

Hampshire County Council

Harry Sotnick House

Inspection report

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Date of inspection visit:
04 February 2019
05 February 2019

Date of publication:
15 March 2019

Ratings

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

Summary of findings

Overall summary

About the service: Harry Sotnick House is a 'care home with nursing'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Harry Sotnick House can accommodate up to 92 people living with dementia and physical frailty. There were 38 people at the home when we inspected.

People's experience of using this service:

- In April 2018 a new provider took over the running of Harry Sotnick House.
- Improvements had taken place at the service and the managers were creating a culture to support the delivery of high-quality, person-centred care. Multiple governance systems had been introduced and had led to positive outcomes for people. However, further time was needed to fully embed some of the processes in order to ensure records reflected clear assessment of risk and lessons learned following incidents.
- Medicines were managed safely and people were supported by effective staff who understood their responsibility to keep people safe.
- People's involvement in activities had greatly improved and they were provided with opportunities to access the community by staff who were keen to do this.
- People were mostly treated with kindness and respect by staff who understood the importance of supporting people to make their own decisions and of the importance of maintaining privacy and dignity.
- There were enough staff to meet people's needs and the provider was actively working to recruit registered nurses.
- People were supported by staff who felt valued and listened to and who felt the training opportunities for them were good.
- The management team were open and transparent. They understood the regulatory responsibility and were working hard to provide an effective service to people. No one had any complaints and felt the management team were open, approachable and supportive. Everyone was confident the provider would take the necessary actions to address any concerns promptly. Feedback about the management team demonstrated they listened and took any feedback as an opportunity to make improvements for people.

Rating at last inspection: A focused inspection carried out in August 2018, following concerns, rated this service as Requires Improvement. (Report published September 2018).

Why we inspected: This was the first comprehensive inspection of this service since the change in provider in April 2018 and was to ensure the provider was meeting the requirements of the legislation.

Follow up: There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Harry Sotnick House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors; a specialist advisor, pharmacy inspector and expert by experience who had personal experience of caring for older persons with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Harry Sotnick House is a 'care home with nursing'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Harry Sotnick House can accommodate up to 92 people living with dementia and physical frailty.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of such as abuse. We used 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.

Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke to eight relatives/friends, ten members of staff, the registered manager and the service manager. We looked at the care records for six people in detail and the medicines records for 13 people. We also looked at six staff recruitment records; staff supervision and training records and records relating to the quality and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and records about risks lacked clarity. There was an increased risk that people could be harmed.

- Staff's knowledge of the people they supported was good and they were aware of risks associated with their needs. Some improvement to the records about risks for people had been made since our last inspection in August 2018 but some areas continued to lack clear assessment and mitigation plans to guide staff. This posed a risk due to the high number of agency nurses being used in the home.
- For example, one person was living with Parkinson's (a degenerative condition that poses risks to people). Although a care plan was in this person file, it lacked detailed information to guide staff about the condition, the risks this posed and how staff should monitor and manage this. In addition, we found that where people were living with epilepsy their care records provided no clear guidance to staff about how their seizures presented, any triggers to seizures, how these were managed and when to escalate and contact emergency services. Staff had not received training to support their understanding of epilepsy but the registered manager was sourcing this. Registered nurses were present in the home, knowledgeable about the management of seizures and records showed where had occurred and been managed appropriately. This meant the risk to people was reduced. However, agency registered nurse's competency to manage epilepsy safely was not assessed by the provider meaning that they could not be assured by of all agency nurses competency and therefore good, clear risk management plans were required.
- Care and support was provided to some people who could display behaviours which could challenge. However, risk assessments were not consistently in place to guide staff on how to manage these behaviours in a consistent way. Despite the lack of assessments and mitigation plans, staff appeared to know people's triggers and behaviours well.
- Some people who displayed behaviours which could challenge were living with significant mental health conditions. However, no plans were in place to guide staff about how they would recognise if the behaviours were a result of a deterioration of the mental health condition and what action to take if this was the case. The registered manager acknowledged this and was aware of and had plans to develop the risk assessments and management plans.

Learning lessons when things go wrong:

- Where incidents had occurred, we could not always see how this information was used to ensure lessons were learned and improvements made. For example, one person had suffered an injury and whilst the incident record had identified the potential cause, this had not informed their care planning and risk assessments. The information about the potential cause was not recorded in their care records and it was not evident how this information was shared with staff to reduce the risk of this reoccurring.
- Following a recent incident, additional training had been provided to staff around the use of thickening agents used in fluids. An audit had been undertaken of all those people who were at risk of choking and the support measures they required. Clear information was made available to staff in the kitchenettes of the home and staff accessed this when advising us about people's current nutrition and hydration needs.

