Mr A Agarwal

Leiston Old Abbey Residential Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried over two days, 27 and 28 October 2014.

Leiston Old Abbey residential home provides accommodation and personal care for up to 40 older people who require 24 hour support and care. Some people are living with dementia. There were 23 people living in the service when we inspected.

At our last inspection in April 2014 we found breaches of regulations relating to assessing and monitoring the quality of service provision. At a focused inspection in August 2014 we found breaches of regulations relating to management of medicines. Following both inspections the provider sent us an action plan to tell us what improvements they were going to make. During this inspection we found that the improvements had been made and the breaches were now being met.

There was no registered manager in post at the time of our inspection and this had been the case since October

Summary of findings

2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed in September 2014 and at the time our inspection was in the process of applying to be registered.

Staff were provided with the information that they needed to safeguard the people who used the service from abuse. Staff understood their responsibilities to ensure people were kept safe and knew who to report any concerns to.

Improvements were needed to ensure there were always sufficient numbers of staff who were trained to meet all of the people's needs. Staffing levels to support people with complex needs were not always sufficient to monitor for any triggers that could cause them to become anxious or distressed. Staffing levels were not sufficient to maintain a clean environment for people to live in.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with the people and their representatives and they were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

The communication systems between staff were not effective enough to ensure care tasks were always fully completed.

Not all staff had the training they needed to ensure that they could meet the assessed needs of people. This included knowledge around mental health, capacity and dementia. People, or their representatives, were involved in making decisions about their care and support. However, improvements were needed to ensure people's care plans contained information about how they communicated and their ability to make decisions.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being met. Where issues were identified, for example, where a person was losing or gaining too much weight, appropriate referrals were made to other professionals. The service took action to ensure that people's dietary needs were identified and met.

People knew how to make a complaint if they were not happy with the service they were provided with. People's concerns and complaints were listened to, acted on in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. However improvements were required to ensure shortfalls in the service provision were identified so actions can be taken to address them. As a result, it would lead to continued improvements in the quality of the service being provided.

Summary of findings

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 consistently safe.

Staffing levels to support people with complex needs were not always sufficient to meet people's assessed needs and to maintain a clean environment for people to live in.

There were systems in place to manage people's medication safely and to provide their medication as prescribed. Improvements were required in the potential risks associated with the premises.

Staff understood how to recognise poor care or potential abuse and how to respond and report these concerns appropriately.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Not all staff had received sufficient training to meet the needs of the people who used the service.

The Deprivation of Liberty safeguards (DoLS) were understood by the management and appropriately implemented.

People were supported to maintain good health and had access to appropriate service which ensured they received on-going healthcare support.

People made choices about what they wanted to eat and drink and the quality of food provided was good.

Requires Improvement

Is the service caring?
The service was caring.

Staff treated people with kindness, dignity and respect.

Staff's positive and friendly interactions promoted people's wellbeing.

People were involved in making decisions about their care. Where people required support to make important decisions about their care, they had access to advocacy services.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their changing physical, mental and social needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Quality assurance systems were not robust or well established enough to ensure a consistent service

A more open culture was being developed. People and their representatives were asked for their views about the service and their comments were listened to and acted upon.

Requires Improvement

Leiston Old Abbey Residential 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.

This unannounced inspection took place on 27 and 28 October 2014.

The inspection team consisted of three 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. The Expert by Experience had experience gained through being a family carer and supporting people using residential services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We also reviewed other information we held about the service including notifications they had made to us about important events and action plans to address non-compliance. We also reviewed all information sent to us from other stakeholders for example the local authority, Environmental Health Officer and members of the public.

We spoke with nine people who are able to verbally express their views about the service, five relatives and an Independent Mental Capacity Advocate (IMCA). We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us, due to their complex health needs. We also observed the interaction between staff and people in the lounge and dining room. We also spoke with four health and social care professionals including social workers and community nurse.

