

Jeian Care Home Limited

# Jeian Care Home

## Inspection report

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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

Jeian Care Home is a 'care home'. People in care homes receive accommodation and nursing or 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. This service does not provide nursing care. Jeian Care Home accommodates up to 17 older people in one adapted building.

There were 17 people living in the service when we inspected on 9 January 2018. This was an unannounced comprehensive inspection.

The previous registered manager had left the service in October 2017. There was a new manager in post who had started working in the service on 17 November 2017. They were in the process of completing their registered manager application. 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.

At our last inspection of 8 February 2017 we found that some improvements had been made following our previous inspection of 17 March 2016, which were ongoing and needed to be sustained. There were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated requires improvement overall. The key questions for Safe, Effective, Responsive and Well-led were rated as requires improvement and Caring was rated as good. Improvements were needed in the way that people's care records reflected how their care was assessed, planned for and met, how people's food and fluid intake was monitored, and the arrangements for staffing. During this inspection of 9 January 2018 we found that the improvements had been sustained and further improvements implemented.

You can read the report from our last comprehensive inspections, by selecting the 'all reports' link for Jeian Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Improvements had been made in how the service supported people who were at risk of developing pressure ulcers. There were systems in place designed to keep people safe from avoidable harm and abuse. There were systems in place to administer medicines safely and to maintain records relating to medicines management.

Improvements had been made in the ways that the staffing in the service was organised to ensure that people were provided with assistance when they needed it. Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service. Staff were trained and supported to meet people's needs effectively.

Improvements had been made in the infection control processes in the service and in the environment.

People's nutritional needs were assessed and met. Improvements had been made in how staff recorded and monitored the amounts that each person had to drink and eat each day, where required. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. Staff worked with other professionals involved in people's care to provide people with an effective and consistent service.

Improvements had been made in people's care records. They provided comprehensive guidance for staff on how people's assessed needs were met. Improvements had been made in people's daily records which now included their wellbeing and mood. People were provided with the opportunity to participate in activities that interested them.

Improvements had been made in the service's quality assurance processes which were used to identify shortfalls and address them. In the short time that the manager had been working in the service they had made improvements. They had plans in place to make further improvements. There was a system in place to manage complaints and these were used to improve the service. Where incidents had occurred the service had systems in place to learn from these and use the learning to drive improvement in the service.

People were treated with respect and compassion by the staff working in the service. People had positive relationships with the staff who supported them. People's views were listened to, valued and used to plan and deliver their care. People's views were listened to and acted upon relating to their end of life care. There were systems in place designed to support people to have a pain free and dignified death. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

## 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.

There were systems in place to reduce the risks to people and keep them safe from harm.

Systems were in place to ensure that there were enough staff to meet people's needs. Robust recruitment processes were in place.

People were provided with their medicines when they needed them and safely.

There were infection control systems in place.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were trained and supported to meet their needs.

The service worked within the principles of the Mental Capacity Act 2005.

People's dietary and hydration needs were assessed and met. People were supported to have access to health professionals where needed. The service worked with other professionals involved in people's care to provide a consistent service.

People received care in an environment which was suitable to meet their needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

There were systems in place to support people when they were at the end of their life.

### Is the service well-led?

Good ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

There was a quality assurance system in place. As a result the quality of the service continued to improve.

# Jeian 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.

This unannounced comprehensive inspection took place on 9 January 2018 and was undertaken by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with five people who used the service, four relatives and one visitor. We observed the interaction between people who used the service and the staff.

We reviewed records in relation to three people's care. We spoke with the provider, the manager and four members of staff including care, domestic and catering staff. We looked at three staff recruitment files and records relating to the management of the service, training records, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 8 February 2017, Safe was rated requires improvement. This was because improvements were needed in the systems in place to monitor and support people who were at risk of developing pressure ulcers, how the staff recorded people's injuries, and the arrangements for staffing the service. During this inspection of 9 January 2018 we found improvements had been made.

People told us that they were safe living in the service. One person commented, "I feel safe here, never had any worries about that." One person's relative said, "I am very confident that [person] is safe."

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals. Improvements had been made in how the records reflected how people were supported to reposition to reduce the risks of pressure ulcers. The care plans reflected when and how people were supported and repositioning records reflected the times when people were supported with this. Where people were at risk of falls actions were taken to reduce future risks, for example by making referrals to health professionals and risk assessments which guided staff on how risks were reduced.

Improvements had been made in how injuries were recorded. These records now were recorded on individual records including the date and where an injury on their body was. Care records identified how future risks were minimised.