However, this information had not been consistently used to ensure clear and consistent records were in place for staff to follow. For example, one person's care records provided inconsistent advice about the consistency of how their food and fluids needed to be. One member of staff gave us inaccurate information about this person's needs before confirming this with the kitchen staff. We informed the registered manager who told us they would ensure all staff were aware of each person's needs in relation to their diet and fluids.

- Staff told us discussions took place to ensure lessons learnt and good practice was shared. They told us they would discuss as teams any incidents that had occurred to consider if other action was needed to prevent reoccurrence.
- Discussion with registered nurses demonstrated clear rationale for decisions made, for example for the use of bed rails to reduce the risk of falls from bed, however the rationale for these was not clearly demonstrated within the records so did not always reflect that changes in people's support was due to effective evaluation and lessons learned.

Staffing and recruitment:

- At the last inspection there were some concerns about staffing levels based on a high use of agency staff and new starters. Some improvement to staffing had been made since this time. More permanent staff had been recruited and the provider was continuing to recruit in order to provide a stable workforce. There were sufficient staff to meet people's needs safely. A core number of staffing was provided, with extra staff used as identified by the registered manager based on feedback from staff, their observations and on people's changing needs; Where people required one to one support, this was provided.
- Although the number of staff available was sufficient to meet people's needs, the provider and registered manager were aware of the ongoing need to recruit registered nurses. At the time of the inspection, a high number of agency nurses were being used. The registered manager booked these in advance to try and ensure consistency. Agency workers received an induction and an assessment of their ability to administer medicines but the provider and registered manager were not using a framework to assure themselves of the competence of these agency nurses to meet the needs of the people living in the home. We discussed this with a senior manager who told us they would take this forward and adapt their local induction to assure themselves of these workers' competence to meet the needs of those living at Harry Sotnick House.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely:

- Medicines were stored safely. The temperature of medicines storage was monitored daily and guidance was in place to inform staff of the action to take if the temperature exceeded safe limits.
- Medicines records were accurate, up to date and provided clear guidance to staff; No gaps were found in the administration records.
- Medicines that required additional monitoring were managed well and risk assessments were in place where these medicines posed risks.
- Staff, including agency staff, had received training about managing medicines safely and had their competency assessed.
- Medicines errors were recorded and action taken to ensure people's safety following these.
- Regular medicines audits were carried out and where required, identified action that needed to be taken, which we observed had been completed. Changes had been made as a result of audits and errors including weekly audits by the providers' practice development nurses had been introduced, daily stock counts had commenced and peer to peer checking of medicine administration records.

Systems and processes to safeguard people from the risk of abuse:

- People were protected against the risk of abuse; Staff, including agency workers, had received training and the provider had a policy in place to guide staff.

- Staff were able to describe the signs of abuse and were confident to report any concerns and felt these would be listened to and acted upon.
- Records of referrals made to the local authority (LA) responsible for safeguarding were maintained, including a record of the LA outcome to the referral. Where concerns required investigation by the provider or registered manager this was completed.

Preventing and controlling infection:

- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- Several items of equipment had been replaced to ensure good infection control measures could be maintained.
- The home was clean, tidy and free from bad odours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Prior to starting with the service, the registered manager told us they would meet with the person and any other relevant people to ensure they could meet the person's needs. Nationally recognised assessments were completed and used to inform care planning and care delivery. For example, skin integrity assessment informed care plans for people where needed and these advised staff on the care they were required to deliver.

Staff support: induction, training, skills and experience:

- Staff told us they were supported well. They said they were comfortable to approach any member of the management team, who they described as always available to them.
- New staff undertook a period of shadowing of experienced staff and were required to complete a training package before they could work unsupervised with people. The providers training package was aligned to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A variety of training was available to staff but since the provider had taken over they had prioritised the training they needed staff to undertake. At the time of the inspection they were moving to the next level of training which included person centred care.
- A clinical competency programme had commenced with some staff, to provide them with additional skills to support registered nurses in meeting people needs.
- Practice development nurses provided workshop based sessions with staff where a training need was identified.
- Staff were very enthusiastic about the training opportunities they were provided with. They told us since Hampshire County Council had become the provider, they had received a large amount of face to face training that they had found informative and helpful in their role. Other ancillary staff told us how they found it helpful to undertake the same training that care staff received, especially in relation to working with people with dementia. One member of staff said "I feel extremely lucky and really supported with training. I have done Dementia mapping and level 3 in Dementia leadership and have just embarked on my Level 5 in Health and Social Care leadership. There is a wealth of training and I feel very valued when it comes to training".
- Since the provider had started operating the service, staff had received at least one supervision session. Staff described these as two-way discussions where they had a formal opportunity to give feedback and share concerns.
- The registered manager had a plan to commence appraisals with staff this year.

