Down House Limited

Down House

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

We inspected Down House on the 18 and 19 January 2018. This was an unannounced comprehensive inspection.

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

A registered manager was employed to oversee the running of the service. 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.

We last completed a comprehensive inspection of Down House in October 2016 where we raised concerns about how the service was ensuring people's dignity and treating them with respect. We asked the provider for a report on what action they would take to put this right.

We were also found the provider and registered manager were not ensuring people's social needs were planned and met. We served a warning notice in respect of this. Warning notices are part of our enforcement policy and tell providers what they need to put right.

This meant following the inspection in October 2016 the caring and responsive sections were requires improvement. We also made the well-led section requires improvement as although changes had been made, the provider needed to evidence the changes made to the service were sustained.

We went back to the service in March 2017 to ensure the service was now meeting the requirements of the warning notice. We found this had been met but the service remained requires improvement overall.

Rating at this inspection

At this inspection we found the service had improved to Good.

Why the service is rated Good

We found the concerns from the previous inspections had been resolved and people were now receiving care which was safe, effective, responsive to their needs and the service was well-led.

People felt safe at the home and with the staff who supported them. There were systems and processes in place to minimise risks to people. These included a recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a

timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. People's medicines were administered and managed safely.

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.

People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. People were treated with dignity and respect.

The service was responsive to people's needs and they were able to make choices about their day to day routines. People now had had access to a range of organised and informal activities which provided them with mental and social stimulation.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The registered manager and provider were acting in a way that was inclusive to all people and staff; they aimed to review how this was made known to people and those commissioning their service.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

The home was well led by an experienced registered manager and clinical lead. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements. We have made a recommendation about reviewing navigating the building from the view of person living with dementia.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service was caring.

People were cared for by staff who treated them with kindness and respect.

People were in control of their care and staff listened to them. Staff ensure people's dignity was protected.

People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

Is the service responsive?

Good

The service was responsive.

People had care plans in place to reflect their current needs.

Activities were provided to keep people physically, cognitively and socially active.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Good

The service was well led. People, relatives and staff said the service was well-led.

There was clear evidence of the provider and registered manager ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered manager was approachable.

The registered manager was developing a culture which was open and inclusive. People and staff said they could suggest new ideas and these were listened to. People were kept up to date on developments in the service and their opinion was requested.

Down House

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 was a comprehensive completed on the 18 and 19 January 2018. This inspection was unannounced.

The inspection team was made up of one inspector, one specialist nurse advisor 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.

Prior to the inspection we reviewed our records including notifications we had been sent about the service. Notifications are reports of specific issues that registered people have to tell us about. We also reviewed the Provider Information Return (PIR) which is a form where the registered manager had told us about the service and changes they were aiming to make.

During the inspection we spoke with 10 people and four visitors. We reviewed the care of six people in detail to check they were receiving their care as planned. We also spoke with them or observed their care where we could. We also observed how staff interacted with people at lunch and in the lounge.

We reviewed three staff personnel files, staff training records and how the registered manager and provider were ensuring staff were supervised, appraised and ensured they were competent. We also reviewed the systems to ensure the quality of the service and records ensuring the equipment, building and environment were kept safe.

We received three questionnaires from family and friends following the inspection. These had been left for families not attending the service why we were there so they could give us their feedback on their loved ones care.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. People appeared very comfortable with staff. Staff checked on people in the communal areas and in their rooms to ensure they were safe and did not require any help.

A relative said there loved one was looked after safely as, "There are always staff on hand and great care is taken to ensure she is safe in bed or in a chair". Another relative said, "Yes my relative is safe here, there's no problem with the staff or the nursing care, no one ever keeps them waiting long".

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a recruitment system which made sure all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. Prospective new staff came for a couple of shifts were they shadowed and experienced member of staff. Feedback from this was then used to review their appropriateness and confirm their employment start date. All new staff initially worked a probation period where their practice was closely monitored to make sure they had the skills and attitude required. Where new staff had fallen short of the expected standards they had not been employed beyond their probation period.

Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. When issues had been raised with the registered manager they had taken swift action and worked with relevant authorities to make sure people were kept safe.

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and allegations and used them to improve practice.

