Keychange Charity

Keychange Charity Walmer House Care Home

Inspection report

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Date of inspection visit: 17 and 18 December 2015
Date of publication: 15/02/2016

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

Overall summary

Walmer House is a care home in Torquay which provides personal care for up to 17 older people who require care and support due to frail health or those who may be living with dementia. Nursing care is provided by the local community nursing team. The home is one of a group of 11 care homes owned and managed by Keychange Charity, a Christian organisation. The home was previously inspected in December 2013 and was found to be compliant with the regulations at that time.

This inspection took place on 17 and 18 December 2015 and was unannounced. There were 15 people living in the home at the time of the inspection.

The home had a registered manager who was appointed in August 2015 and who registered with the Care Quality Commission in December 2015. They were also the registered manager of one other of the organisation's homes, also in Torquay. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

Keychange Charity's philosophy is described on their website as "inspired by the Christian ethos to give loving care of the highest standard to each person in our care." While the home is owned and managed by a Christian charity, the registered manager confirmed the home was not exclusively for people who followed the Christian faith and people of other religions, or no religion, were welcome in the home.

The newly appointed registered manager was also the registered manager of another of Keychange Charity's homes in Torquay. As they had responsibly for the management of two care homes, the management structure within the home had been reviewed and as a result two new management posts had been created: a deputy manager and 'head of care'. Staff told us these changes had been managed well and they felt supported. People and their relatives also told us they had confidence in the management of the home. The registered manager had reviewed many of the care and management systems. They had developed and introduced audits of care planning, medicine management, food and menu planning, and reviewed leisure and social activities and how well staff were supervised and supported. The registered manager was hopeful these audits and reviews would make the assessment of the quality of the support and services provided easier.

People spoke highly of the care they received. They told us they felt safe and were supported by kind and caring staff. One person said, "I'm very well cared for, they help me so well every day." For those people who were unable to share their experiences with us, we saw staff were kind and patient. People were smiling and appeared relaxed in their company, indicating they felt safe. Staff understood their responsibilities to protect people from abuse and how and to whom they should report any concerns.

Recruitment practices were safe and there were enough staff on duty to care for people well. Regular training ensured staff had the knowledge to understand and meet people's care needs. Plans were in place to provide staff with regular supervision and performance reviews.

Risks to people's health, safety and well-being were assessed. Management plans were in place to mitigate these risks, although not all the steps staff were taking to protect people were recorded. For those people who required the use of aids to assist them with their mobility, we saw staff using this equipment safely.

Staff were knowledgeable about the people they were caring for. They described people's past histories, their preferences and how they wished to be supported. Each person had a care plan detailing their care needs; however some of these were cumbersome with documents no longer in use still being held in the current care file. Some information was not recorded in sufficient detail to demonstrate what people could do for themselves, how staff should support their independence and how, when people required assistance, this should be provided. The registered manager said they had arranged for the senior staff team to review and rewrite all of the care plans to ensure they contained full descriptions of people's current care needs. In addition, a document entitled "This is me" was to be introduced which would be used to record information important to people. This would provide staff with more insight into people's past history, their interests and preferred routines.

People's capacity to make decisions had been assessed but these were general assessments rather than relating to a specific decision. The registered manager confirmed these assessments would be reviewed when people's care plans were rewritten. Where people lacked capacity to make decisions about their care and treatment, decisions were made in people's best interests in line with the code of practice in the Mental Capacity Act 2005

People's medicines were managed safely and people had prompt access to health care professionals, such as the GP and community nursing service, when needed. A healthcare professional told us they had confidence in the staff team to meet people's care needs. They said staff contacted them promptly when they needed advice about a person's care

People told they enjoyed the meals provided by the home and they could have drinks and snacks whenever they wished. People's food preferences were known to staff and the cook, and these were recorded in their care plans. People at risk of not eating and drinking enough to maintain their health had their food and fluid intake

Summary of findings

monitored. We found the fluid intake records were not completed in sufficient detail and had not been reviewed during the day to ascertain how much people were drinking.

The home had recently employed a member of staff to support people to be involved in leisure and social activities during the weekday afternoons. A number of activities were planned throughout the month and these were identified on the noticeboard by the dining room. However, it was not clear from the records whether those people who were being cared for in their rooms received attention from staff at times other than when receiving assistance with personal care or eating and drinking. The registered manager described the home would be working with an organisation that provided training for staff to provide meaningful, person-centred engagement for people.

People and the relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The home had received one complaint since the appointment of the registered manager. This was recorded and addressed in line with the home's policy and the concerns were discussed at a staff meeting to ensure all staff were aware.