Staff had received safeguarding training and understood their responsibilities in keeping people safe from abuse. Where a safeguarding concern or incident had happened, the service had taken action to reduce the risks of future incidents. This included improving the systems in place for gaining people's choices if they wanted to be resuscitated and how these were recorded to ensure that all staff were aware of people's choices. This showed that the service had taken action when incidents had occurred, learned from them and used them to drive improvements in the service.

Risks to people injuring themselves or others were limited because equipment, including hoists, the passenger lift, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure they were safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people need should the service need evacuating. There was a business continuity plan in place which identified actions that staff should take to ensure people were safe in case of an emergency.

People told us that they felt that there were enough staff in the service to support them. One person commented, "I only have to ask and they [staff] help me. I think there are enough [staff]." One person's relative said, "For the number of people living here, I think there are enough to cope." We saw that staff were

attentive to people's needs and requests for assistance were addressed promptly.

The manager had developed a system to calculate the numbers of staff required to meet people's assessed needs. They had identified that the ways that the night was staffed was not appropriate to meet people's needs. The current staffing arrangements were one staff awake at night and another sleeping in. This meant that the sleeping in staff needed to be woken during the night to assist with people who required the support of two staff. The manager had discussed this with the provider and they had agreed that the staffing levels could be changed to having two staff awake at night. Checks on new staff had been made and the new staffing arrangements were to commence the week after our inspection. Further improvements had been made in how the rota was managed. Staff were no longer working long hours and all had a minimum of one day off each week.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person commented, "I don't have any problems with my medication, I get them on time every day." One person's relative said, "I have been here when they [staff] do the medication, they make sure [person] had swallowed them [tablets]. When they are helping with the inhaler they check [person] is breathing in and [person] is taking it correctly."

Records showed that staff who were responsible for administering medicines had received training and had competency assessments. We observed part of the morning and lunch time medicines administration rounds. Staff who were responsible for giving people their medicines did this safely. The staff member was caring in their approach and communicated with people about their medicines and offered pain relief when this was prescribed to be taken as required (PRN). Records included protocols which guided staff when these PRN medicines were to be administered.

Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. New photographs of people had been included in the MAR folder with the date of their photograph. This assisted staff to identify that they were providing medicines to the correct person.

People's records included information about their prescribed medicines, support they required to take their medicines and any side effects that staff should be aware of. Records showed that improvements had been made in how the risks were assessed regarding people keeping their prescribed creams in their bedrooms. The records for medicines that were to be administered externally, such as creams, were completed to show that they were administered as prescribed.

Medicines audits were completed which showed that shortfalls were addressed and promptly addressed. For example, if gaps in MAR were identified, checks were made and staff were advised to sign these records if people had received their medicines.

People told us that the service was clean. One person commented, "It [the service] is nice and clean, they [staff] keep my bedroom clean." One person's relative said, "There are never any smells here. Shows it is cleaned properly."

Improvements had been made in the infection control systems. The cleaning schedules included



information to show that all areas of the service had been regularly cleaned, including the passenger lift. Deep cleaning of bedrooms had been introduced and all bedrooms were deep cleaned at least once a month. At our last inspection we found that there was a crack in the toilet cistern and the seal on the sink in the first floor bathroom. This was a risk of bacteria developing in these cracks. At this inspection we saw that this had been repaired.

The service's housekeeping policy had been updated and reviewed to show the staff's responsibilities relating to cleaning the service and who was responsible for these duties.

Discussions with the manager, staff meeting minutes and our observations showed that improvements had been made in how soiled laundry was transported by staff to the laundry room. Previously staff had been carrying the laundry in their arms which was a risk to cross infection. The manager had purchased laundry bins and these were now used to carry the items. In addition staff had been advised on the procedures for appropriately disposing of clinical waste and how soiled clothing was laundered.

Staff had received training in infection control and food hygiene. We saw staff wearing aprons and disposable gloves to reduce the risks of cross infection. For example, the domestic staff wore gloves when cleaning people's bedrooms and these were changed in between bedrooms.

When cleaning items were not being used they were securely stored to ensure their safe storage to reduce the risks of people accessing them.

The service had achieved the highest rating available at a recent food hygiene inspection. This showed that there were safe systems in place to prepare food.

# Is the service effective?

## Our findings

At our last inspection of 8 February 2017, Effective was rated requires improvement. This was because improvements were needed in the systems in place to monitor people's food and fluid intake. During this inspection of 9 January 2018 we found improvements had been made.

