Handsale Limited

Colne Place Residential Care Home

Inspection report

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Tel: 01787222314

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Colne Place Residential Home provides accommodation for up to 33 older people. The service provides care and support to people with a range of needs which include; people living with dementia, those who have a physical disability, and/or a sensory impairment.

There were 29 people living in the service when we inspected on 26 April 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

Care and support was based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions. People were encouraged to pursue their hobbies and interests.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. Audits and quality assurance surveys were used to identify shortfalls and drive improvement in the service.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent care workers to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People's care, wellbeing and social inclusion was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

People's feedback was valued and acted on. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Progress had been made to establish an effective quality assurance system with identified shortfalls addressed promptly which has helped the service to continually improve.

Colne Place Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 April 2016. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Before our inspection a Provider Information Return (PIR) was submitted by the registered manager. This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 10 people who used the service and two people's relatives. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and eight members of staff, including care, administrative, catering and domestic staff. We spoke with the visiting hair dresser and also a health care professional. In addition we reviewed feedback received from two health and social care professionals.

We looked at records relating to the management of the service, staff recruitment and training, and systems

for monitoring the quality of the service provided.

Good

Is the service safe?

Our findings

At our last inspection on the 23 April 2015, we found improvements were needed to ensure the premises were safe, secure and well maintained throughout. Following our inspection the provider sent us an action plan describing how they would address our concerns. During this inspection we found that progress had been made. This included improvements to external ground works such as fixing the uneven paving slabs and large gaps in the pea shingle path. This meant people could safely access the garden and patio area without an increased risk of injury from tripping/falling on the uneven surfaces.

The floor in the corridor outside the dining room had been levelled so no longer posed a trip hazard to people moving about the service. Both lounges had been redecorated with new arm chairs in one of them. The improvements needed for the remaining external works including the windows and external plastering was planned for completion by September 2016. The upgrade and refurbishment to communal bathrooms was ongoing and being carried out as part of a rolling programme of works. The registered manager advised us that work was due to commence 3 May 2016 for installing a wet room/shower room and should take eight days. The other bath room was booked in six weeks later.

In addition the registered manager described further environmental improvements planned or implemented to benefit the people using the service. This included a replacement carpet for the back hall which had been ordered, new dining room chairs and creating raised flower/vegetable beds so people could safely pursue their gardening interests. The registered manager said they were also looking into appropriate signage and or pictures to aid navigation around the service to help people who may be confused to retain their independence and move around the service safely and freely.

At our last inspection we found inconsistencies with the staffing arrangements in the service. The organisation and delegation of the staff meant that people did not always receive the support they needed consistently and in a timely way. During this inspection we found these areas of concern had been addressed. A nurse call bell monitoring system had been implemented which alerted staff when people required attention, particularly in an emergency. This was monitored daily by the registered manager to check that the staff were responding in a timely manner. The call bell system was also monitored for increased use by an individual which may indicate their needs were changed.

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person told us, "The staff are incredibly attentive and kind. I never have to wait long for help." A relative told us, "Staff are always about if you need anything." This was confirmed during our observations. We saw that staff were attentive to people, checking on them in the communal areas and bedrooms. Call bells were answered promptly and requests for help given immediately.

The registered manager explained how the service was staffed each day and that this was determined by the dependency levels of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed

extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. This showed that appropriate action was taken to reduce the risks to people. Our conversations with staff, feedback from relatives and records seen confirmed there were enough staff to meet people's needs.

People told us that they were safe living in the service. One person said, "I have a pleasant room overlooking the orchard. The home is of a good standard. I have found no problems at all. People are pleasant and they [staff] help you if they can. I don't feel neglected; I would go to the head one [registered manager] if I had can concerns." Another person shared their positive experience, "I feel secure; at night the door opens every hour and they [staff] check that I am alright." One person's relative told us, "I do think [person] is safe and [person] is happy here." We saw that staff were attentive to people's needs to ensure that they were safe. For example, when a person tried to stand unaided, a member of staff was quick to respond to the person to make sure that they were supported safely. When another person mobilised around the dining room, staff moved chairs out of their way to reduce the risks of them walking into them.