As part of a larger organisation, the registered manager met regularly with senior managers to share information and ideas about developing the service. They also attended local care conferences and forums with other providers to share good practice about caring for older people and those living with dementia.

The home was clean, fresh and well maintained. Equipment was maintained in safe working order and checks had been carried out in relation to the safety of fire, gas and electrical installation.

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 home was safe.

Potential risks relating to care needs were identified, appropriately assessed and planned for.

Staff understood their responsibilities in relation to protecting people from

harm and abuse.

Medicines were managed and administered safely.

Recruitment practices were safe and there were sufficient skilled staff to meet people's needs.

Good

Is the service effective?
The home was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act (MCA) 2005, although capacity assessments were not decision specific. Staff acted in people's best interests.

People had prompt access to relevant health care professionals when needed.

People enjoyed the food. Those at risk for not eating enough to maintain their health were monitored and advice sought when necessary from specialist advisors.

Good

Is the service caring?
The home was caring.

People were offered choices in how they wished their needs to be met. However they were not familiar with their care plan documents.

People were supported by kind and caring staff.

People's privacy and dignity were respected

Good

Is the service responsive?
The home was responsive.

Care plans did not contain sufficient detail to identify people's abilities or preferences. They did not reflect staff's knowledge in how to support people living with dementia.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

The home was reviewing how it provided people with meaningful activities.

People knew how to raise any issues or concerns. They were confident these would be addressed.

Good

Summary of findings

Is the service well-led?

Good

The home was well-led.

People and staff had confidence in the newly appointed registered manager.

Staff worked well as a team to make sure people got what they needed.

There were new systems in place to assess and monitor the quality of care

Keychange Charity Walmer House 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 was 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 inspection took place on 17 and 18 December 2015 and was unannounced. Two social care inspectors undertook the inspection on the first day, and one on the second day.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met and spoke with 14 people who lived at the home and three relatives, as well as the registered manager, the deputy manager, eight care staff, the cook and the housekeeper. Following the inspection, we spoke with a health care professional who had regular contact with the home.

We looked around the premises, spoke to people individually and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. We looked at four sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people.

Good

Is the service safe?

Our findings

The majority of people living at Walmer House were able to share with us their experiences of living in the home. When asked if they felt well cared for and safe, one person said "yes, I wouldn't want to live anywhere else" and another said "very much so". Relatives confirmed they were confident their relation received safe care and support. One relative said, "we are very confident in her care when we are not here." For the people who were unable to share their experiences with us, we observed how staff spoke with them and supported them. Staff were patient and explained what was happening. People were smiling and appeared relaxed in the staff's company, indicating they felt safe.

Staff told us they had received training in safeguarding vulnerable adults and we saw certificates in their training files confirming this had taken place. Staff demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. They had confidence no member of staff would tolerate anyone receiving poor care or being abused and any concerns would be dealt with promptly by the registered manager. The registered manager and deputy manager had recently updated the home's policies and procedures to ensure these provided staff with up to date information about their responsibilities should they suspect someone is at risk. These policies and procedures were available in the office and the telephone numbers for senior managers, the local authority and the Care Quality Commission were available for staff.

There were robust recruitment practices in place to ensure, as far as possible, only suitable staff were employed at the home. We looked at three staff recruitment files, all of which held the required pre-employment documentation including Disclosure and Barring (police) checks. People living at the home, their relatives and the staff told us they felt there were sufficient staff on duty to meet people's care needs. At the time of the inspection, in addition to the registered and deputy managers, there were five care staff on duty with housekeeping and catering staff. Staff were visible throughout the inspection and call bells were answered quickly. People told us they did not have to wait long when calling for assistance, one person said, "you only have to ring the bell and they come." We saw staff sitting in conversation with people in the lounge room indicating they had time to spend with people.

The registered manager confirmed staffing levels were arranged in accordance with people's care needs, which were assessed and reviewed each month. Records of these assessments were held in each person's care file.

Risks to people's health, safety and well-being were recorded in people's care files and included the risk of skin breakdown and the development of pressure ulcers, not eating or drinking enough to maintain their health and the risk of falls due to reduced mobility. Management plans guided staff how to mitigate risks to people. For example, the risks associated with diabetes were recorded and staff were provided with information about what actions to take should they suspect the person's blood glucose levels were either too high or too low. We saw one person who was at risk of falls had a mattress placed on the floor next to their bed and their bed was kept in its lowest position when staff were not in attendance. Staff told us it was unlikely this person would fall from the bed but they used the mattress as an extra precaution.

