Hampton (Midland Care) Ltd

Midland Care Home

Inspection report

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Date of inspection visit:
18 September 2018
19 September 2018

Date of publication:
26 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 19 September 2018. The visit on the 18 September was unannounced and the visit on the 19 September was announced. This was the first inspection of the service since the provider registered with the Care Quality Commission (CQC) in October 2017.

Midland Care Home is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Midland Care Home can accommodate up to 66 people in one purpose built building. It provides a service to older people, some of whom have nursing or dementia related care needs. At the time of this inspection 59 people were living in the service.

The registered manager left the service in July 2018. A new manager had taken up post in July 2018 and at the time of the inspection were undergoing the necessary checks to register with the Commission. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and protected from harm and able to raise any concerns regarding their safety. Staff understood how to keep people safe. The service safely supported people with the administration of medicines. However, the safeguarding and whistleblowing policy required the contact details of the local safeguarding authority included, to support staff to raise any abuse concerns with external agencies.

Safe recruitment procedures were carried out by the service. There was sufficient staff available, but there was the high reliance on using external agency staff. The manager was working towards recruiting more permanent staff to reduce the need to use external agency staff.

Risk assessments addressed the potential risks present for each person. Monitoring records were used to evidence when staff provided care for people at risk of developing pressure sores and at risk of poor nutrition and hydration. However, they lacked sufficient detail to evidence the actual care being provided.

People could not be assured personal information about them was treated confidentially. As files containing personal information were not securely stored away.

People were provided with nutritious meals, but the quality and variety of meals raised some areas of dissatisfaction. In addition, staff did not always ensure meals were presented appropriately.

Relatives raised concerns that staff had not always respected people's personal clothing. Following the

inspection, the provider confirmed the laundry process had recently been reviewed in August and a new laundry system had been put in place. They felt that the concerns raised at the time of the inspection may have been in relation to historic practice. We have made a recommendation that the provider further reviews the laundry processes to ensure people have their own clothing returned to them and their clothing is appropriately cared for.

Arrangements were in place to make sure the premises were kept clean and hygienic so that people were protected from infections that could affect both staff and people using services. Regular checks to the safety of the environment took place.

Systems were in place to question accidents and incidents to learn from them and mitigate the risk of any repeat incidents. The manager took timely action to address areas identified for improvement.

People had their needs assessed before moving into the service. The service worked and communicated with other agencies and staff to enable effective care and support was provided when moving between different services.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and the deprivation of liberty safeguards were met.

Most people and relatives told us the staff were kind, friendly and patient. However, some people said the care they received from some staff was not always very caring. The manager had met with individual staff to review their performance. They had also reviewed agency staff to ensure only staff with the right qualities were used to work at the service.

A complaints procedure was in place. Some complaints that had been received prior to the new manager taking up post needed reviewing and closure. Following the inspection, the provider confirmed the outstanding complaints had been addressed and they were awaiting a response from one of the complainants before it could be concluded and closed.

People were encouraged to express their views and make choices. Their needs were assessed, and people felt they had control regarding decisions about their care. If people were unable to make decisions for themselves and had no relatives to support them the provider had the contact details of independent advocate to support them.

People spoke positively about the activities provided at the service. People's spiritual needs were met. People were supported at the end of their life to have a comfortable, dignified and pain-free death.

The provider and manager had carried out audits of all aspects of the service, and knew what areas needed improving and this was work in progress. People, staff and relatives felt positive about the changes being made to the service. The manager was open and transparent in sharing information with the health and social care professionals involved with the service.

The feedback from commissioners involved with the service indicated they had confidence in the new manager to continue to make positive changes to the service. The manager had kept the Commission informed of events at the service through submitting statutory notifications.

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 always safe.

Monitoring records lacked detail to evidence the actual care being provided for people at risk of pressure sores, poor nutrition and hydration.

There was sufficient staff available, but there was the high reliance on using external agency staff. The manager was working towards recruiting more permanent staff to reduce the need to use external agency staff.

Safe recruitment procedures were carried out by the service and systems were in place for the safe management of medicines. People were protected from the risk of infections that could affect their health

Is the service effective?

