support and help was required to ensure people's health care needs were met.

Staff showed care and kindness towards people who used the service. Improvements had been made to ensure people's rights to privacy and dignity were upheld.

There was a range of daily activities arranged for people to enjoy. People were offered the choice of whether they wished to participate or not and staff respected their choices.

The provider had a complaints procedure and people knew how and who to complain to. All complaints were dealt with quickly and action taken to reduce the risk of recurrence.

Systems were in place to monitor the quality of the service had improved. Changes had been made to the internal management structure of the service, which provided clear leadership and guidance for staff to deliver an improved service for people.

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. Risks to people's health and wellbeing were identified and assessed, reviewed and managed in a safe or consistent way. There were enough staff to support people in a safe and timely way. People's medicines were always managed safely. Staff were able to recognise abusive situations and when necessary action was taken.

Is the service effective?

Requires Improvement

The service was not consistently effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected but information regarding the authorisations was not available for staff to refer to. Staff had been provided with appropriate training to fully meet people's needs and promote people's safety, health and wellbeing. People's healthcare needs were met.

Is the service caring?

Good

The service was caring. People received the care and support they required in a person centred and individualised way. People's dignity and privacy was upheld.

Is the service responsive?

Good

The service was responsive. Care plans were reflective of people's current care and support needs, which meant staff had the information to support people with their needs. People told us they enjoyed the activities that were available. The provider had a complaints procedure in place and people knew how to complain.

Is the service well-led?

Good

The service was well led. There was a registered manager. Quality assurance systems were in place to monitor the service. People were provided with the opportunity to meet with the management of the service to express their concerns and make suggestions for improving the service. Improvements had been made in regard to providing people with a well led service; however the provider must ensure the improvements continue to provide stability and good leadership and for the benefit of

people who used the service.

Maple Court Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 27 July 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners. A large scale investigation (LSI) was on-going with the provider and the local authority safeguarding team because of the number of concerns and allegations of abuse that had been reported.

We spoke with six people who used the service; they were able to tell us their experiences with the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. We spoke with one relative of a person who used the service to gain feedback about the quality of care. We spoke with the operations manager, a unit manager, the clinical lead and six care staff. We looked at nine people's care records, staff rosters and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

At the inspection in February 2016 we had concerns that people were not always protected from the risk of abuse as people had been abused by other people who used the service. These incidents had not been identified as potential abuse; they were not reported or investigated. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider that improvements had to be made in relation to the safety of people. At this inspection we saw the provider had made the improvements required.

Staff we spoke with knew what constituted abuse and told us they would report any suspected abuse to a senior care worker, nurse or manager. They told us they had received training in safeguarding people and had found it informative and helpful. One staff member said: "We have had face to face safeguarding training as well as the electronic training and it is discussed at the staff meetings. I would refer any concerns to the senior staff or the manager". The operations manager told us more training had been planned to ensure staff continued to have the skills and knowledge to identify areas of concern and the action they must take. The clinical lead and the unit manager spoke with us about an incident of potential abuse that had occurred and their responsibilities to refer their concerns. The correct safeguarding procedures were followed and a referral to the local authority safeguarding team was made. They were very clear of their obligations in relation to the safety of all people.

The provider had raised previous safeguarding concerns with the local authority as they occurred and was involved with the safeguarding investigations and enquiries that were on-going. Action plans were developed and monitored by the managers to ensure lessons had been learnt and improvements made to reduce further risks for people. The management of the service had ensured that all staff were aware of their responsibilities to safeguard people. We saw safeguarding was discussed in the various staff meetings, and all allegations and incidents of abuse were audited on a monthly basis by the managers. This meant that action had been taken to ensure all staff were able to identify and report abuse so people's risk of harm was reduced and their safety upheld.

At the inspection in February 2016 we had concerns that people were not consistently protected from risks to their health and wellbeing. These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider had made the improvements required.

We saw that people's level of risks had been assessed and action taken to reduce the risks to them. For example, we saw that one person had poor mobility and was at high risk of falling. We saw staff were aware of the whereabouts of this person and were quick to offer support when the person wished to move around the service. This ensured the person's risk of falling was reduced and ensured they were able to safely move around. Risk assessments had been completed with a full review of the actions needed to reduce the risk but still maintaining and supporting the person to retain their level of independence. A referral had been made to the falls specialists for additional advice and the doctor had completed a medication review. These actions ensured that all possible reasons for the person to fall had been reduced.