Supporting people to eat and drink enough to maintain a balanced diet:

- People's dietary needs and preferences were met. Staff were aware of people's likes and dislikes; People were provided with a choice of meals and drinks and supported to make their own choices. For example, one person was provided a visual choice of two main courses and selected the meal they wanted.
- Kitchen staff had a good knowledge of individuals needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to preparing meals.
- People's nutritional needs were monitored. Kitchen staff prepared foods to ensure a high calorie content for people; Snacks and milkshakes were available for those who wanted and needed these.
- Kitchen staff ensured meals were presented in an appetising way. Where people had a particular like and needed the consistency of their food modified, the kitchen staff made every attempt to support this and ensure the food remained appetising. For example, one person liked salmon sandwiches and had these as snack twice a day but needed a texture modified diet. The kitchen staff had developed a way of ensuring the sandwich met the persons needs and looked and tasted like a sandwich. This had helped the person to regain weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare professionals as needed and relatives were confident their relative's health needs would be met.
- A practice nurse routinely visited the home twice a week and a GP visited once a week. This enabled good communication and oversight of any health needs and prompted support when people were unwell.
- Records reflected other professional's involvement including dentists, opticians, speech and language therapists, chiropodists and older persons mental health professionals.
- People's medicines was reviewed at regular intervals with their GP.
- Handovers between staff took place at every shift change. Daily clinical meetings took place between registered nurses and assistant practitioners and a daily meeting between head of department and the registered manager occurred. These all aimed to ensure good communication, team working and raised awareness of people's changing needs.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and capacity assessments had been completed. Most of these had associated best interest's decisions recorded which reflected other people, including families involvement.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. They were aware of what decisions people were able to make independently and where they may need further support to do so. They understood who was subject to a DoLS and what these meant. No one had any conditions associated with their DoLS.

Adapting service, design, decoration to meet people's needs:

- People were cared for in an environment which aimed to meet their needs. It was spacious and well lit. Rooms were laid out to enable people to understand the purpose of the room. For example, the dining room

looked like a dining room with table laid with cutlery and condiments at meal times. Bedrooms were spacious and people were able to personalise their rooms.

- The registered manager had further plans to make the environment more dementia friendly. People staff and relatives had been involved in renaming areas of the home and were developing plans to decorate these.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Relative's spoke positively about staff describing them as "Brilliant". One relative told us, "The staff are friendly and helpful, and the current manager also". A second told us that they felt person centred care was important to staff.
- Written feedback confirmed this. One person had written, "Thank you to each and every one of you for the care you gave [person] our mum over the years. Despite her illness you all treated her as the person she was which was not easy at times, and helped maintain her dignity to the end. Words cannot thank you all enough, we all miss her."
- The majority of our observations reflected staff were kind and caring in their approaches to people and they spoke about people with compassion and respect. Most staff spoke respectfully to people, ensured they were at eye level with people and spent time trying to ensure they understood what people needs were. Most staff recognised when people needed support, reassurance and provided this. We observed two members of staff supporting people with drinks in their rooms. They were engaged well with people and this was a positive two-way interaction.
- However, there were a couple of examples when we did not see this. We discussed this with the registered manager who told us they would take action to address this with staff. We were confident this was not a widespread concern across all staff and that the registered manager would address this.
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Kitchen staff recognised cultural needs and prepared food in line with these. One member of staff told us, "We do have religious services as part of our activities planner of different faiths who come in and if residents want to go out to church then we have St. Marys just here who people can go to".
- The registered manager told us the provider ran a LGBT support group for staff and whilst they did not always ask questions about all protected characteristics during the assessment stage, they would ensure they looked at any specific needs during care planning. The registered manager was confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.