Systems were in place to reduce the risk of harm and potential abuse and staff had received up to date safeguarding training. They could tell us about their responsibilities to ensure that people were protected from abuse, knew how to recognise and report any suspicions of abuse and described how they would report their concerns to the appropriate professionals. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training and communication to staff when learning needs had been identified.

People were protected from risks that affected their daily lives. They had individual risk assessments which covered identified risks such as nutrition, medicines, falls and pressure care, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions such as diabetes, dementia and Parkinson's had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Outcomes of risk monitoring informed the care planning arrangements, for example sustained weight loss prompted onward referrals to dietetics services. We saw that people were being supported to move in a safe manner which was in line with their risk assessments. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

Equipment, such as lifts and hoists had been serviced so they were fit for purpose and safe to use. The environment was free from obstacles which could cause a risk to people as they moved around the service. Records showed that fire safety checks and fire drills were regularly undertaken which helped to ensure staff and others knew how to reduce the risks to people if there was a fire. Information including guidance and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the management team or representative of the provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Suitable arrangements were in place for the management of medicines .People told us they received their medications when required. One person said, "I have so many pills to take. It is a job to remember what is what. They [staff] are ever so good and remind me what I am taking and why. Never a problem. Always very patient with me. I get my pills usually at the same times each day. Quick to check if I need anything extra

especially if they can see I am in pain or struggling." We observed a member of staff administering medicines to people after their lunch so it did not impact on people's enjoyment of their meal. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food or at certain times.

Medicines were stored safely. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). Monthly audits on medicines and regular competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Following our inspection the registered manager advised us that in addition to the regular audits they were implementing a daily medicines checklist that each shift leader would complete at the start and end of their shift. This included a prompt to check for any gaps in MAR's and to report any discrepancies found so that they could be addressed swiftly. This was in response to the recent medicines audit which had flagged up several gaps in the records.

Good

Is the service effective?

Our findings

Staff were trained to meet people's varied needs. We saw a member of staff support a person who was anxious and distressed in a consistent and calm manner. They demonstrated their understanding of the person's needs and their reassurance comforted and settled them. In one of the lounges we saw a member of staff prompt a person and encourage them discreetly as they mobilised independently towards the visiting hair dresser. The person said, "I fancy getting my hair done. Will cheer me up as not feeling the brightest today." They indicated towards the member of staff who was with them and said, "They [member of staff] is lovely and very attentive. Keeps an eye on me and doesn't let me do to much as I might fall. They [member of staff] keep me going and encourage me all the while."

In addition to the mandatory training, including safeguarding and moving and handling, staff described training provided to them to specifically meet people's diverse needs. This included supporting people with diabetes and pressure care awareness. A member of staff described their experience of the training. They said, "There is plenty of training available and we regularly discuss best practice in supervisions and in team meetings." The registered manager described how they were planning to rollout dementia awareness training to all staff. This included catering, domestic and maintenance to improve their understanding of meeting people's needs. These supportive measures provided staff with the knowledge and skills to understand and meet the individual needs of the people they cared for.

People told us that staff were well trained and competent in meeting their needs. One person said, "[Member of staff] is very aware of how I like things done. Doesn't need telling twice. Brilliant at what they do." A relative commented that, "Staff are trained and I am confident in them and they do respond to [person's] needs." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

The registered manager told us they worked closely with other professionals to ensure people's needs were met safely and effectively. They described examples of this. This included the measures in place to reduce one person's risk of falls. This included regular night checks, a sensor mat to alert staff if the person tried to stand unaided and a flow mattress to maintain the person's skin integrity. On the day of our inspection the registered manager had taken delivery of a specialist chair so the person could be comfortable and safe from slipping/falling off the existing chairs and injuring themselves. However the wheelchair that was being used to support the person from transferring from one room to another was not suitable. They had reported this to the relevant professionals and a detailed risk assessment was in place to reflect the actions taken to mitigate risks whilst an appropriate solution was identified. This showed us appropriate care arrangements were in place for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager gave us examples of when relevant applications had been made under DoLS to the relevant supervisory body. They told us the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful

People were asked for their consent before staff supported them with their care needs for example assisting them with their medicines. Staff had a good understanding of DoLS and MCA. Records confirmed that staff had received this training. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office. People's care records included documents which had been signed by people to consent to the care provided as identified in their care plans.
People's capacity to consent had been assessed. This assessment included people's relatives, representatives, health and social care professionals and staff involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food and told us they had plenty to eat and drink. Where some people had said they would like bigger portions and the temperature of the food to be hotter we passed this feedback onto the registered manager to look into. One person said, "The food is a good standard, certain amount of choice, reasonable servings and we [people living in the service] get together at meal times and we have things in common and we chat together." Another person commented, "Food overall is pretty good. One of the cooks does old fashioned cooking and last night we had slices of cold meat and waffles, another time bread and cheese. [Cook] caters for old fashioned tastes" Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/representatives on their behalf, where appropriate had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Where the staff had noted concerns about people's health, , or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "I like it here, it is very nice and the staff treat me well." Another person commented, "Staff are very helpful mostly and would praise them up; none are unkind to me." A third person shared their experience of using the service with us they said, ""Staff are all nice. I have had no troubles settling in and feel well cared for."

Feedback from relatives about the staff approach was positive. One relative commented, "Generally it is very good, staff are very kind, quite tender." Another relative described the positive staff interactions they witnessed they said, "I notice the staff with the residents who are upset and they [staff] give them time, they put their arms around them and pacify them. They [staff] are always a visible presence."

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. They expressed interest in people's lives and knew them well; demonstrating to us an understanding of people's preferred routines, likes and dislikes and what mattered to them.

A visiting professional told us, "It is lovely here. Everyone is friendly; beautifully caring staff. Always a nice atmosphere and the residents are happy. Always staff about and I never hear of unhappy staff. Very homely; residents are happy within a happy atmosphere."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person said, "I can talk to any of the staff here if something is troubling me. They are all very good listeners." Records showed that people and, where appropriate, their relatives had been involved in their care planning.

Planned reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. For example one person told us that they had requested a later time for their bath and this had been accommodated. They said, "Recently it is taking me longer to get going in the morning. My early bath time was too tiring. I much prefer it now in the afternoon or evening. I told the senior and they sorted it all out." Records seen confirmed the changes had been made. This demonstrated that people's comments were listened to and respected.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, "Staff are very pleasant. They are all kind. They are all good and very friendly. Bath sessions; they [staff] check the water it is nice and warm and ask if I am feeling alright…..I sit on the seat and go down in the water and I have a soak. They [staff] leave me for 10 minutes and then come back and dries my back. [Staff member] does not embarrass me." Another person told us, "They [staff] are really kind people. They help me have a bath and help me with my clothes." A staff member told us that people's choices were respected and shared examples of people who required support when they were incontinent

during the night. They explained how people were regularly checked to ensure they were comfortable and offered support and encouraged to change where required, but if they refused this was respected.

People's records identified the areas of their care that people could attend to independently and how this should be respected. One person told us, "If you need help they [staff] do come and help you. You can make a cup of tea if you want to." We saw that staff encouraged people's independence, such as when they moved around the service using walking aids and sitting in arm chairs.

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. One person told us, "They [staff] respect my need for privacy and dignity when giving me care." This was supported in our observations; when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

In addition we saw that the visiting hair dresser as well as styling people's hair also discreetly when asked removed any excess facial hair for people. For several ladies we spoke to this was important to them in maintaining their dignity and appearance. One person said, "As a lady it is unseemly for me to have hair on my face. [Hair dresser] is very good at getting rid of it with the minimum of fuss. Which as my eye sight is not so good now I greatly appreciate."

Good

Is the service responsive?

Our findings

We observed people participating in activities, both on an individual and group basis in the lounges. For example, people had their hair styled, were playing board games and doing quizzes as well as watching television, listening to the radio and chatting with each other and staff.

In the afternoon the activities coordinator arranged a quiz and people were actively involved. They told us afterwards they had enjoyed the activity. One person said, "There is usually stuff to do to keep you busy and not bored. I would like more entertainment and having people come in as it breaks it up but think it is the budget. They [registered manager] does try to arrange things but be good to have some more. We all look forward to it. Creates a real buzz." Another person told us how they enjoyed the different things available they said, "We do bending and stretching, art classes and have entertainers and bands come in and dancing which I join in with."

Overall people told us they enjoyed the activities but several people mentioned it would be good to have more entertainment and we mentioned this to the registered manager. They said they would raise this with the provider as it would mean increasing their existing budget. We saw that throughout the day people were taking advantage of the warm weather and some had taken a stroll in the gardens."