Some people required the use of aids to assist them with their mobility, such as stand-aids to assist people to stand up from a chair. We saw staff using this equipment throughout the two days of our inspection and each time this was done safely with staff explaining to the person what was happening.

Where accidents and incidents had taken place, these were recorded in the person's care file. The registered manager reviewed how these had come about to ensure the risk to people was minimised. The care file for one person showed they suffered from fragile skin that was easily damaged. A 'body map' document showed the areas of their skin that was damaged as well as the date and how the injury had come about. However, the body map had multiple entries and it was not possible to ascertain which areas were healed and which were still being dressed by staff. There was evidence staff had reported these injuries to the community nurse who oversaw the person's care. The registered manager confirmed new care files were to be completed within the next few weeks and staff were currently being guided about how to complete these more

Good

Is the service safe?

clearly. Although not yet introduced the registered manager had developed an audit tool to assist in monitoring accidents and incidents to identify any patterns or risk areas.

People's medicines were managed safely and people received their medicines as prescribed by their GP. One person told us they suffered from chronic pain in their legs and we saw from their medicine records they received regular pain relief. Medicines were stored securely and records were clearly completed with no gaps in administration recordings. Where dosages of medicines varied for a person, depending on their blood results, there was a clear system in place to confirm the required dose with their GP. We checked the balance of a selection of medicines and found these accurately reflected the balances identified in the records. Staff told us they received regular training in safe medicine practice and certificates of this were seen in staff files.

The registered manager had recently developed an audit tool to review the home's medication practices. A senior staff member showed us the audit documentation and confirmed they would be completing this within the next few days. The audit included checking the medicines administration records had been completed clearly, that medicines requiring a variable dose were managed safely and that stock levels were recorded and were accurate. These audits were to ensure all staff with the responsibility for administering medicines were adhering to safe practices.

Each person's care file held a risk assessment in relation to emergency evacuation in the case of a fire. This provided staff with information about how to safely evacuate people to a place of safety. However, the registered manager recognised this information was not easily accessible to staff or the emergency services. They were in the process of completing new assessments which would be held in one file that would be more accessible to staff. Guidance was given about where people should be taken to in the event the whole home had to be evacuated.

The home was clean, fresh and well maintained. Staff had access to gloves and aprons and we saw them using these when necessary throughout the inspection. Equipment was maintained in safe working order and checks had been carried out in relation to the safety of fire, gas and electrical installation. The registered manager undertook weekly health and safety audits of the environment to ensure the home was clean and tidy, identify any risks, such as fire doors not closing properly, or if any repairs or decorating required. An action plan from a recent audit showed one bedroom required redecorating following a water leak.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care and support they received. One person told us "the staff are very good. I've recovered from ill health very well since I have been here". Another person said, "I'm very well cared for, they help me so well every day."

Staff told us they were well supported in their role. They said they were provided with regular training. Records showed staff had received training in issues relating to people's care needs such as the prevention of pressure ulcers, nutrition and caring for people who were living with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control. Certificates of recent training were seen in staff files and a staff training matrix identified the training each member of staff had undertaken and when updates were due.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed as competent to work alone. They were also enrolled to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff received regular supervision which allowed them to share their views of working in the home. The registered manager had planned to introduce performance management reviews every six months. This would include a review of the staff member's strengths, the training they had completed in the six months prior to the review, their future training and development needs and the setting of objectives for the forthcoming 12 months. Staff were encouraged to share their views on the running of the home, not only through the supervision meetings but also at staff meetings and directly with the registered manager.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) in November 2015, and understood the principle of people being able to make their own choices. The 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.

Each care file held an assessment relating to people's capacity to make decisions. However, this was a general assessment of the person's capacity rather than relating to specific decisions. Records showed best interest discussions with either the person's GP or family members had been undertaken where appropriate. These had been recorded in the GP or family section of the care file rather than with the capacity assessment. A best interest discussion considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. The registered manager recognised the assessments required review and had arranged for this to be done with the full care plan reviews planned over the next few weeks.

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. At the time of the inspection, one person was having their liberty restricted, as it was unsafe for them to leave the home unescorted. We saw an application to the local authority's DoLS team had been made, but had not yet been authorised.

People told they enjoyed the meals provided by the home and they could have drinks and snacks whenever they wished. One person said "the food here is very good" and another person said "I really like the food". People told us they had recently been asked to complete a survey of their food and meal preferences to assist the cook in menu planning. They confirmed there was always a choice of two main meals but they could ask for alternatives if they wished. People could choose where they wished to take their meals, either in the dining room or their bedroom. We spent time observing how staff supported people with their meals, including two people who were being cared for in their rooms. Staff sat next to them and engaged them in conversation while assisting them in an unhurried manner. Staff checked with them they were enjoying their meal and

had enough to eat and they offered them a drink throughout their meal. People's food preferences were known to staff and the cook, and these were recorded in their care plans.