Staff told us that some people continued to experience and exhibit challenging behaviour through becoming anxious and distressed. The clinical led told us that advice and guidance had been sought from external professionals to support people through these periods of upset. We saw that a meeting had taken place with all the relevant people involved to discuss the possible actions that could be taken to lessen the person's anxieties. A behaviour management plan was completed. Staff told us how they cared for and supported this person; this accurately corresponded with the actions in the management plan. The clinical lead told us there had been changes to the staffing personnel on the unit and the positive impact this had for people who used the service. We saw staff were aware and vigilant about people's whereabouts and were quick to offer and provide support when this was needed. We saw people were much calmer and relaxed when previously they had been distressed.

Some people were at risk of developing sore skin. Risk assessment and care plans had been completed with the action needed to reduce the risk of them developing sore skin. Specialist equipment had been provided for some people, for example, air flow mattresses and pressure relieving cushions. These were used to support people with reducing the risk of them developing sore skin. We saw information in care plans that the mattress pressure and settings should be adjusted to the person's weight. We saw the mattress settings were calculated for each person and recorded on the monitoring documents so that staff had a clear indication of each setting on their daily checks. A member of staff had been given the responsibility for checking that these monitoring documents had been fully completed and that instructions had been adhered to. They told us that this way of checking ensured that people with provided with the care and support they needed and in the correct way. This meant that people could be assured that the risk of them developing sore skin was reduced because the equipment used to support them was used correctly.

A person who used the service told us: "I am comfortable and feel safe because people are around. There are plenty of staff who come and help me when I need some help". We saw that staff were visible in the units of the service. We did not see that people had to wait for assistance; staff were available and ready to support people when they needed help and support. Staff told us the staffing levels had improved and there was less reliance on agency staff. A member of staff told us: "The staffing levels are okay now the managers check the levels on each shift, this is good and extra staff are arranged if we need them". Recruitment for staff was on-going, the operations manager told us care staff, managers and nurses had been recruited. The operations manager told us that agency staff were still used to supplement the staffing levels, but the use of agency staff had dramatically reduced due to the recruitment of nurses and care staff.

We looked at the way the service managed people's medicines. Medicines were kept in locked medicine trolleys in a locked treatment room and were administered by trained staff. The nurse explained the procedures for the safe storage and management of medicines. We observed a nursing assistant administer the medicines; they were attentive and focussed on the task. They told us they had received training in the safe management of medicines and had been observed three times by experienced practitioners before completing a medicine round alone. The medication administration record was completed following each administration to ensure an accurate record was maintained.

We saw improvements had been made in relation to topical creams and lotions. Topical medication administration records (TMAR) were kept in the bedrooms of people for whom the external medicines had been prescribed. We saw the records were completed following each application and to the prescribing instructions. The nursing assistant told us it was one of their responsibilities to check that these medicines had been correctly administered by the care staff.

Requires Improvement

Is the service effective?

Our findings

At the inspection in February 2016 we had concerns that people were not always supported by staff who had received effective training to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider that improvements had to be made in relation to the training of staff. At this inspection we saw the provider had made the improvements required.

Staff told us they had received 'lots' of training since the inspection in February 2016 and there was less reliance on the on the computer based training. More training had been delivered in groups and face to face with a trainer. Staff told us they preferred this style of training and thought the touch training was useful as a refresher and reminder of the face to face training. Staff told us they had received training in dementia awareness. We saw they put this theory into practice and were patient and understanding when providing support to people who were living with dementia.

We spoke with a newly recruited care staff; they were currently working through their induction programme and who was shadowing a more experienced member of care staff. They told us the induction was sufficient for them to start working with people on the units, and felt well supported by the management and the more experienced worker.