We looked at records in relation to four people's care. We spoke with six members of staff, including the manager, deputy manager, care staff, and domestic staff. We looked at records relating to the management of the service, minutes of meetings, medication records, three staff recruitment and training records, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Our previous inspection of 11 August 2014 found improvements were needed because people were not protected against the risks associated with the unsafe use and management of their medication. During this inspection we found that improvements had been made. The service's medication policy and procedure been updated. It provided staff with guidance on following safe practice in the handling and storing people's medication to ensure they received it as their doctor prescribed. One relative told us that there had, "Never been a problem," with the management of their relative's medication and said, "Staff always keep me updated on any changes to the pills [person] is on."

We saw the member of staff administering medication wore a tabard alerting people that they should not be disturbed whilst undertaking this role. Staff told us it reduced the risk of medication errors being made, or people not receiving their medication on time. Each person had a profile sheet, with their personal preferences about how they liked to take their medication. We saw staff handled people's medication in a safe, unrushed manner. Checking and signing people's medication records to ensure the medication was being given to the right person at the right time. When staff had finished supporting people with their medication, they stored the mediation safely away.

One person told us, "I like living here," and that they found it, "Very comforting," knowing staff were there to check on their safety and welfare, especially at night. They said, "Someone [staff] comes in two or three times a night, says are you alright?" Two people's relatives told us when leaving their family member; they felt reassured in the knowledge that they were safe and being looked after.

The service had learned from an incident where they had not taken appropriate action to protect people from risk. This led to further training for all staff. Two members of staff said the training supported them in identifying and knowing what action to take if they had concerns about a person's safety and welfare. One staff member told us, "We are duty bound to report any concerns." For example staff, "Putting a call bell out of reach," because it would have put the person in a vulnerable position, and unable to summon help. Our discussions with staff showed that improvements had been made as they understood of what was expected of them and when to raise concerns.

Records showed that the appropriate checks had been undertaken on prospective staff members before they were employed by the service. This told us that staff working in the service had been checked to ensure that they were able to support people using the service. One member of staff told us that they had not been allowed to start work in the service until all these checks had been made.

A relative said people benefited from living in an, "Old house where they can safely walk around without feeling restricted." Throughout our inspection we saw people independently moving between their bedrooms and communal areas, using the stairs or lift. However, the lack of signage around the service was not supportive of people's dementia needs when trying to locate different areas, including their bedroom. This could impact on their ability to locate the room they were looking for which we saw was happening. We observed one person trying different doors, and where they were unlocked, opening and looking in. There were no staff around at the time to ask and guide the person to the room they were looking for.

We saw two people had a stair gate fitted to the entrance of their bedroom to prevent other people mistakenly walking into their bedroom. They told us it was their choice and that they were happy with the arrangement which made them feel safe. One person who was able to operate the gate independently said, "I feel more comfortable with it there." Another person's relative felt it was a good compromise which enabled the person to have their door open, but prevented people accidently walking into their bedroom uninvited. They did not feel it restricted the person as they required staff's assistance to move, and staff would open the gate for them.

We found an inconsistent approach to the service being kept free of obstacles or hazards which could cause risk to people using the service and others. Action had not been taken to ensure that areas of the service, which were not in use, but still accessible to people, were sufficiently lit so people could see where they were going and avoid trips or falls. Although there was a designated locked cupboard for the safe storage of hazardous cleaning products, we found unsecured cleaning products which could cause harm if

Requires Improvement

Is the service safe?

digested. We informed the manager of our observations, they took action straight away to ensure the items were locked safely away and light bulbs replaced to ensure people's safety.

One person told us staff kept the service, "Quite clean." Relatives told us that they had seen improvements in the standard of cleanliness of the building, but further work was still needed. One relative said, "It was grubby at one time, but it seemed to have picked up". Another relative told us that people's, "Wheelchairs are not always checked," to ensure they are clean and safe. One social care professional told us that, "The standard of cleanliness varies; there has definitely been an issue about not having enough cleaning staff." This reflected our own observation, where rooms looked clean, but on closer inspection you could see the areas that had been missed. For example, in one bathroom, there was an accumulation of dust around the edges of the room, dead flies, and used paper towels had fallen behind a dresser.