Risks to people were identified and minimised. For example, people had a number of risk assessments in place which were updated often. Also, where people faced specific risks, risk assessments were in place that were clearly linked to the care plans. For example, people who were diabetic and had been prescribed a blood thinning drug or were at risk of choking, had clear assessments and plans in place. This supported staff to understand people's risks and know how to meet them. Professional assessment and advice had been sought. The person and or their family were involved. This meant staff had the right information to keep people safer.

There were adequate numbers of staff to keep people safe and we saw requests for help were responded to promptly. People who were being cared for in their rooms had access to call bells to enable them to summon help when they required it. During the inspection we did not hear call bells ringing for extended

periods of time showing people's requests for support were answered promptly. For people unable to use their call bell, there were regular checks which were carried out.

People received their medicines safely from registered nurses. All staff who administered medicines had annual training and had their competency assessed to make sure their practice remained safe and in accordance with the provider's policies and procedures.

The provider made sure medicines were available to maintain people's comfort and alleviate pain. A pain scale was seen to be in use for one person who could not communicate so the staff were able to monitor their signs of pain.

People told us their prescribed creams were used by staff as required. One person told us the lengths staff and the district nursing service had gone to heal their legs that had ulcerated. They confirmed staff had ensured their legs were cream as prescribed. However, we found the system to record the use of prescribed creams was not been completed fully by staff. Creams were observed to be in use that did not have an open date on them. Also, we found one person's cream to be out of date. We spoke with the registered manager about this on the first day and by lunchtime on the second day; a new system had been put in place. Staff had been briefed in handover and the records and labelling of the creams were going to be checked daily until staff were ensuring they were completing them.

To minimise the risk of the spread of infection all areas of the home were kept clean by a dedicated housekeeping team. All areas of the home were clean and fresh on the day of the inspection. Staff had received training in infection control and good practices were followed. There were adequate supplies of personal protective equipment, such as aprons and gloves. There was hand washing facilities throughout the home. The laundry was well organised and the kitchen kept clean.

A relative said, "The room always smells nice and pleasant even though my relative is incontinent."

Good

Is the service effective?

Our findings

People continued to receive effective care.

People told us they felt well cared for and received the care and treatment they needed to meet their needs and respect their wishes. A relative told us, they felt the staff were good at their jobs adding, "The carers are like family to me."

People received care from staff who were well trained and competent. The provider made sure staff received the training required to effectively and safely care for people. Registered nurses received training to maintain their clinical skills. All staff had their competency checked at regular intervals. This included observations of practice, supervisions and annual appraisals. This helped to make sure people received care and treatment from staff whose practice was up to date and in line with current legislation and best practice guidelines.

Staff said they could ask for extra support and training for areas they were unsure of. Staff, were being supported to take lead roles and undergo specific training for their area of interest. Staff were supported to take full qualifications in care with them studying National Vocational Qualifications or Diplomas in Care. All staff new to care undertook the Care Certificate to ensure they were trained to nationally agreed levels at the start of their career in care. The provider also utilised the care certificate documentations for all staff as refreshers, or if a concern was raised about practice. One staff member said, "We can have all the training we ask for and more if you need it."

Each person who moved to the home had their needs assessed before they moved in. An initial care plan was in place reinforced by a staff verbal briefing to make sure staff had the information required to deliver care to meet people's needs. Where people had specialist needs or equipment the provider made sure staff had the training and support they required to meet people's individual needs. New equipment was provided as people's needs changed.

The registered manager told us they are looking to ensure the service and all staff are actively promoting access to their service for all people. Staff received training in equality, diversity and giving care with dignity. All staff undertook equality and diversity training at induction. The registered manager was refreshing all staffs' knowledge and skills with follow up supervision to monitor that all staff were inclusive in their attitude and approach to people.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. People had access to healthcare professionals according to their individual needs. A relative told us their loved one had been seen by the GP that day and they were fully involved in this. They told us this involved reviewing their relative's care plan and medicines. They added, "They are on a soft diet and they weigh them regularly."

A relative said when asked about the timeliness of staff calling the doctor, "On yes, in fact, the doctor was attending her this afternoon and he talks to us too if there is a problem."

People were supported to have a good diet which met their needs and preferences. Kitchen staff told us that communication was very good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. The staff in the kitchen told us they would visit people often but more so when someone was off their food. This was to make sure they could try everything possible to tempt them to eat. People were able to choose their chosen drink from photographs if needed. Kitchen staff told us they were in process of designing how to put a pictorial view of the menu and what food was on offer so people could choose their meals from this.