Improvements had been made in the ways that the service monitored if people were having enough to eat and drink. This was to ensure that the people who were at risk of malnutrition and dehydration were provided with enough food and fluid. Fluid charts included what people had to drink and these were totalled by the senior staff on duty. People's care records included information about what support they required with eating and drinking. Guidance for staff was included to reduce risks to people associated with their dietary requirements. For example, if people were at risk of choking.

People told us that they were provided with choices of food. One person said, "I can always ask for something else if I don't want what is on the menu. Today's lunch was nice, I like the food here." We received two concerns about the quality of the cooking in the service. We fed this back to the manager, without identifying where the comments had come from, and to the provider who said they would look into it.

We saw that people's choices were respected in what they wanted to eat and where in the service they chose to have their meals. For example, one person chose to stay in their arm chair to eat, some people remained in their bedrooms and others ate at the dining room table. People were encouraged to eat independently and staff promoted independence where possible. A positive dining experience was created in the dining room during lunch and breakfast.

The cook was on leave during our inspection. The manager told us that in the cook's absence a member of the care staff had been taken off care hours and did the cooking. This had not affected the care staffing arrangements because other care staff covered this member of staff's care shifts. This staff member understood people's dietary requirements and where, for example people were provided with softer diets and people who were provided with high calorie food and drink to increase their calorie intake.

At our last inspection the cook told us how they were working on recording people's comments about the food and actions taken to improve their experiences. This was now in place and showed that people's comments were sought about the meals they were provided with and acted on. For example, one person had reported that their toast was not crispy enough and they were provided with toast more suited to their preference. Another person had said that they wanted their vegetables cooked more and this was done. There were records in the kitchen which identified people's likes and dislikes and specific dietary requirements. One person's relative told us, "When the cook started [working in the service] they established what people like. They want to please people and ask for any suggestions. The cook has told us if there is anything [person] wants to let [cook] know and they will get it."

People's records showed that people's dietary needs were assessed. Where issues had been identified, such as weight loss, guidance and support was sought from health professionals, including a dietician and the

speech and language team. Their advice was acted upon to ensure that people were protected from risks associated with malnutrition.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. Discussions with the manager and records showed that the service worked with other professionals involved in people's care to ensure they received a consistent and effective service. This included the commissioners for services and health care professionals.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person's relative said, "They [staff] are very proactive about calling in the doctor and they will pursue it [outcomes] and keep us informed." Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Where people moved between services, for example if they required hospital admission, the staff worked with other professionals to support the transition. One person's relative told us how staff had visited their relative in hospital which they felt was positive because the person was receiving visits from their relatives and staff from the service. They said that their relative had wanted to return to the service and this was facilitated by the staff.

People told us that the staff had the skills to meet their needs. One person's relative said, "I am not qualified to comment on training or qualifications, as far as I can see the staff are very caring, take an interest in [person]."

There were systems in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role. Staff told us that they were provided with the training that they needed to do their job and meet people's needs. In February 2017 all staff had been provided with training in key areas including dementia, moving and handling, infection control, emergency first aid, and equality and diversity. The manager had contacted a new training provider and this training package was in the process of being purchased by the provider. The manager told us about the plans they had to introduce learning discussions in staff meetings following their attendance at training.

New staff were provided with an induction course, which included training such as safeguarding and moving and handling. The manager told us the actions they were taking to provide a new staff member with the opportunity to complete the Care Certificate. This is a recognised set of induction standards that staff should be working to.

Staff told us that they were supported in their role and were positive about the changes and improvements the new manager had made. Records showed that staff were provided with one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people, including identifying any training needs they had. The manager had a plan in place to provide these to staff throughout 2018.

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 manager understood when applications should be made and the requirements relating to MCA and DoLS. They understood when applications should be made to ensure that any restrictions on people were lawful. Staff had received training in the MCA and DoLS. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people to consent to their care identified in their care plan.

At our last inspection we saw that there were an ongoing programme of redecoration in the service happening. There were plans in place to redecorate the first floor and do work on the garden to make it more accessible and attractive for people to use in the warmer weather. The manager told us that since our last inspection, three bedrooms on the ground floor had new carpets. We saw that the garden area had been improved. The manager showed us how they had added the names of people onto their doors. The seating in the lounge/dining room was arranged so people could sit together and there was a quiet area with chairs where people could sit if they wanted quieter time or wanted to sit with their relatives.

# Is the service caring?

## Our findings

At our last inspection of 8 February 2017, Caring was rated good. During this inspection of 9 January 2018 we found that Caring remained good.