One staff member told us that domestic staff were, "Sometimes taken off cleaning and put on care," or their hours not covered when they were on leave or off sick. Records confirmed this. One relative told us, "I think they are in the process of recruiting, more domestic staff." Another said during a recent meeting that the manager had discussed concerns and what action they were taking. The minutes showed that the provider was looking to employ a laundry assistant and extra domestic staff, 'With the aim of ensuring there were always two on duty.'

One person told us, "I would like to be able to chat to staff more." Relatives said that they noticed staff to be very busy at times, especially at weekends and staff did not always have the time to sit and talk with people.

Three people told us they felt uncomfortable when they heard other people who lived at the service arguing or becoming impatient with each other. They said they did not want to, "Rock the boat," as it was their home too. Further discussions identified that the staffing levels to support people with complex needs, were not always sufficient to monitor for any triggers that could cause anxiety and distressed reactions. For example, staff were not in the immediate area to prevent a disagreement between two people from escalating. Therefore staff were unable to see the impact it had on the welfare of the people concerned, and those who witnessed the incident so they could provide support and reassurance. The manager told us that action was being taken to increase staffing levels and one to one care support. Relatives confirmed that they had been told staffing levels were being increased. One relative told us there are, "Plans to recruit a few more people up to full staff.

Requires Improvement

Is the service effective?

Our findings

People were happy with the service they received, their needs were met and felt the staff were competent in their roles. One person told us, "Staff are very good, they do try hard, I do appreciate it." Another person said, "We have a nice life here." One person's relative told us that they had, "Always been quite happy with the staff."

Another person's relative told us when they asked staff a question, "You don't get that vacant look," when they don't know the answer. Instead they will say, "I am not 100 percent sure so I will get someone more senior, which they do." This gave them confidence that staff were aware of their own capabilities and when to ask a more senior member of staff for assistance.

Another relative said staff's knowledge of understanding of their family member's specialist needs varied. Where staff did have the skills and knowledge, the care being provided was more effective and enhanced their wellbeing. This resulted in an inconsistent approach to the person's care. We saw that the specialist training had not been included in the staff training programme.

Some staff had different jobs across the service including domestic, maintenance, catering and caring roles. A relative felt that staff were not given adequate training and support to do this, they said "They tried hard, but were rushed off their feet; it is not what they are employed to do." One staff member told us how they received an adequate induction and were supported to access further qualifications in their main role, but did not feel so confidant in their secondary role. Especially when supporting people with their mental health needs. Records showed that the training system in place was not robust enough to ensure that staff had the knowledge and skills to carry out all their additional roles and responsibilities.

The manager told us they would continue to monitor the training staff required to ensure they had the skills to provide people with quality care.

Staff had one to one supervision meetings. One member of staff told us the meetings provided an opportunity to discuss their role and receive feedback on their work which had helped them to improve their skills. Another staff member said, "Lots of training booked, we had fire [training] last week."

People told us that before they received any care or treatment the staff asked for their consent and they acted in accordance with their wishes. One person said, "Staff come and ask if I want to go to bed," and act on what they told them. We observed when a person expressed their wish not to have an injection, the visiting health professional and member of staff abided by the person's wishes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager had an understanding of the DoLS legislation. Further assessments, in accordance with new guidance, were being undertaken to ensure that restrictions on people were lawful. Where needed people had been appointed an Independent Mental Capacity Advocate (IMCA) to support them and ensure that their best interests were being upheld. We saw an example where this was working well for a person.to ensure their wishes and feelings were being taken into account during discussions on important decisions about their care.

Not all staff demonstrated they had an understanding of DoLS and the Mental Capacity Act 2005. One relative told us the inconsistent approach to staff's awareness of their family member's mental capacity to make decisions, "Is taking away [person's] independence." The manager showed us that training had been arranged for all staff to keep staff's knowledge updated.

People were positive about the food. One person said, "It's very good, not that fancy stuff, it is good homemade cooking." As staff brought drinks around for people, one person commented, "See tea and biscuits, we get plenty to eat and drink, food is always nice." We observed, although drinks were regularly offered to people sitting in the lounge, there was no refreshments made available for people to help themselves when they wanted.