We observed lunch being served in all areas of the home. People were offered alternatives for lunch if requested. For example, one person preferred sausages instead of fish and this is what they were served. Food smelt appetising and looked attractive. Some people required their meals to be served at a specific consistency to minimise the risks of choking and an appropriate meal was provided. People who required support to eat were assisted in an unhurried and discreet manner which helped to preserve their dignity. People were offered a variety of drinks to accompany their meal. Staff were aware of which people needed prompting to remain engaged with their food and were observed putting this into practice with people. This meant people were less likely to be reported as having lost weight unnecessarily.

People had access to food and drink throughout the day. Regular drinks were offered and people had their own snacks and drinks in their rooms which staff supported them to access, if they could not do so for themselves.

Some people needed to have their food and drinks monitored to make sure they received sufficient amounts. We found the quality of these records was variable. For example, not all staff were carefully entering the required details. This meant that….We discussed this with the registered manager and by the second day of the inspection staff had been briefed and a new daily checking process had been put in place. The system would ensure that senior staff checked each person's food and fluid chart at the end of their shift. Night staff also rechecked the information would then take place with any concerns handed over to the morning staff. This would enable prompt action to be taken when concerns were highlighted.

People only received care and support with their consent. We heard staff asking people if they required help and taking account of their responses. One person with mental capacity was choosing to not follow professional advice to prevent them from choking, but had agreed to staff being present when they ate. The registered manager had ensured they had the right equipment with staff trained to use it should this be required. This meant the person's right to give or withhold their consent had been respected.

Where people lacked the mental capacity to fully consent to their care, the staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's legal rights were protected because staff had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for them self.

Where people had been assessed as not having the capacity to make specific decisions, such as the use of some equipment to support them, a best interests decision had been made involving family members and healthcare professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood the Mental Capacity Act 2005 and worked in partnership with relevant authorities to make sure people's rights were protected. A number of people were being cared for under the Deprivation of Liberty Safeguards. Several DoLS awaiting authorisation by the local authority designated officer however, the staff were ensuring they worked in the least restrictive manner.

People with dementia and short term memory loss would struggle to identify where in the building they were. There was no use of dementia friendly signage and each corridor looked the same. We raised this with the registered manager and provider. The registered manager advised they had recently attended a talk around dementia care and they had been discussing how to utilise the learning in the service. The activity co-ordinator was also involved in looking into this.

We recommend the provider and registered manager review the building in respect of the current guidance around making the environment dementia friendly.

Good

Is the service caring?

Our findings

When we last inspected the service in October 2016 we were concerned not all staff were treating people with dignity and respect. As a result we had judged this to be a breach of regulations and rated this area as requires improvement. On this inspection, we found this had improved and have rated this area as Good.

One staff member said that since the last inspection, "The carer's attitude has changed. We are really going out of our way to do the best for everyone. There is also more one to one time taking place with people."

People received care which was kind and respected them as individuals. The registered manager led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect.

One person told us, "I wouldn't want to go anywhere else" adding, "No one makes me do anything I don't want to do. I've been here for four years. I've only got to ask if I need something". And another, "The carers are always polite towards me."

A relative said, "The staff I come into contact with are very friendly and caring" adding they felt the atmosphere in the home was friendly and "Staff chat to her whenever possible". Another relative said, "All the staff are friendly; the atmosphere is welcoming and happy."

People were supported to make choices about how and where they received support. People were treated with kindness and compassion. Everyone we spoke with told us staff, were kind and polite.

People's privacy and dignity was promoted. Where people were unable to promote their own dignity staff discreetly helped people. We saw one person had spilt food down their clothing and a member of staff quietly asked them if they would like help to change. They went happily to their room where they were assisted in private.

People were able to choose where to spend their time. They could go to any of the communal areas or stay in the privacy of their own room. Staff responded quickly to those who needed the support to do this. People were observed going for an afternoon snooze if they liked and came back to the lounge when they were ready.

People were offered comfort and support when they found it hard to express themselves. We observed one person become concerned about the weather. A member of staff noticed and said, "Don't worry it will soon be sunny". This person shrugged and smiled at the staff member. There was then a conversation about the weather, holidays and good times. When we spoke with the staff member later they told us how this person loved the sun and liked to sit outside under an umbrella with a hat and sun cream on. They added talking about the sun would always lift this person's mood. Also the person liked a range of anti-wrinkle creams, make up and to look nice. Staff would always make sure they continued to meet this desire for the person.