We spoke with a nursing assistant. They told us they had recently completed the training course for nursing assistants and was looking forward to working in their new role at the service. The provider's Care Assistant Development Programme (CADP) aims to develop senior carers into nursing assistants, trained up to assist with medication and care planning. The Programme enables newly-trained nursing assistants to support registered nurses and hopes to improve the quality of care provided to people. We saw the nursing assistant supported the nurse with a medication round, contacting the GP surgeries and supporting other care staff with their daily tasks. The operations manager told us about the support provided to the nursing assistant throughout the training course and following its completion. Two more people had been offered placements on the CADP and were currently working through the training course, with the plan for them to work as nursing assistants alongside the nurses in due course.

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. We saw that where people had been assessed as lacking the capacity to make decisions, the actions needed to act in the person's best interests were recorded in the care and support plans.

The Deprivation of Liberty Safeguards (DoLS) is part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The clinical lead told us that referrals had been made for people living in the Saunders and Sycamore suites, as they would not be able to go out of the service alone and were subject to continual supervision and monitoring. Referrals had

been made for some people living in Elizabeth suite. The referral and authorisations were kept in the manager's office, with only a brief reference to DoLS in people's support file. Staff would not have the information at hand should people have certain conditions attached with the authorisation to restrict their freedom. The operations manager and clinical lead told us this would be discussed in the clinical meeting to ascertain what information may be needed to be placed in people's individual files. This meant the provider was following the principles of the MCA and ensuring that people were not being unlawfully restricted of their liberty.

Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place. We saw one order that had been discussed with their doctor and the person's family had been consulted. A best interest decision was made on behalf of the person. The person did not have the capacity to understand or to make this important specific decision themselves. This meant the provider was following the principles of the MCA and ensuring that when needed decisions were made in the best interests of people.

People told us the food was good and they had 'plenty to eat'. One person told us: "Yes it's very good and sometimes I have too much it is so nice". We saw there was a choice of meals. People were asked which main course they would prefer, staff offered people a visual choice when they were undecided. This enabled people to choose the meal of their liking. People who required staff support with their meal were offered the level of support they required. We did see one instance where a member of staff supported two people at the same time. We told the management about our observations they told us they would take the necessary action and remind staff about their responsibility for providing individual care to people.

Staff told us that some people were at risk of not eating or drinking sufficiently throughout the day. Each person had a nutritional risk assessment linked with a care plan. The clinical lead told us that where people were considered to be nutritionally at risk food and fluid charts were implemented to monitor their daily intake. We saw staff completed these charts as soon after the intervention as possible. Action had been taken by the management team to ensure people received regular refreshments and the record completed with this information. A member of staff had been given the responsibility for checking that these monitoring documents had been fully completed and that people had been offered and supported with sufficient refreshments.

Staff supported people to access health care services should they become unwell or require specialist interventions. The clinical lead informed us of the recent guidance and support from the community psychiatric services when concerns were identified with people's changing and ongoing anxieties. They told us these planned interventions and management plans had helped to reduce the person's anxiety. However, arrangements were in place for further supporting this person with their health care needs.

Referrals to external health professionals had been made when needed, for example, speech and language therapists, tissue viability specialists and dieticians. Guidance and information from the specialists were included in people's care files. We saw referrals had been made to the speech and language therapists and dieticians following consultation with the GP where people had lost weight or were reducing their intake of food or fluid. Care and support plans were updated or implemented when necessary. One person had multiple health conditions which impacted on the wellbeing. We saw care and support plans had been completed for each condition to ensure staff had all the information needed to be able to support the person in a safe and effective way.

Good

Is the service caring?

Our findings

At the last inspection in February 2016 we found that staff were not consistently caring as we saw some staff working practices were not as caring as they should have been. Staff were aware of people's preferences but people did not always receive the support they required in the way they preferred. During this inspection we saw that changes had been made, the staff were providing a more caring service. For example, one person asked staff to take them outside for a cigarette, this re quest was responded to positively and compassionately. We saw the person enjoyed their time outside having a cigarette, and with the company of the staff member. We saw that staff regularly checked and asked people if they were comfortable, needed the bathroom or would like refreshments. People were relaxed and comfortable in each other's presence.

Relatives said they could visit at any time. One visitor told us they visited each day and had mixed feelings regarding the service. They said: "On the whole it's pretty good; most staff are very good and things have improved recently but still feel there is room for further improvement". They told us they had regular discussions with the nursing staff regarding their relative's continuing care and support needs. We saw their relative was fully dependent on staff for all aspects of daily living and noted that staff regularly checked on the person's welfare. Staff made sure the person was as comfortable as possible and offered regular refreshments and care support.