People spoken with said that the staff were caring and treated them with respect. One person said, "I am very happy here, lovely staff." Another person commented, "They [staff] are wonderful." Another person told us, "I get on well with them [staff], they always have a chat with me. I think they are caring." One person's relative said, "They [staff] are very caring. They treat people how they would want their relatives treated." One person's relative told us about how they appreciated staff who had visited their relative daily when they were in hospital, "They [staff] would drop us a text to let us know how [person] was doing."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff and people chatted with each other and there was laughter and smiles from both people and staff. Staff talked about and with people in a caring and respectful way.

We saw examples of caring and compassionate care. For example, one person said that they did not want to eat. Staff spoke with them in a caring way and explained why eating was important and the staff assured them that they could assist them if they needed it. The person agreed to eat and staff sat with them and assisted them to eat. Whilst they were being assisted the person reached out for the staff member's hand, which they held and the staff member said, "I'm here, it's alright."

We saw that a person, who was in their bedroom, called out for assistance. Staff quickly responded and we heard them speaking with the person gently and reassuringly, "It is okay, we are here don't worry." They then closed the person's bedroom door whilst they were assisting them to ensure their privacy and dignity was respected. People's records identified how people's privacy was to be respected. For example, one person's records identified that they preferred their bedroom door to be locked when they were not present.

People told us how their independence was promoted and respected. A staff member assisted a person with their drink. They explained what they were doing and encouraged the person to participate in the task as far as they were able. People's records identified the areas of their care that they could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they were eating and mobilised. The daily records of one person, who had variable abilities relating to their independence, stated that they, "Really enjoyed to hold the food [independently]."

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as their choices of the gender of staff who supported them with personal care and the times of getting up in the morning and going to bed at night. One person's records identified that they did not wish to be woken at night to reposition, we saw that this was respected in their daily records.

People told us that they could have visitors when they wanted them. We saw that people received visits from

their friends and relatives during our inspection. One person returned from going out with their family. As soon as they arrived in the service staff offered the person and their relatives a hot drink. One person's relative said that when they had arranged to take their relative out the staff always ensured that the person was ready for this, "We are very pleased about that, we let them [staff] know when we are going out and they facilitate it." One person's friend told us that they were always welcomed into the service and could visit their friend when they wanted to. This showed that people were supported to maintain relationships with people who were important to them.

## Is the service responsive?

### Our findings

At our last inspection of 8 February 2017, Responsive was rated requires improvement. This was because improvements were needed in how people's care plans identified how people's needs were assessed, planned for and met. During this inspection of 9 January 2018 we found improvements had been made.

People told us that they felt that they were cared for and their needs were met. One person said, "I am content here, I get everything I need." One person's relative said that they had, "No problems," with the care their relative received. They said, "[Person] is happy, that is the main thing. [Person] liked here from day one." Another person's relative said, "Physically [person] has improved since being here, eats regularly, staff keep an eye on [person]."

During this inspection the new manager had improved the care plans. We reviewed three of the six that were completed and found that there had been significant improvements made. The manager had a clear plan in place to have the remaining care plans completed by the month after our inspection. The improved care plans were written in a person centred way and included clear guidance for staff about how people's assessed and diverse needs and preferences were met. There was detailed information relating to people's specific needs and conditions and how these affected them in their daily lives. For example, guidance was provided to staff in how a person's condition affected their speech and responses. Another person had diabetes and their care plan identified the support they required and the warning signs that staff should be aware of if the person was becoming unwell relating to their condition.

Reviews of people's care had improved. This included what was working, what was not working and any changes to the care plan that needed implementing. This meant that care records and guidance for care staff was up to date and designed to meet people's needs.

Improvements had been made in people's daily records which now included, as well as the care and support provided, information about how the person presented themselves each day. For example, "[Person] looked well and bright this morning," and, "[Person] in fair spirits." This assisted staff to identify if there were changes in people's wellbeing. In addition a record of people's daily activities was being kept. This included what people had done each day and how they had responded to their activities.

We saw that staff were responsive to people's needs. For example, staff encouraged a person to sit up in their chair when they had slid down and looked uncomfortable. They encouraged the person to do as much as they could independently to ensure their comfort. When a person called out for assistance staff were quick to respond.

People told us that there were social events that they could participate in. One person told us about how they had enjoyed the activities they had participated in during the morning, "We had a laugh." Another person said, "We love the bingo, we have fun." One person's relative said, "[Person] sometimes joins in but prefers their room, they do like to see the hairdresser who comes in fortnightly. [Person] has always took pride in [their] appearance and this helps with that."