Visiting relatives told us they were kept informed about any changes and were involved in decisions where people were unable to fully express their views. Visitors we spoke with said they thought the staff cared about them as well as the person who lived at the home. One relative said, "I can come at any time and I always feel welcome." Another relative said, "I always feel welcome, when I come in; from the office to the carers".

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in October 2016 we had concerns that people were not being provided with time to be physically and cognitively active and people's care plans lack information about how they wanted to spend their time socially. We told the provider they had to put this right and we checked again in March 2017 this was being achieved. We found that it was and has been maintained. This means the service has improved from requires improvement to Good.

A staff member said, "We do activities a lot more. People always have their needs met. The [registered manager] leads by example to us and sets the bar." They added from this people are central to the approach. They also told us, "We try our best and meet all their needs as much as possible."

People were able to take part in a range of activities according to their interests and hobbies. A dedicated activity worker was now employed to support people with their hobbies. There were now organised activities daily. People in their rooms were also visited and activities taken to them. People were gently encouraged to come out of their rooms and take part in activities together. Activities were provided to support a range of abilities and support was provided so everyone could take part. Staff helped people to stay in touch with friends and family to promote their emotional well-being. People had their faith and cultural needs met in line with their wishes and feelings.

People told us they enjoyed the activities at the home and said there was a good range of things on offer. In response to feedback more activities were being provided to support men to get involved. Outings were to be arranged for when the weather improved. Staff were starting to plan ideas for people that could mean they could use the extensive garden better. The kitchen staff told us they were looking to plant an herb garden in raised beds with people, so this could be enjoyed. A sensory garden and memory garden were also being discussed. These were going to be made accessible and allow people to use the area safely with minimum supervision.

A relative told us, "They pamper {…}; hair, nails and singing around them and make them laugh".

Care plans set out people's needs and how their needs would be met. The care records highlighted people's likes and dislikes and were added to or amended as staff found out more about each person. The staff had enough detail to understand the needs of people and how they were to meet that need in a personalised manner. The staff said they read the files and were kept up to date by detailed handovers at the start of their shift. Staff explained how people's care that took account of their preferences, values and lifestyle choices.

People's changing needs were responded to by staff who supported them to maintain their independence Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. People told us they were able to follow their own routines within reason. Staff respected people's choices. Care was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. People, or those who knew them well, were encouraged to tell staff about their life and what was important to them; this was then communicated

to all staff and detailed in their care plan.

Staff were able to evidence good outcomes for people. For example, one person who had come to them with weeks to live had now been there six months. The person spoke warmly about the home and the staff telling us that without them they would no longer be here. We saw staff speak to them kindly and answered the questions. They were being given time to be familiar with how they wanted their future care and life to look. They told us they had lost a lot of confidence in their ability to mobilise independently. Staff therefore provided options and time was spent with them choosing what they wanted them and their GP to do. The appropriate referral was then to be made by their GP in line with the person's wishes.

People and their families were involved in deciding what their care plan should include. One family said, "I know there is a care plan in place and the fundamental parts are discussed with [family name]. We had a meeting with [the registered manager] a few weeks ago and discussed ongoing care. Some small issues have now been resolved." Another relative said, "Yes the registered manager has asked me lots of different questions about […] I've no complaints about the treatment they are getting. I know they pop in when I am not here; in my opinion they're doing their best." It was not always clear in the records that the care plans had been discussed with people and their family members which we highlighted to the registered manager who stated they would look at how to keep a record of this.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. One person's end of life care plan needed updating as their needs had last been reviewed in October 2017.This was achieved by the second day, they were also visited by their GP and a district nurse as a follow up to their end of life needs. The nurse commented that the staff had supported the person well to heal a pressure ulcer. This was achieved by regular repositioning and ensuring they had the required care support. Staff told us how they would pop in often to ensure they had regular sips of drinks. Staff also told us how they personalised care to meet people's individual preferences. They added how they ensured people died with dignity and pain free. If required, staff would sit with them to ensure the person did not die on their own. The staff had received several thank you cards and letters for the care provided to people at the end of their life.

Family members wrote, "During the two years […]spent at Down House he was very happy and content due to the loving kindness and care you gave him. My family and I wish to say a very big thank you for being there for him in the last difficult weeks. The care and nursing you gave him was so good and eased our days watching over him"; "Thank you for all the kind words and support you have given to me and my mum over this difficult time" and, "There are not enough words to tell you all how much we appreciate all you did for mum over the last four years and especially for the wonderful care given her during mum's final two weeks. The kindness each and every one of you showed us made an extremely stressful time in our lives a little bit easier for all of us."