Requires Improvement

The service was not always effective.

People were provided with nutritious meals, but people raised some areas of dissatisfaction regarding the quality and variety of meals. In addition, staff did not always ensure meals were presented appropriately to all people using the service.

People had their needs assessed before moving into the service. Staff were knowledgeable about how people wanted their care to be provided and worked with other agencies to enable effective care and support was provided when moving between different services.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Requires Improvement

The service was not always caring.

The majority of staff were kind, friendly and patient. However,

some people said the care they received from some staff was not always very caring.

People were treated with respect and their dignity was protected and family and friends were welcomed at any time.

Is the service responsive?

Good

The service was responsive.

People were encouraged to express their views and make choices. Their needs were assessed, and people felt they had control regarding decisions about their care.

People spoke positively about the activities provided at the service and their spiritual and cultural needs were met.

Staff had received training in end of life care and were possible, people were supported towards end of life, to remain at the home and not be admitted to hospital.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager left the service in July 2018. A new manager had taken up post in July 2018 and at the time of the inspection was undergoing the necessary checks to register with the Commission.

The provider and new manager had carried out audits of all aspects of the service, and knew what areas needed improving. Work was taking place to address the improvements.

The new manager was open and transparent in sharing information with health and social care professionals involved with the service. They had kept the Commission informed of events at the service through submitting statutory notifications.

Midland Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as statutory notifications that had been sent to us by the provider. These detail events which happened at the service, which providers are required to tell us about. We also sought feedback from commissioners who placed people and monitored the service.

We made general observations of people using the service being supported by staff. We spoke with seven people using the service, three visiting relatives, three care staff, two qualified nurses, the chef, two domestic staff, the head housekeeper, the maintenance worker, the activity person and the manager.

We reviewed the care plans and associated care records for four people using the service. We looked at the recruitment files of three staff, and other documents relating to staff training, supervision and support and the management oversight of the service.

Requires Improvement

Is the service safe?

Our findings

There was sufficient staff available, but there was a high reliance on using external agency staff. One person said "There is a lot of agency staff working here, especially at night. I have a call bell in my bedroom, it is okay during the day, but at night it takes ages for staff to respond to my call bell." Another person said, "Staff are usually on hand, but they are very busy. Lunchtimes are always busy, after lunch I have to wait for staff to take me to the toilet or put me to bed for a rest." Another person said, "The staff take so long to get me up in the mornings, I get fed-up lying here alone." A relative said, "There is usually plenty of staff about, but there has been a lot of changes over the past two months and a lot of the old staff have left." Another relative said, "I think the staff are coping they have a lot to put up with."

The manager said they were working towards recruiting more permanent staff to reduce the need to use external agency staff. They confirmed eight new staff had been appointed to join the team and they were waiting on the appropriate employment checks being completed so they could start the new staff on their induction training. They said some qualified nursing staff had left the service and the recruitment of more nursing staff was ongoing. The manager confirmed a nursing clinical lead had been appointed and was undergoing the necessary recruitment checks, they also confirmed they were looking to appoint a floor manager. It was anticipated having permanent nursing staff with the right skills to meet people's needs would greatly enhance staff support and the quality of service provided for people.

Risk assessments addressed the potential risks present for each person. For example, people at risk of developing pressure sores due to immobility, poor nutrition and hydration. Monitoring records were used to evidence when staff repositioned people in bed and when people had been given food and drinks. But we found the monitoring records lacked sufficient detail to evidence the frequency of when a person needed to be repositioned, and food and fluid charts did not always evidence when people had received food and drinks, some charts had not been dated or signed by staff. The monitoring records are vital tools in identifying and preventing any deterioration in people's health. The manager had recognised these shortfalls and had drawn up a detailed action plan and was holding one to one and group meetings with qualified nursing staff and care staff to ensure they were all fully aware of their duties and responsibilities to keep accurate records.