Some people used the communal lounge areas, other people stayed in their bedrooms. We spoke with a person who used the service who was sitting alone; they told us they had been to the coffee morning and were just having a 'breather'. In response to us asking how they found living at the service they responded: "Personally it's very good". We saw a person who walked around the unit at lunch time, staff tried to encourage the person to have something to eat but they were disinterested. We saw good interactions between staff and this person, staff gently walked alongside this person and said: "Let's go somewhere quiet". And then we heard staff offered: "Would you like some hot chocolate and toast with honey I know this is your favourite". We saw this person sat quietly on their own and enjoyed the refreshment provided.

There was a marked difference, environmentally between the units, and people were accommodated in the units based on an assessment of their personal needs. The clinical lead told us that all people who used the service had a recent review of their care and this resulted in some people being accommodated in a more appropriate environment. A member of care staff told us: "Things are getting better following the recent changes, staff and people who used the service seem more relaxed and happy. There is a much more stable atmosphere, people are calmer. The leadership is much better; however we still need more organisation in the unit". The operations manager told us of the plans for the on-going environmental, leadership and staffing improvements to ensure a pleasant and friendly environment for the people who used the service.

The management of the service had regular meetings with relatives and people who used the service and were open and honest about the way the service had operated and the improvements that were being made. At a recent relative's meeting, information regarding the local authorities large scale investigations were discussed and some assurances given that the required improvements would be and were being made. Relatives raised issues of concerns at the meeting with the manager and operations manager, they

offered an explanation and reassurance that action was and would continue to be taken. This meant that action was taken to relay the anxieties of relatives regarding the concerns at the service and were kept informed of the current situation.

Most people required support and help with maintaining their personal hygiene. We saw staff supported to people to the bathrooms or their own bedrooms when this level of support was needed. People generally looked well cared for. Attention was given to the privacy and dignity of people when using equipment such as the mechanical hoist, we did not see anyone's privacy and dignity was compromised.

Good

Is the service responsive?

Our findings

At the inspection in February 2016 we had concerns that people were not always provided with care and support that was responsive to their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider that improvements had to be made in relation to people being supported with person centred care. At this inspection we saw the provider had made the improvements required.

Some improvement had been made to the environment for people living on the Saunders and Sycamore Suites. People were able to move freely between the two units and we saw they did so. Photographs and pictures were on doors informing people of which room was which. There were tactile items on the wall and a range of items such as hats and scarves for people to be able to pick up which would help stimulate their senses. This helped people remember their previous lives which impacted on their well being and brought a degree of comfort. The operations manager told us that further improvements were planned for these units.

Group activities were arranged twice a day and available for people to choose to join in or not. We saw a group of people enjoyed an arranged coffee morning, two people told us they looked forward to going to the quiz later in the day. Age appropriate board games and other recreational items were available in the communal lounge areas should people wish to use them. Some people preferred to stay in their bedrooms one person told us they had their own television in their bedroom so they could watch whatever programme they liked.

We saw the garden area was equipped with comfortable and safe seating. People accommodated in the Elizabeth suite had easy access to the garden and we saw people enjoying the outside space. People residing in the other suite did not have such easy access to the garden. Staff told us they would escort people to the garden if they asked and wished to have some fresh air. We saw that one person who liked to use the gardens each day had their accommodation changed so they could have ease of access to the outside space.

People whenever possible were included in the planning of their care. Where people did not have capacity and were unable to be involved, their representatives and family had been consulted. Life stories and social histories had been completed which gave an overview of the person's past life and the lifestyle they enjoyed. This offered staff the information about people, when they were unable to tell their life story themselves. Some people were fully dependent on staff to support them with daily living; staff were knowledgeable and well informed regarding people's likes and dislike. Staff told us the increase in staffing numbers gave them the additional time to spend with people and provide them with the level of support people needed.

The service had a complaint procedure, a copy of which was displayed in areas around the service. A visitor told us they had reason to make a complaint to the management regarding the care of their relative and had also met with the management to discuss their concerns. The management told us they were currently investigating the concerns and to ascertain a satisfactory conclusion.