People and relatives told us that there were social events that they could participate in as well as, both individual and group activities. One person said, "We recently made Easter bonnets .I am looking forward to the summer fete we will be celebrating the Queen's birthday." One person's relative said about the activities, "There are quite a few things that go on; very sedentary things likes making hats." Throughout the day we saw that staff frequently visited people who had chosen to remain in their bedrooms and spend quality one to one time with them. This included reading the newspaper, helping with a crossword or chatting with them. This meant that people's wellbeing and social inclusion were being met.

People told us they were encouraged to pursue their hobbies and interests and there were pictures throughout the service of people engaged in different things they enjoyed. For example knitting, gardening, arts and crafts and painting. There were also pictures of the special events that had taken place over year such as Easter bonnet competition, afternoon tea and a garden party. The activities coordinator told us the photographs as well as making the service look more homely, prompted people to talk about the things they liked to do. This helped the staff to organise activities that people enjoyed. Each person had an activity book. This included what they liked to do in a group and as an individual. It also included activities they didn't want to be involved in. This showed that the majority of people's social and cognitive needs were considered, planed for and accommodated. However we did find the records for people who were cared for in their bedrooms or who chose to remain there rather than participating in the group activities did not consistently reflect the interactions and engagements of the staff that we had seen visit them. The registered manager took immediate action and introduced a form for staff to complete when they interacted or did a 1:1 activity with someone so they could document and be assured that everyone's social and cognitive needs were being met.

We saw that people chose where they wanted to be in the service and what they wanted to do. From our observations, what we were told and records that we looked at we could see that people's individuality and choice were promoted and respected.

Staff were knowledgeable about people's diverse needs and how to meet them. Care records contained relevant information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated and when changes had occurred which meant that staff were provided with information about people's current needs and how these were met. The registered manager advised us that the care plans were being updated and transferring onto a new format which would provide more person centred care information.

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to menus and the choice of activities provided following suggestions made. Good care practice was fed back to the staff through team meetings and in one to one supervisions to maintain a consistent approach.

Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Through discussion with people, their relatives and staff we saw how compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service. People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person said if they did have any concerns, "I'd talk to the head one [registered manager] here." A relative described the positive communication in place, "I always knock on the office door when I arrive and go and ask if there is anything I should know."

Good

Is the service well-led?

Our findings

We found that the registered manager had made continued progress in addressing the shortfalls found at the last inspection particularly with the safety of the environment and ineffective staffing arrangements to meet people's needs. The registered manager was proactive and positive when errors or improvements had been identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Although they acknowledged some improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were fully embedded, we found that this was a positive change in the culture of the service and was enabling the service to move forward

It was clear from our observations and discussions that people, their relatives and staff were comfortable and at ease with the registered manager. Feedback received from people, relatives and health and social care professionals cited positive staff interaction and improvements to morale and the atmosphere within the service. One person said, "[Registered manager] is always available and here all the time. Never a problem to have a quick word with them. Staff seem happier too. There is more of them and they don't seem to be in such a rush like before" Another person said, "The manager is very helpful. Easy to get on with and [will] sit in the canteen in the morning and chat before they start up. [Registered manager] is very useful and I go to [them] with any problem and [they] sort it out – things like money/fees. [Registered manager] is a marvellous woman; always happy to talk and sort any little problems."

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the registered manager and staff team were approachable and listened to them. One member of staff described the improvements and the positive impact following the changes since our last visit. They said, "The [registered] manager has been too soft in the past but the last 6 months [they] have changed but still got the open door/group feeling; [they are] doing alright. [They are] now a lot more visible in the home." They went on to describe examples of how the registered manager was more hands on in the service and how this supported staff. This included being a key worker for one person with complex needs.

Staff were clear on their roles and responsibilities. They told us they felt supported by the registered manager and could go and talk to them if they had concerns. They said staff morale had improved. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team.

Quality assurance systems had been improved and were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and records. Incidents and accidents were analysed and checked for any trends and patterns. Where areas for development had been identified these contributed towards an improvement plan for the service. This plan highlighted the agreed priorities, actions to be taken and timescales for completion. This included improvements to training, staff supervision and ongoing maintenance.