Falls risk assessments identified the equipment people needed to mitigate the risks of falling. For example, bedrails, sensor mats, wheelchairs, walking frames and hoists. People at high risk of falls had been referred to the falls prevention team. However, the falls policy was not sufficiently detailed to indicate at what point people needed to be referred to the falls specialist service. We saw that bedrails were used only when appropriate for each person. One person said, "I am mostly in bed or I do get up into my wheelchair. I get worried that I may fall out of bed even though I have bed rails." A relative said, "[Name of person] is at risk of falls, there is a sensor mat if [Name of person] tries to walk unaided," (sensor mats alert staff when a person who is unsteady, gets out of bed unaided, so that staff assistance can be provided).

People said they felt safe and protected from harm and able to raise any concerns regarding their safety. All the relatives spoken with said they felt their family members were safe living at the home. One relative said,

"It is safe here, I never worry when I leave." Another said, "I feel [Name of person] is safe I have no concerns with that. I would report it to the manager, he has taken action on anything that I have raised."

Staff understood how to keep people safe. They were able to describe the actions to take if they thought people were at risk of any form of abuse. The provider had a safeguarding and whistleblowing policy in place. However, we found it required the contact details of the local safeguarding authority included, to support staff to raise any abuse concerns with external agencies.

Safe recruitment procedures were carried out by the service. The staff files evidenced that all staff employed to work at the service had a disclosure and barring service (DBS) security check and had provided references and identification before starting any work. All the staff we spoke with confirmed that these checks took place and they were not able to start work until the checks had been cleared.

The service safely supported people with the administration of medicines. One person said, "I don't disturb whoever is doing the tablets or they get distracted." Another person said, "I get my medicines and I know what they are all for, I always get my painkillers when I need them." A third person said, "My medications were reduced, and it was all discussed with me." A relative said, "They (staff) put [Name of person's] painkillers through their feeding tube, at least I know [Name of person] has them regularly."

The nursing and senior care staff administered medicines to people and completed the medication administration records (MAR). We checked the MAR and saw that they were filled out accurate and signed for every time. Appropriate storage and disposal methods were being used. We observed a registered nurse administering medicines to people, both orally and through a feeding tube. We saw the interactions between the nurse and people using the service were good; people were informed about the medicines they were being administered and given time to take them as they preferred.

Arrangements were in place to make sure the premises were kept clean and hygienic so that people were protected from infections that could affect both staff and people using services. One person said, "The cleaning is good, my room gets cleaned every day." A relative said, "It is a bit dated on the upper floors, so it never looks as good as downstairs, but I see the cleaning staff using carpet cleaners." Staff told us, and records showed they received training on infection control procedures and we observed they had sufficient access to the personal protective equipment they required such as gloves and aprons. We also saw that infection control checks and audits were routinely completed. We saw that refurbishment works were in progress throughout the home and the manager told us plans were in hand to refurbish the ground floor entrance lobby by the end of December 2018.

Regular checks to the safety of the environmental took place, to include the fire system, firefighting equipment, and the water, gas and electrical system checks. People had personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring evacuation of the premises.

Systems were in place to question accidents and incidents to learn from them and mitigate the risk of any repeat incidents. This also included feedback from people using the service, relatives and other healthcare professionals. We saw following recent monitoring visits from the Clinical Commissioning Group (CCG) and the Local Authority the manager had taken immediate action to address the areas identified for improvement.

Requires Improvement

Is the service effective?

Our findings

We observed people receiving lunch, the staff asked people what they wanted from the menu choice and the staff also used plated samples of the meals to aid people to make a choice. The provider website stated all meals were prepared at the home and they changed the menus regularly, to ensure variety. However, blended frozen meals were provided by an external catering company for people on soft diets. The pureed meals were visually appealing, as moulds were used to resemble the meal, for example, lamb chops, mashed potato, peas and carrots. Following the inspection, the provider confirmed their website had yet to be updated, as the provision of the texture modified foods had only commenced the week of the inspection.

The manager had noticed that some staff were serving people the pureed meals direct from the plastic trays. To ensure that all people were treated equally the manager had stressed with staff they must transfer these meals onto crockery plates. This was again communicated to staff during a pre-arranged meeting on the day of inspection. However, soon after the meeting we observed staff served people these meals directly from the plastic trays. This is an area for further development, as the social aspects of food, its presentation and the way in which staff assist people at mealtimes, plays a significant part in most people's lives.