People were given a choice where they wanted to eat their meals. The menu for the day was displayed in the dining room and people confirmed if they wanted something different from the menu, staff would try to provide this. The pleasant aroma of cooked food and relaxed atmosphere was supportive of making it a social occasion and stimulating people's appetites. One person remarked, "We have more than enough food here."

Requires Improvement

Is the service effective?

Staff assisting people to eat did so in a caring, unhurried manner. One relative said that staff, "Regularly keeps an eye," on their family member's weight. When eating independently they had found that the person was losing weight. "So staff sit and prompt [person] now," which contributed to them regaining their weight. Another relative told us they found the records kept in their family member's bedroom as a useful prompt when the person had forgotten and told them they had not eaten. Records confirmed that people's dietary needs were being assessed and met.

Staff provided effective support when a person had fallen. They arranged for the person's doctor to visit, and acted on the information given. The person told us that there were comfortable, that staff were, "Keeping a check," on them. We saw staff monitoring the person's welfare and reporting back to their doctor any changes or concerns they had. The person was told what was happening, why staff were concerned and potential action needed. This told us whilst monitoring the person's welfare, staff were keeping them updated and involved in decision making.

People described how staff worked with health and social care professionals to support their individual physical and mental health needs. One person told us, "I have a chiropodist visit me in the home." A person's relative told us how staff were working with a local surgery to support people in receiving regular, "Health checks." This supported the service to identify any health / potential problems which could impact on the person's health and welfare.

A health professional told us that the service made appropriate and timely referrals to ensure that people's health needs were met. Records confirmed what people, their relatives, advocates and visiting health professionals told us, that people's physical and mental health needs were being met. People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Good

Is the service caring?

Our findings

People described the staff as kind and caring and said the service had a friendly atmosphere. One person told us, "We have a laugh and the staff are lovely."

Staff's positive and friendly interactions supported what people told us. When a member of staff sat next to person and started talking to them, the person took their hand and smiled at them. It showed that the person felt comfortable with that member of staff. Where staff saw a person was sitting on their own in the conservatory, they went and kept them company. Another two people were heard laughing with a member of staff as they shared childhood memories.

One person's relative said, "Staff are approachable, look you in the eye when they talk to you, don't scatter away when you want to talk to them, very approachable…nothing too much trouble." Another described staff as, "Very welcoming and friendly, I am quite happy with staff, a good crowd."

We observed staff in the lounge involved in meaningful discussions with people, which enhanced their wellbeing. This was because they listened to what they were saying and continued the conversation, resulting in people sharing memories and experiences. For example, one person was showing people their fabric animal, which staff used as a focus on discussion about pets people had owned.

When one person instigated a conversation with a member of staff, pointing out to the garden to look at a bird, by the time the carer managed to get into the same eye line, the person laughed, "It's gone now," and mocked them for being too slow, showing their relationships were light and easy going.

A relative told us they had also observed good discussions between staff and people telling us that, "A carer was sitting having a conversation about the war which [person's relative] was actively talking about."

The content of conversations showed that staff were aware of the peoples' different family members and friends. When a person had been sent flowers, we saw how staff made it a positive experience by helping them unpack them, describing the flowers and who they were from. They then asked the person if they would like to keep them next to them in the lounge so they could look at them, or taken to their bedroom. Staff then acted on their decision.

One person said that the manager had recently started, "Resident's meetings," telling us that they had been invited, but hadn't attended yet. The meetings gave people a forum to express their views about the care and treatment they received, and make suggestions. Over two months (September and October 2014) we saw the number of people attending and sharing their views had increased as more people became engaged and took up the opportunity to be involved..

Minutes of the meetings showed topics of conversations included catering, housekeeping, activities and care. As a result people were able to influence how the service was run. For example the timing of lunch was discussed, with the suggestion of moving to 1pm. One person asked for the changes to happen before Christmas. People gave their views on what internal and external activities they would like arranged. The manager also asked whether people felt they had enough baths and showers, and individuals had expressed their preferences.