A nutritional screening tool was used to identify people at risk of not eating or drinking enough to maintain their health. The registered manager recognised the importance of people eating and drinking well to maintain their physical and mental health. They had developed and introduced a supporting document to review whether the person had any issues that would reduce their ability to eat and drink comfortably. This included for example, whether the person had tooth or mouth problems, or swallowing difficulties that might make them reluctant to eat or drink. This document also considered people's eating habits such as regularly missing meals or snacking throughout the day, or whether they had a lack of interest in food. People's weight was monitored at least monthly, and staff sought guidance when necessary from health care professionals such as dieticians and speech and language therapists for those people who may have difficulty swallowing.

Some people were having their food and fluid intake monitored. We saw the food charts for these people had been completed in detail but the fluid charts had fewer entries and had not been reviewed to assess how well people were drinking during the day. We discussed this with the registered manager who said they would ensure these were reviewed more regularly during the day.

People told us they saw their GP promptly if they needed to do so. One person said, "I see my GP whenever I need". Care files contained records of referrals to GPs, community nurses and other health care specialists such as podiatrists. The outcomes of these referrals were documented with any changes to care needs transferred to the care plans. Following the inspection, a healthcare professional told us they had confidence in the staff team to meet people's care needs. They said staff contacted them promptly when they needed advice about a person's care.

Good

Is the service caring?

Our findings

People spoke highly of the care they received. They told us the staff were "perfect" and "lovely, they're like friends". One person said, "nothing is too much trouble for them". People told us staff treated them with respect and dignity when providing personal care. During both mornings of the inspection, when staff went to people's rooms to assist them with their personal care, we saw them knocking on the doors and waiting for a response before entering. We heard staff asking people if they were ready to get up, as well as in conversation with people and asking what people would like to wear. Staff were friendly and happy and clearly had developed close relationships with people.

Relatives also told us they felt the staff were very kind and caring. One relative said "the staff are very good, always welcoming and friendly". We reviewed a selection written comments recently received by the home. These showed a high level of satisfaction with the care and support provided by the staff. For example, one comment said, "thank you for the care, friendship and compassion you extended to our father… He was treated with such dignity".

Keychange Charity's philosophy was described on their website as "inspired by the Christian ethos to give loving care of the highest standard to each person in our care." While the home is owned and managed by a Christian charity, the registered manager confirmed the home as not exclusively for people who followed the Christian faith and people of other religions, or no religion, were welcome in the home. Staff had recently received training in dignity, respect and person-centred care as well as disability awareness. We spoke with staff about their caring role and asked them to describe people's needs and how they supported them. Their comments included, "treating people well", "making sure people have what they need and are happy" and "helping people, supporting them to be as independent as possible". Staff said it was important to present a "friendly face", particularly for people who are living with dementia, to offer reassurance and to help people feel safe.

Staff were knowledgeable about the people they were caring for. They described people's past histories, their preferences and how they wished to be supported. We observed one member of staff supporting a person who had become anxious. They spent time with them, holding their hand, explaining where they were and what was happening. They suggested they talk to another person who lived at the home about their shared interests. The person responded well to this and became more relaxed.

We asked people how involved they were with making decisions about their care. People told us staff routinely asked them how they wished to be supported and if there was anything else that they needed. One person told us, "I can't think of anything else I need" and another said, "I'm looked after very well. The staff are very kind". However, people were not familiar with their care plan documents and could not recall seeing these. We discussed this with the registered manager who was aware that although the care plans were reviewed by the care staff each month, people had not routinely been shown their care plans to review and agree the contents. They said this would be addressed with the forthcoming rewriting of the plans. They also said senior care staff would take over the responsibility for reviewing the care plans and involving people in decisions about their care.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted; people were welcome at any time. One relative told us, "we are free to visit whenever we wish".

People told us their rooms were pleasant and confirmed they had been able to personalise them with their belongings and ornaments.

Good

Is the service responsive?

Our findings

Each person had an individual care file. These contained a number of documents relating to a different area of the person's care needs, for example personal care, mobility, nutrition, continence and skin care, communication and mental health and emotional support. Some of these care files were cumbersome as many of the documents had been updated but the older documents remained in the file. Also it was not always clear what each person could do for themselves or what their preferences were in how they received care. For example, one person's care plan stated "full care needed with washing and dressing" with no further explanation of whether the person preferred to have a shower, a bath or a wash.