People were consulted about what they wanted on the menus and we saw evidence of this in the minutes of resident meetings. However, when we asked people if they were happy with the meals we received mixed responses. For example, one person said, "The food is okay, there is a choice, but the tea in the evening is not very good, the same sandwiches night after night, is so boring." Another person said, "The cooked breakfast is the best thing, I make sure I eat that, as I don't find the lunches very nice and at tea time you get a small portion of sandwiches." A third person said, "I don't like the cooked meals, so I order salad as much as I can, I have talked to the chef, they say it will be better tomorrow, but it never is." This is an area for further development, as the quality and style of presentation of food, are crucial in ensuring people receive a wholesome, appealing and nutritious diet.

People that had been identified at risk of losing weight, or choking had been referred to health professionals, such as the GP, dietitian and speech and language therapists and their advice was followed. A relative said, "[Name of person] is at risk of choking, I have had discussions with the manager, they have done a risk assessment and showed it to me." The manager also confirmed they had referred the person to a speech and language therapist for further advice.

People had their needs assessed before moving into the service. People and relatives confirmed they had been involved in the assessments and staff were knowledgeable about how people wanted their care to be provided. One person said, "I do feel that I can tell the staff anything and I am involved in my care. My daughter asks a lot about my care and they [staff] are very open with her." A relative said, "I have seen [Name of person's] care plans and do feel involved. I have power of attorney and the staff are happy to discuss their care with me." Another relative said, "We have discussed [Name of person's] care, if there are any worries the staff call me to discuss it. I recall them ringing to discuss a recent fall and ways in which further falls could be prevented."

There was an induction programme in place for new staff and on-going development training. People said they felt the staff had the skills and knowledge to provide their care. One person said, "I hear the staff do training to learn all the new ways." Another person said, "The staff know what they are doing, the new ones are taught by the seniors." One relative said, "The staff here saved [person] life, they knew how to care for [person] properly." Another relative said, "The staff have needed further training as my [family member] has complex needs. They have all learnt about their feeding tube system and I feel happy they know what to do." Staff told us they had received sufficient training to enable them to provide effective care. The staff training records showed that staff had regular update training such as, moving and handling, safeguarding, and infection control. Qualified nurses were supported to maintain their Nursing and Midwifery Council (NMC) registration.

The service worked and communicated with other agencies and staff to enable effective care and support; records were in place to ensure people received consistent person-centred care and support when they moved between different services such as the hospital. We saw that information was recorded and shared appropriately when people required hospital visits. On the day of inspection, we heard a member of staff handing over information to a healthcare professional regarding a person that had been admitted into hospital. They communicated the person's needs clearly and concisely, which demonstrated they were knowledgeable of the person's needs.

People told us they could access the support of other health care professionals. One person said, "The GP comes regularly, but if needed they will call for a visit. I go to the hospital to have my catheter changed." Another person said, "I am a diabetic, so I have my feet checked regularly by the chiropodist. A third person said, "I needed the doctor to come out and see me, which worked well. I'm also under the hospital as I'm waiting for a cataract operation, a carer goes with me when I attend my appointments." Relatives all said they felt their family members health needs were met at the service and they were kept informed of any changes in their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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 manager and staff were aware of their responsibilities under the MCA and the DoLS code of practice. Records showed DoLS applications had been made for people who had restrictions made on their freedom, the provider had a system in place to track the applications and authorisations to identify when renewals were required and to follow up any outstanding applications.

Midland Care Home is a purpose-built home, which enabled people to access all areas. There was an accessible garden space for people to use in good weather and communal areas on all floors that could be accessed by people and their visitors. We observed people using the garden independently. One person said, "The staff are good at making sure we have freedom to come out here for a smoke, they bring me out in the wheelchair." Another person said, "I often come out in the garden for a smoke." We saw there was a covered area in the garden available for people to use.

Requires Improvement

Is the service caring?