We saw people participating in activities throughout the day. The activities staff encouraged people in the lounge to participate in the group game of bingo and skittles. We observed lots of laughing and positive interactions with the activities staff and people. People told us that they enjoyed bingo and wanted to play it. We saw that during the game people chose what lines they wanted to play and when the numbers were called they incorporated things about people. For example "[Person's name] lucky number." When people won they were asked to read out the numbers and people clapped when the win had been verified. One person went out to the shops with the provider. We saw a person regularly being supported by staff to get up and walk around the service.

The activities staff member worked five days a week, Monday to Friday, during the morning. One person told us that they enjoyed the activities in the morning but, "They [activities] could be better in the afternoons." The manager told us how improvements were being made to the activities programme, including one to one activities, such as people going out in the community.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person's relative said, "If I tell them [staff] if I have any concerns, it is always acted on."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. People's comments were used to improve the service, for example advising staff in of their roles and responsibilities.

People's records included their decisions about the care they wanted to receive at the end of their life. For example, if they wanted to be resuscitated and where they wanted to be cared for. The manager told us about how they were being supported by local community health professionals relating to a person who may be nearing the end of their life. This included appropriate equipment to increase the person's comfort and care.



# Is the service well-led?

## Our findings

At our last inspection of 8 February 2017, Well-led was rated requires improvement. This was because improvements were ongoing in the ways that the service monitored the care people received and in the environment. During this inspection of 9 January 2018 we found improvements had been made.

The registered manager, who was registered in March 2017, had left the service in October 2017. We had not yet received an application to cancel their registration. There was a new manager in post who had started working in the service on 17 November 2017. They were in the process of completing their registered manager application. We saw the manager's recruitment records which included evidence that they had achieved a qualification relevant to managing a health and social care service.

The manager understood their roles and responsibilities and was committed to providing a good quality service to people. The manager had independently identified the improvements they wanted to make in the service and build on previous improvements made. They had recognised that the creams administration charts for people required improvement and had set up a system to implement improvements. This included body charts, identifying how where creams to be administered and the records of administration to be kept in people's bedrooms to enable staff to access them. We saw that the records identified where cream had been administered in line with their prescription. In addition the manager had completed summaries of care plans which were kept in people's bedrooms which gave staff quicker access to them in case they needed to check the care that people required.

Discussions with the manager and records identified the further improvements the manager had made in the service. For example, in care plans, food and fluid monitoring records and the ways that the staffing was arranged. They were clear on more improvements they wanted to make in the service and had plans in place to implement these. For example, in the policies and procedures. There was no duty of candour policy in place. The manager assured us this would be completed. Discussions with the manager identified that they were knowledgeable about their role and responsibilities about the duty of candour. The manager told us that the staff in the service were positive and were working to support the manager in the improvements they were making. This was confirmed by a staff member who told us that they felt that the approach of the manager was positive and they were making improvements in the service.

Improvements had been made in the way that the service was monitored and assessed to minimise risks and provide a good quality service to people. The manager's monthly audits demonstrated that checks were made in the service to ensure that people were provided with good quality care and actions were taken when shortfalls were identified. These included audits in care records, infection control and bed rails. The manager had introduced mattress checks where the cleanliness of mattresses were checked and checks on pressure relieving equipment. In addition other checks included monthly room health and safety checks and call bell checks. The manager had purchased thermometers which were kept in people's bedrooms to ensure that temperatures were undertaken. A falls register had been introduced which identified any falls that people had and to check if there were any patterns to these. The manager had observed lunch time and the medicines administration to check people were receiving the care they required.

The manager told us how they had been contacted by a group which the previous manager attended. This group included representatives of services which were private and or independent homes. They were attending their first meeting in January 2018. The manager had met with a member of the local authority contract team and social workers. They were committed to building relationships with other professionals involved in people's care. We told the manager that we had received feedback from the local authority provider support team who had cancelled a planned report writing workshop in the service because of the absence of the previous manager, prior to the new manager starting. They assured us that they would contact them to rearrange this workshop and make contact with the team to access any support they may be able to offer.

People and their relatives we spoke with were complimentary about the approach of the manager. One person said, "They [manager] seems nice, have a chat with me, ask me if I am okay." One person's relative commented, "The new manager seems good, willing to listen and think they are improving things." The manager's office was off the communal lounge and we saw that the manager was a visible presence in the service. They greeted people and visitors in the service.

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. We saw the results of the last questionnaires which had been received prior to our last inspection. The manager had plans to send out questionnaires in February 2018. The manager told us that they had planned a meeting for people and relatives and planned to have these on a monthly basis. This was to gain people's views about the service provided.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the manager and team leaders if they needed any advice or support.