Although staff were knowledgeable about people's care needs and described to us how they supported those people who were living with dementia, this knowledge and good practice was not supported by the information held in the care plans. For example, one person's care plan stated they "can have a low mood at times and appear aggressive" however there was no description of how staff should support this person at these times.

The care plans were reviewed each month. However, these reviews provided little or no information about the person's care or well-being over the past month, nor did they record people's involvement in reviewing their care needs. For example, the entries for one person's reviews for the past four months said "continue with care plan in place". The registered manager acknowledged some of the care plans were not easy to read and did not always reflect how people should be supported. They had changed the way in which the care plans were to be reviewed and from December 2015 senior care staff had a number of people they were responsible for and whose care plans they would rewrite and review with the person themselves, or their family of that was appropriate.

In addition, a document entitled "This is me" was to be introduced which would be used to record information important to people. This would provide staff with more insight into people's past history, their interests and preferred routines. The registered manager showed us an audit which was to be introduced following the rewriting of the care plans to ensure they were up to date and reflected people's current care needs, as well as recording their preferences in how they received assistance with their care.

There was also a check list to ensure risk assessments were reviewed regularly and daily care records were fully completed. Although the care plans were not sufficiently detailed to provide a full description of people's care needs, staff knew people well and there was no evidence people's care needs were not being met. People told us they were well cared for and had no concerns over how they were supported.

The home had recently employed a member of staff to support people to be involved in leisure and social activities during the weekday afternoons. This member of staff told us they spent time with the two people who were being cared for in their rooms. However they said they did not record this. We saw from these people's records there was little or no evidence there had been any interaction with staff that was not a care task. For example, one person's records showed in April 2015, they had a hand massage and "had enjoyed it" and in May 2015 the entry stated "Happy Birthday. Photos and birthday cake". There were no other entries other than care tasks or visits from family members. The member of staff said they would record their involvement from now on.

During the first day of our inspection we saw people enjoying a music session with canapes and wine. People told us there was a bible reading each morning, and musical entertainment was provided several times during the week, which people said they very much enjoyed. They were aware of forthcoming events such as carol singing and a nativity play by children from a local school. A list of planned activities for December was on the notice board outside the dining room. These included daily bible readings, making Christmas cards and decorations and decorating cupcakes, hand massages, a film afternoon, and a number of choir singing and piano playing events.

The registered manager described the home would be working with a training provider to develop activity planning within the home. They said they had introduced this at their other care home and it was proving successful in providing training and support to the home's staff and management team to develop meaningful, person-centred engagement for people. This activity planning was not just about arranging entertainment for people, but to involve them in the everyday events around the home.

People and the relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. They told us they had not

Good

Is the service responsive?

needed to complain and that any minor issues were dealt with informally and with a good response The home had received one complaint since the appointment of the registered manager. This was recorded and addressed in line with the home's policy and the concerns were discussed at a staff meeting to ensure all staff were aware of the issues.

Good

Is the service well-led?

Our findings

Although the registered manager had recently been appointed, they were an experienced manager having worked for Keychange Charity for a number of years. They were registered to manage Walmer House and one other of the organisations care homes, also in Torquay. They were aware they were not in the home as often as the previous manager but were determined the home would continue to be managed well. They were supported by a deputy manager who they met with regularly to identify any issues that required their attention. They had also created the position of 'head of care'. This was a senior member of staff who was responsible for overseeing people's health care needs and to liaise with the GP and community nursing service. There was also a group of senior care staff who were responsible for managing the allocation of staff duties on a day to day basis. Staff told us this system was working well and they confirmed the registered manager was easily contactable if they were at the other care home.

In the four months the registered manager had been at Walmer House they had reviewed many of the care and management systems. They had developed and introduced audits of care planning, medicine management, food and menu planning, and reviewed leisure and social activities and how well staff were supervised and supported. The registered manager was hopeful these audits and reviews would make the assessment of the quality of the support and services provided easier.

People and their relatives told us they felt the home was well managed, and they found the staff and the registered manager very approachable. Staff and resident meetings were held periodically to share information and seek views about how well the home was meeting people's needs. Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One staff member said, "We support each other well. I enjoy working here" and another said they felt the change from one manager to another had gone well. They said communication between themselves and the senior staff was good and they received a handover report each day. Staff told us the start time of the morning shift had recently been changed to allow more time for the handover.

As part of a larger organisation, the registered manager met regularly with senior managers to share information and ideas about developing the service. They also attended local care conferences and forums with other providers to share good practice about caring for older people and those living with dementia.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.