Our findings

Most people and relatives told us the staff were kind, friendly and patient. However, some people said the care they received from some night staff was not always very caring. One person said, "The night staff can be a bit abrupt", another person said, "The night staff don't seem to care." A third person said, "I find some of the night staff impatient and I try and get to bed before they arrive." A relative said, "[Name of person] is more settled here, the manager is dealing with the problem ones." People said they had raised their concerns directly with the manager.

Since taking up post in July the manager said they had met with people and their relatives and was aware of the various views regarding the attitude of different staff groups. The manager had met with individual staff to review their performance; they had also looked at the agency staff to ensure only agency staff with the right qualities worked at the service. This was an area that was currently under review and it was anticipated once staff vacancies were filled the reliance on using external agency staff would greatly decrease.

An area of dissatisfaction for relatives was around staff not respecting people's personal clothing. One relative said, "I get really frustrated as [Name of person's] clothes are never hung up. [Name of person] would never dream of wearing creased clothes. Every time I visit I hang them all up, I have asked why the carers bring the clean laundry back to the bedrooms and just put it in the drawers. Surely the laundry staff should be doing this, as they would have pride in completing their job. The carers should be with the residents not doing laundry, I have spoken to the manager about this." Another relative said, "We get clothing going missing and get other people's clothing put in drawers, but they mostly turn up eventually."

Following the inspection, the provider confirmed the laundry process had been reviewed following a manager's meeting in August 2018 and a new labelling system had been put in place. They felt that the concerns raised at the time of the inspection may have been in relation to historic practice. We recommend that the provider further reviews the laundry processes to ensure people have their own clothing returned to them and their clothing is appropriately cared for.

During the inspection we observed people were relaxed around staff and we observed positive relationships. One person said, "The staff are very caring and chatty, they work very hard. Most staff know me well, I mostly have a good laugh with them [staff]." Another person said, "The staff are okay, but they don't have much time to chat." Relatives also gave positive comments on the attitude of the care staff, one relative said, "The staff are amazing, but I don't like it when there is new agency staff as they don't know my mum." Another relative said, "The staff are dedicated and sympathetic." We saw written compliments that had been received, one read, 'The staff ooze compassion.'

The general atmosphere was welcoming, calm and friendly. People's individuality was respected, and staff responded to people by their chosen name. From our observations and conversations with staff it was clear they knew people and understood their individual needs. We saw that staff spoke politely to people and treated them with respect. One person said, "The staff knock my door and call me by the name I want to be called, which isn't my first name."

People told us their dignity was protected and they felt comfortable with the staff when they were providing personal care. One person said, "When I have a wash, I prefer to have a female carer and they always do that." Another person said, "The staff are kind, I don't feel embarrassed when they help me to get washed." People and relatives told us that staff knocked on their doors and waited to be invited in before entering. We observed staff knocking on doors before they entered, and they described to us how they maintained people's dignity such as covering them up with towels when they were giving personal care and ensuring doors were shut and curtains drawn.

People were encouraged to express their views and make choices. People spoke of attending resident meetings and they were aware of the change in the management of the home. One person said, "I haven't been to any meetings, but I usually find out what's going on. I chat to the staff and my daughter gets involved." Another person said, my [Relative] has been to the meetings and they give me the information and tells me what the issues are." A relative said, "There are meetings and the minutes are put on the notice board to read."

If people were unable to make decisions for themselves and had no relatives to support them the provider had the contact details of independent advocate to support them. Advocates speak on behalf of a person(s) to ensure their rights and needs are recognised. However, at the time of the inspection no people using the service required the use of an advocate.

We saw that visitors were recognised and welcomed by reception staff and care staff and offered drinks on arrival. The relatives we spoke with all commented on how friendly and welcoming the staff were towards them.

Good

Is the service responsive?

Our findings

People's needs were assessed, and people felt they had control regarding decisions about their care. The care plans mainly reflected people's physical, mental, emotional and social needs. They included information on people's personal history, individual preferences, interests and hobbies.