People said their dignity and privacy was being respected. One person told us, "We treat them [staff] with respect and they respect us. There are some in here (other people using the service) who don't know the meaning of respect, but they [staff] treat them the same, always cheerful and kind."

A relative provided examples of staff treating people in a respectful manner. "I have watched as the staff go over to the person and whisper in their ear," if they would like to use the toilet, "Discreetly, never shouting from the other side of the room. When going in and out of the toilet, [staff] are always careful not to expose the person in there to ensure their dignity."

Staff address people using their first name in a courteous manner. One relative told us that staff use first name terms for, "Those who prefer to be called by their first name," such as their family member. However, they had also heard, "Staff address people by their surname." They felt this showed that staff were aware of people's preferred way to be addressed.

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received and were happy living in the service. One person told us, "It's the company I like, it is really nice here." One person's relative told us, "I have been to see [their family member] several times and we are very pleased," with the care being provided.

People were not aware of the care plan system in place which provided staff guidance on supporting their care to the way they wanted. However, they told us staff asked them questions about their care and would sit next to them in the lounge filling in paperwork. One person remarked that staff, "Do a lot of writing," in the files. Another person told us they weren't interested in seeing their care plan and that their family, "Sees to all of that."

People's relatives told us staff kept them updated on any changes to their family member's health and welfare. One relative told us, "Oh yes, always being kept updated," by staff when they visited, or contacted the service.

Relative's involvement in people's care plans varied with comments ranging from, "Never seen a care plan in all honesty," to, "Yes, seen [person's] care plan." However where the new manager had overseen a person's admission, the person's relative who advocated on their behalf, told us they had been fully involved in in the admission process. That the contents of the care plan reflected the level of support their family member required and how they wanted it to be carried out, "They put everything in place I asked for."

People and their relatives told us more meaningful activities, events and outings were being arranged which people were interested in taking part in. Minutes of meetings showed people were being asked their views on what they would like to see arranged for their enjoyment. This included outings to see the local Christmas lights, followed by a fish and chip supper, as well as more quizzes.

One relative told us, "My [family member's] cognitive stimulation has been improved," which they associated with the increase in, "Quizzes and activities," being arranged. Another relative told us where their family member had been isolating themselves in their bedroom, they were, "Now coming out of their room and mixing."

People told us that staff supported them to keep in contact with people that were important to them. One person told us, "I am able to contact my relative with my phone at any time." We saw their telephone was kept charged and ready for use. Another told us, "The vicar visits me once a month," whilst another said, "Sometimes I go to church." This told us people were being supported with their spiritual / faith needs.

One person's relative told us how they and their family still felt fully involved in the person's life. Another relative said, "We are always being invited to the care home for events," which included a recent invite to a, "Halloween party at the weekend."

One persons' relative felt confident that staff would be responsive to any changes in their family member's health and welfare and ensure appropriate action would be taken. Another relative told us, "If we need a member of staff we will ring the bell – never have to wait long." Two people's relatives told us that staff did regular checks on people during the day when they chose to stay in their bedroom. "Always somebody comes in when I am visiting; manager says they come in at least once an hour." We found staff were responsive to requests for assistance. When staff sat talking to people in the lounge, they were attentive to people's needs, checking if they wanted assistance if they saw a person getting up, or removing a cake wrapper.

Communication was not effective enough to ensure that people, staff and relatives were aware of the changes in the service and plans for its development. For example a relative told us, "I was disappointed," when the previous manager left in February 2014, "I think the provider could have dropped us a note. Didn't get to see the next one, didn't have a get to know you meeting." The new manager had identified that listening to people's views and those of their relatives and advocates was needed and they had organised monthly meetings to help improve things. It was not possible to see the impact of this during our inspection but the manager was clear that they would monitor and ensure improvements were sustained.

People said they felt comfortable speaking to any of the staff if they wanted to make a complaint. One person told us they were, "Happy to speak to anyone," as they knew staff would listen and act on their concern. Relatives told us, "That in-between managers," they were not sure who was in charge to raise any concerns. But now they had met the new manager and would contact them direct.