A staff member said about the one person who is coming to the end of their life who used to sing to staff, "I check often they are comfortable. Their care plan says they like music so I put that on if they awake so they are not living in silence. I sit and talk to them and see if they are alright. I give sips of water making sure they don't choke". They add their approach was to be "Very considerate and know what they liked and ensure they are comfortable as if it was my nan."

People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. The home's complaints procedure was available to people and their families. All complaints were fully investigated and responded to. Where complaints highlighted areas that could be improved action was taken. Records showed that when concerns were raised by people the registered manager had met with

them to make sure they knew that action had been taken. People, family and professionals who had raised a concern were written to explain the findings and asked if they were happy with the outcome before the complaint was then closed. One family member said they had not needed to complain but would speak to the registered manager or administrator if they did.

Good

Is the service well-led?

Our findings

The service had improved to good. There was evidence of sustained improvement in how the service was led since the last inspection.

The service had a registered manager employed to run the service locally. 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. They were supported by a clinical lead and administrator in the running of the service. The clinical lead had only been in post for six months and was now in a position to take a lead on more of the clinical needs of the service. They were supported by the provider's Director of Nursing.

A staff member said, "[The registered manager] has made lots of changes so we are better; She has tried different ways to work and improve. We went through a rough patch but we are now back to where we should be."

People benefitted from a clear staffing structure which made sure all staff were aware of their roles and responsibilities. Care was overseen by the clinical lead and there was always a registered nurse on duty. For people staying on a residential basis, there were close links with the local community nursing team to ensure continuity of care and communication. A relative told us, "Communication with the registered manager was good; they do communicate well, they always let me know if there are any changes being made, I can't complain, but if I felt my loved one wasn't getting good care I'd complain for sure".

The registered manager knew the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described them as approachable. Staff too spoke highly of the registered manager and said they saw them and the provider every day. People, family and staff felt they could approach them and the administrator as needed.

The provider had a clear role in the home. They were knowledgeable of how the home was being run. They also knew who was living in the home and how people were. The registered manager and provider had clear roles and worked well together. They had clear values of care which were communicated to staff through meetings, supervision and training. Comments from people, relatives and visitors showed the vision for the home was put into practice. Both the registered manager and provider spoke about how they were reviewing the service to ensure they were inclusive for everyone and this was communicated to those looking to reside with them.

The registered manager had good links with the local community and constantly looked at ways to expand these to support people to stay connected with the community. A local secondary school visited the home to share activities with people and we were told how much this was enjoyed.

The provider had effective quality assurance systems which ensured standards were maintained and constantly looked at ways to improve practice. For example, checks were in place for medicines, infection control, call bells times, staffing levels, health and safety and people's care experience. Care plans were regularly reviewed and people's individual needs in respect of falls looked at monthly. The monthly whole home review of falls had lapsed since autumn 2017 but the registered manager told us they were going to review all overviews and audits of the service to ensure they had the necessary checks in place.

The provider and registered manager made sure there were clear action plans to implement changes. For example, they planned to make care plans more personalised for people. More emphasis was to now be placed on specific needs and national standards of care. For example, the care of people living with dementia was being given an overview.

At the last inspection we were concerned that staff sickness rates were high and the morale low. At the time of this inspection staff morale was good which lead to a happy relaxed atmosphere for people to live in. Staff told us how the service had improved for the better for people since we last inspected in October 2016. They attributed this to the attitude and availability of the registered manager. They also felt changes in nursing staff had led to a more cohesive staff team. Staff told us they now felt valued by the provider and were enjoying their work. Staff we spoke with were excited about how the service was now being governed and passionate about the positive direction care was moving in.

The provider and registered manager sought the views of people and their relatives at regular meetings. These meetings were chaired by a relative. Close links with this person, the registered manager and provider were maintained to ensure follow up and feedback on any action points. People, families and staff were encouraged to speak out about any concerns and ideas for new ways to work.

The registered manager and provider had systems in place to ensure the building, environment and equipment were safe.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.

The registered manager and provider understood their responsibilities in respect of the Duty of Candour (DoC). The DoC requires that registered people are open and transparent when things for wrong.