People spoke positively about the activities provided at the service and of the commitment of the activity person. On the first day of the inspection an external singer and dancer had been pre-arranged to come and entertain people. We saw this event was well attended by people using the service. One person said, [Name of activity person] and her crew are great. I take part in the singing and I have puzzle books." Another person said, "I do go to the lounge when its singing or I stay in my room to listen to the radio." A third person said, "The activities are very good, there is always something to do if you want it." A fourth person said, "I choose not to do any activities but [Name of activity person] comes into my room and chats to me about what I'd like to do. I spend a lot of time outside smoking." A relative said, [Name of person] doesn't communicate very well, but she loves to go downstairs to see the activities and she sees all the interactions."

People's spiritual needs were met. Faith ministers visited the service to support people to worship according to their faiths. People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and people were able to remain at the home and not be admitted to hospital.

Systems were in place for people to raise any concerns or complaints. Some people told us they had raised concerns with the manager and they felt they had received a quick response and open feedback from the manager. One person said, "I have complained and would take things further if they did not get resolved. I saw a notice was on display saying how to complain, but I prefer to discuss it with the senior staff." Another person said, "I have raised a complaint and the manager took it seriously and I am aware he is looking into it." A third person said, "When I raise concerns it is acted upon quickly, and I am involved in the discussions."

On the day of the inspection a person raised a complaint and the manager took immediate action to investigate the complaint. This assured us that they took all complaints seriously and took appropriate action to investigate and resolve them to people's satisfaction. Records showed that complaints that had been received prior to the new manager taking up position needed reviewing. To ensure that the complaints had been fully addressed, actions taken recorded, and any lessons learnt from investigation findings shared. Following the inspection, the provider confirmed the outstanding complaints had been addressed and they were awaiting a response from one of the complainants before it could be concluded and closed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, information about the home was available in large print.

Requires Improvement

Is the service well-led?

Our findings

The service registered with the Care Quality Commission in October 2017 and the registered manager left the service in July 2018. A new manager took up post in July 2018 and at the time of the inspection were undergoing the necessary checks to register with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a policy on confidentiality and information about people was shared on a need to know basis. However, we saw several files containing people's personal information were not securely stored away. Therefore, people could not be assured personal information about them was treated confidentially. The manager said they would raise this with the provider as a matter of urgency to have suitable lockable cabinets provided to ensure that confidential information was stored away appropriately.

The provider and manager had carried out audits of all aspects of the service, and knew what areas needed improving, and this was a work in progress. These included improving the quality of monitoring records. On the day of the inspection the manager had pre-arranged a staff meeting to address this area with the staff. Further meetings were planned to ensure all staff were aware of the improvements needed. Since the new manager had taken up post they had held one to one and group meetings with all staff. The meetings had focused on improvement and learning to ensure all staff were aware of their roles and responsibilities, and this proactive direct approach was having a positive impact on improving the quality of service.

The provider had policies in place, for all aspects of the service. However, these needed to be further developed to be more specific to the service. For example, the safeguarding and whistleblowing policy did not have the contact details of the local safeguarding authority to support staff to raise any abuse concerns with external agencies. Also, the falls policy did not have specific details as to when the advice from the falls specialist services should be sought.

People told us they felt positive about the changes being made to the service. One relative said, "The staff seem to get on with each other." Another relative said, "The senior staff communicate well, I am kept in the picture and I like that there is openness. Any feedback I give even when its negative is taken constructively." A third relative said, "I telephone when I want and visit at any time, I'm pleased that the staff are open to discussions."

The comments we received about the new manager from people using the service and relatives were very positive. One person said, "I see the new manager quite often, he comes around and has a chat. I expect he is working out the priorities." Another person said, "The new manager is always around, he is smartening the place up." A third person said, "The new manager is very approachable, I can tell him just what I think." A relative said, "I have met the new manager a few times and discussed a few staff problems with him. I'm sure he will be good when he puts his stamp on the place." Another relative said, "I have discussed a few issues with the manager and I think the communication is good." A third relative said, "The new manager is very

open, when I raise concerns he talks to me and takes action."

We found the manager was open and transparent in sharing information with the health and social care professionals involved with the service. They were proactive and very committed to improving the service. They had kept the CQC informed of events at the service through submitting statutory notifications. The feedback we received from commissioners involved with the service indicated they also had confidence in the new manager to continue to make positive changes to the service.