We saw that all complaints received had been logged and fully investigated with the outcome of the investigation being discussed with the complainant. The operations manager told us that all concerns were investigated and looked into and action taken to reduce a risk of recurrence. As a result of some complaints external health professionals were contacted to provide additional guidance for staff to ensure people received the correct level of support for their individual needs. We saw that additional monitoring of people's specific care needs had been implemented when concerns were raised in regard to their care and welfare. The managers held regular open days where people could visit and speak with a member of the management team if they had concerns or any suggestions that could improve the service.

Good

Is the service well-led?

Our findings

At the inspection in February 2016 we had concerns that the quality and assurance systems were not sufficiently effective to ensure people's continued hath safety and wellbeing. This constituted a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.We told the provider that improvements had to be made in relation to the quality assurance systems. At this inspection we saw the provider had made the improvements required.

There had been a change in the management arrangements. A new person had been registered as the manager of the service. The manager was absent on the day of the inspection, the operations manager was in day to day control of the service supported by the clinical lead, unit manager, nurses and care staff. The internal management structure of the service had been reviewed and increased, and now included a clinical lead and two unit managers. The unit managers had been employed to manage and oversee the units on a day to day basis. The clinical lead had responsibility for overseeing the care and support provided was consistent and reliable. They told us they had been involved with reviewing and reassessing people's risks and levels of individual support needs. The provider must now ensure this level of management support is maintained to provide guidance and leadership on the units to benefit and support the staff working on the units and for the benefit of the people who used the service.

We saw that each person had received a review of their care and support. The clinical lead told us that care and support plans were reviewed each month or when a change of need had been identified. Each person would receive a full review of their care and support needs annually and the care and support plan rewritten. We saw risk assessments and care plans had been reviewed and offered a current account of the level of support each person required. For example we saw a person at high risk of falls had received a review of their care, their risk assessment and care plan had been updated with the information obtained from the specialist services. This ensured that all staff had the information available to provide the care and support appropriate for the person's current level of need. People at risk of malnutrition, dehydration or developing sore skin had their daily needs monitored. Checks had been implemented to ensure people received the care and support they needed and the monitoring documents accurately recorded all interventions. Staff offered reasonable explanations when we saw that the required targets had not been met. This corresponded with the information recorded in people's care and support plans.

Checks were made on a monthly basis of the number of incidents, accidents and falls people had experienced during the past month. Analysis was made of the incidents and action taken to reduce the risk of recurrence. For example where people had fallen, the possible reasons and causes of the accident were analysed and action plans drawn up. The action plans were revisited at regular intervals to ensure actions had been completed within the agreed timescales. People who were at risk of weight loss were identified and monitored through these monthly checks. The action taken to reduce further weight loss was made by referral to the doctor and dieticians in addition to providing high calorie snacks and fortified diets. Nutritional risk assessments were reviewed to ensure they were accurate and recorded the current level of risk and the remedial actions.

Relatives meetings were arranged and at different times of the day to provide relatives the opportunity of attending at the most suitable time for them. At a recent meeting the local authority large scale investigation, our last inspection, staff training and recruitment were discussed together with the action being taken to improve the service.

Resident committee meetings took place at regular intervals which offered people the opportunity to discuss life at the service. Regular agenda items were the activities arranged for the month and any suggestions or ideas for other recreational activities.

Regular staff meetings took place within the various departments and discussed the care and welfare of people, any changes or improvements that were needed or had been implemented and any issues or concerns that had been identified. Additionally each day a head of department meeting was held, this was a brief meeting to discuss any activity happening that day and any recent concerns or issues that had been identified the previous day.

We previously had concerns with the management and leadership of the service, the high turnover of staff and high use of agency workers, and the inability to provide people with a safe, effective, caring, responsive and well led service. The service was subject to the local authorities large scale investigation procedures because of the level of concern. The provider and management of the service were fully involved with the procedures and cooperated with the process. The provider supported the service by providing additional management support to effect the changes and improvements that were required. Changes and improvements have been made to all aspects of the service; however the provider must now make sure the changes are effective to ensure stability and continuity of the service so that people who use the service are safe and their well-being preserved.