Good

Is the service responsive?

Two complaints had been received in the last twelve months, one verbal and one in writing. Both had been acted upon promptly and resolved. Staff were aware of the actions they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was displayed in the service.

Requires Improvement

Is the service well-led?

Our findings

Our previous inspection of 1 and 2 April 2014 we were concerned because the service did not have clear leadership and an effective system in place monitor the quality of the service people received. During this inspection, we found that improvements had been made, with further planned work still to be undertaken.

The provider had been unable to consistently and effectively manage the service, having three different managers in post during the last 12 months. This had impacted on making improvements. One person's relative told their family member had, "Hated," all the changes and needed, "The stability," of a permanent manager. They were pleased the manager was in the process of applying to become registered with the CQC. They felt this would provide the stability needed, "I hope they stay." A visiting professional commented, "It definitely takes a long time to do things." They told us that there had been no safe area for people to access the gardens when they wanted. That it had been, "October before it was dealt with," so people missed out on the summer.

A mixture of systems to monitor the quality and safety of the service were in place. They had been started, finished or actions not yet followed through. This had led to a reactive, rather than a proactive culture developing. For example, where a person's mattress was cleaned following a complaint, no preventative action had been taken to prevent it happening again and we saw it had become marked again. Further the learning had not been applied and then monitored for the benefit of all people.

The manager talked us through their action plan which would address the shortfalls we had identified; staffing levels, cleanliness and maintenance of the service. Work had been prioritised to ensure people's safety. This included putting checks and audits in place to monitor staff's practice in supporting people with their medication. Where shortfalls had been identified in the completion of people's medication records, disciplinary action had been taken which ensured that staff knew the standards expected and actively learned from errors.

A relative felt the communication systems in place could be improved upon, "Just little things they [staff] don't seem to pass on, or pass on well." They gave us an example where staff had not contacted them at the time and that staff were surprised when they visited that they had not been told, "Didn't anyone tell you? Should have rung and told you."

We observed where a breakdown in communication between staff, led to a person's bed, being stripped but not remade before the person got back in. The person who told us they were comfortable, lacked the capacity to ask staff to make their bed. Therefore when their visitor arrived the bed was still unmade which resulted in a complaint being made. The manager told us that they were working to improve communication, to learn from incidents such as this to prevent it from happening again. We saw an example of this on the second day of our inspection. Staff told us the manager had made them aware of the shortfall in storing cleaning fluids, and had been reminded to keep them locked away.

One relative told us that the manager was, "Very good, tells us what [manager] is bringing in, had a special meeting after the [CQC] inspectors had been in, very upfront and honest, other families have said that [manager] is like a breath of fresh air, communicates, so don't have to worry, doesn't try to hide anything." Another told us that the manager, "Has very good ideas, [manager] is stricter, properly what the place needs…straight talking, not fluffy, some might not like that, I know if I go to [manager] will deal with it."

One relative said, "The last [relative] meeting was a good one, lasted an hour, went through an awful lot. One of our biggest gripes was the laundry," especially people's clothing getting misplaced, or worn by another person. To address this, the manager, "Was going to instigate a new labelling system." Minutes of the 'October resident's meeting' showed that one of the relatives had been involved in testing the new system and had given positive feedback. This showed a positive culture being developed to empower people to influence improvements in the service.

Staff told us that the change in management style was having an impact. One member of staff described the staff's morale as, "Quite low," that the manager came in, "Wants one change after another." Another told us that the manager's, "Expectations are so high," that they, "Came in quite hard, should have asked staff." Staff told us they wanted to do their best for people, but a culture had

Requires Improvement

Is the service well-led?

developed of blaming staff for shortfalls. That no consideration had been given on how the inconsistent management support they had been received had impacted on service delivery.

The provider had taken action to ensure staff understood what was expected f them and the quality of the care they needed to provide. This again showed that the leaders of the service were taking action to improve quality overall.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.