Supporting people to express their views and be involved in making decisions about their care:

- People and their relatives were involved in the planning of their care as much as possible. Staff ensured that relatives and others who were important to people were kept updated with any changes to the person's care.
- Where needed, people were supported to access advocates. An advocate is someone who can speak up on behalf of another who is unable to do this for themselves.
- The registered manager was aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Documents could be given to people in a variety of formats for example, easy read, large print and pictorial.

- Staff understood peoples' communication needs. One member of staff told us "[Person] also has Dutch phrase cards available to staff to use". Staff supported people to be involved and make decisions about their day to day care. For example, what to wear, eat, drink and do.
- The registered manager showed us a "Wish tree". This was a place where people were supported to hand in their wish and once a month one was randomly chosen and made to come true by staff. For example, one person wanted to meet a football team and see a football game. Staff made this wish come true for the person and photos were displayed to show how successful this had been.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy was protected and respected. One member of staff told us there had been a significant change in the way staff understood privacy and dignity. They told us how previously staff would continually leave bedroom doors open when supporting people with personal care, not recognising that this was inappropriate. The member of staff told us this had significantly improved and this practice was no longer occurring.
- A member of staff told us, "When we are in their rooms the doors are always closed. If anything happens in the lounges we get the shields and put them around them and keep it dignified and private."
- Staff used people's preferred form of address and recognised promptly when they were anxious, using distraction and re-directional support to reduce help reduce this for them in a discreet manner.
- Handovers and clinical meetings took place in private areas and records were stored securely and confidentially.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- Staff involved people and their relatives where appropriate in their support. They gathered information from a variety of sources to ensure that the support plans implemented were based on the individuals needs and preferences.

- Staff responded to people's needs and sourced external input from other professionals to ensure their needs could be met. Following the provider taking over the service a complete review of all people's needs was undertaken. Several people were identified as needing further support to manage pain and this was acted upon and now managed well. Other people were identified as needing further support from other external professionals. Additional equipment had been sourced to support these people.

- During the inspection we found a physical health issue for one person had been promptly identified and acted upon. For a second person we saw evidence of care planning changes, communication of needs and clear monitoring following involvement and advice from an occupational therapist.

- Care plans contained a range of information relating to people and some of these were person centred whilst other required improvement to ensure they were truly person centred and reflected all information staff would need to understand a person needs, wants, wishes, likes and dislikes. For example, care plans did not reflect how people's, spiritual and cultural needs were to be met. The registered manager was aware of this and had plans to ensure all staff received person centred care training to support the development of these care plans. A life story book was maintained for each person but held separately to their care records and not with the person. This was made up of photos showing the person engaging in hobbies and interests, demonstrating their likes, dislikes and preferences.

- The registered manager, staff and relatives were very pleased with the changes that had been made in the activity provision for people. Areas of the home had been developed to support specific activities. For example, one room was a garden room and another looked like a bar. A shop was made available for people to access and a hair dressing studio.

- A 'friends of Harry Sotnick' group had been created which included relatives and volunteers, they undertook fundraising events to support activities for people. Recently a large TV with internet access had been purchased. The plan was to improve the Wi-Fi and stream activities on to screens for those who may choose to remain in their rooms.

- An activities plan was in place and on display. This was based on what staff knew about people's likes. Activity staff were observed to positively engage with people throughout specific activities and generally throughout the days.

- Relatives and the registered manager told us that as well as in-house activities such as bingo, people were now accessing the community more often. Staff supported those to go out when they wanted. One member of staff told us about one person who they said, "Loves the navy and one of the lifestyle coordinators will take him there at least once a month".

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. However, the registered manager and service manager told us they were very proud of the work they had done to improve end of life care since the provider took over this service.
- Some staff had completed training with the local hospice around a nationally recognised end of life care programme. Staff were completing reflective practice sessions following end of life care to look at areas that went well and those that could be developed further. The registered manager had plans to ensure all staff had received end of life care training and was able to tell us how people's wishes and choices for the end of their life were supported.

Improving care quality in response to complaints or concerns:

- No one we spoke with had any complaints. Relatives said they would talk to staff or management if they were worried about something.
- Relatives told us they felt since Hampshire County Council had become the provider they felt they could approach the registered manager and were very confident they would be listened to.
- Records of complaints were maintained and reflected these had been managed appropriately and responses provided to the person who raised the complaint.
- The registered manager and their team of staff recognised that complaints and feedback was an opportunity to learn from and make changes for the benefit of the people they supported.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Improvements had taken place in the service and managers were creating a culture to support the delivery of high-quality, person-centred care. Although more time was needed to fully embed some governance processes, multiple systems had been implemented to monitor the service which had led to improvements for people.

Quality performance, risks and regulatory requirements:

- Some of the home localised monitoring systems needed more time to be fully embedded, although the manager was aware of this. Whilst incident and accidents were recorded, these did not always lead to a review of care plans and risk assessments for people. For example, we found one person had displayed physically aggressive behaviours but no plan to manage this risk was in place. It was not clear that these incidents had been used to ensure strategies to prevent behaviours and manage them. The registered manager told us they would be reviewing this system. Care plan audits had not been undertaken for everyone who lived in the service and as such a lack of person centred information such as clear communication care plans or risk assessments had not been identified.
- However, there were a number of systems in place to support the assessment and monitoring of the quality and safety of the service. These included; audits of medicines, audits of care records, wounds, equipment, incident and accident recording and monitoring, a newly introduced house governance meeting as well as provider visits and provider governance monitoring.
- The registered manager had an extensive action plan when they started in the home and we saw a number of significant achievements had been made since this time.
- Positive outcomes for people had occurred as a result of some of the governance systems implemented. For example, when the provider took over the service, a number of audits had been undertaken to ensure people's needs were being met. One of these included a review of all those residents who were looked after in bed. The audit identified the needs of people and if any specialist equipment was required in order to support people to get up and out of bed. The registered manager and a senior manager advised us that on arrival at the home they had identified a number of people whose pain was unmanaged. As such, they liaised closely with other professionals to ensure these people's pain was managed effectively. As a result of this and the audit, more equipment was purchased and people, where they were happy to, were supported to get out of bed.
- In addition, the manager had introduced a daily walk round. This involved a daily review of the service, including staffing levels and any key issues within the home that needed addressing for people. A further daily meeting took place with heads of department to share findings and discuss any urgent or key matters that required addressing.
- The registered manager maintained the homes action plan and used this to monitor progress as well as plan further developments. They were very responsive to our feedback and also incorporated into the action plan how the issues we shared with them at feedback would be addressed and by when.

Managers and staff being clear about their roles; Planning and promoting person-centred, high-quality care and support;

- Management and all staff expressed an ethos for providing good, quality care for people, that was based around their needs, wishes and future aspirations. A member of the management team told us, "I think we have a very open culture, work alongside our staff as a management team. We foster a culture where we encourage people to bring concerns to us. We are present on the floor and see things. We put things in place and learn from things. We ensure there are enough staff on shift to ensure people are safe. We check in with people: observe changes in behaviours".
- Feedback from relatives and staff consistently reflected a positive change in culture in the service and in management approaches. One relative told us, "The involvement of Hampshire County Council has been very positive. The manager is excellent, approachable and supportive and so are the staff. If I died tonight I know my wife is cared for".
- An agency nurse told us they, "felt safe working there as a nurse now". They told us about improvements in care planning, medication management, attitude and culture of the care staff. They said the service had changed for the better and felt that it continued to move forward positively. They were confident to whistle blow if necessary and felt that any issues raised with the registered manager would be acted on.
- A second member of staff told us things had really improved and felt the service was now focused on people's needs. They said the "Manager and deputy are great, I can go to them with ideas and they listen. They are very supportive".
- The registered manager and office managers were very much involved in the day to day running of the service and were available to staff, people and relatives; A clear staffing structure was in place and everyone knew and understood their roles and responsibilities. Another member of staff told us, "There are more clinical leads accessible on the floor. One person previously could not manage this role, especially when we were full, it is much better now I have more support".

Engaging and involving people using the service, the public and staff:

- A number of systems were in place to engage people and others. Regular meetings were held with people and their relatives to gain their views and seek feedback.
- Surveys had been undertaken with people, relatives and staff. The results had been displayed with feedback from the manager about the action they had taken to address areas that required improvement.
- There was a good communication maintained between the registered manager and staff; Regular meetings with staff took place to share and encourage feedback. Staff were recognised for their achievements and contributions. Staff felt valued. One told us, "I definitely feel valued and appreciated and that the contributions that I am making to the service are recognised and from a management point of view I have no complaints at all. I am happy in my work, happy in my role and I feel very supported".

Working in partnership with others; Continuous learning and improving care:

- The service worked well with other professionals. At the time of the inspection they were working closely with the local authority and holding regular engagement meetings.
- Staff worked closely with GP practices and other professionals. They were building relationships with local churches and other organisations in an attempt to create links with the community for people.