

Methodist Homes Assisi Place

Inspection report

Assisi Place
Belinda Street
Leeds
West Yorkshire
LS10 2PD

Tel: 01132008140

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 02 August 2016 and was unannounced.

At the last inspection in January 2016 we found the provider had breached three regulations associated with the Health and Social Care Act 2008. We found there was no safe management of medicines, the provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs and the registered person did not have effective systems in place to monitor the quality of service delivery. We told the provider they needed to take action; we received an action plan. At this inspection we found improvements had been made with regard to these areas.

Assisi Place is purpose built housing made up of 45 apartments where people are supported with personal care. It is owned and managed by Methodist Homes Housing Association and the domiciliary care service is delivered by Methodist Homes.

At the time of this inspection the service had a registered manager. 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 found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place. Staff received the training and support required to meet people's needs.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people they supported. People told us they felt safe with staff. The provider had appropriate arrangements in place to manage medicines safely.

Managers and staff understood the requirements of the Mental Capacity Act 2005. The care plans we looked at contained mental capacity assessments where appropriate. There was opportunity for people to be involved in a range of activities within the service or the local community if they wished.

Care and support plans were sufficiently detailed and provided a description of people's care and support needs. People were supported with their nutritional and hydration needs and had access to a range of healthcare services.

Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported. Staff were aware and knew how to respect people's privacy and dignity.

The service had good management team. There was an effective system in place to respond to complaints

and concerns. Effective systems were in place which ensured people received safe quality care. People had opportunity to comment on the quality of service and influence service delivery.

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.

The provider had systems in place to safeguard people who used the service. Individual risks had been assessed and identified as part of the care and support planning process.

We found the management of medicines was safe.

There was enough staff available to meet people's needs safely. The provider had effective recruitment procedures in place.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles.

Managers and staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were well supported and people were supported to access appropriate healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs. Staff were confident people received good care.

Staff knew how to treat people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care and support plans contained sufficient and

relevant information to provide person centred care and support.

There was opportunity for people to be involved in a range of activities within the service and the local community.

Complaints were responded to appropriately.

Is the service well-led?

The service was well led.

While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff and people who used the service were complimentary about the registered manager and told us they were more involved and supportive. The provider had effective systems in place to monitor and assess the quality of the service provided.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and interactions.

Requires Improvement 

Assisi Place

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 inspection took place on 02 August 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 28 people who received personal care from Assisi Place. We spoke with 10 people who used the service, one relative, seven members of staff, the deputy manager and the registered manager. We visited the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support records.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out surveys to 12 people who used the service and 12 relatives and friends; two from people who used the service and one from relatives and friends were returned. We have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. The local Authority stated Assisi Place were working on the action plan provided by them following the CQC's last inspection. Healthwatch responded to say they did not have any information regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection we rated this domain as requires improvement. The provider did not have arrangements in place to ensure the safe management of medicines and there were not sufficient numbers of suitably qualified and skilled staff to meet people's health and welfare needs. The provider had taken appropriate action and was now meeting these legal requirements.

We looked at care and support plans and found risk assessments were assessed and identified hazards that people might face. We saw risk assessments were detailed and person specific. For example, moving and handling risk assessments were put in place to guide staff on how to safely assist with moving and handling tasks. Falls risk assessments were in place where people had been identified at risk of falls. This helped ensure people were supported to take responsible risks as part of their daily life with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people who used the service required should the building need to be evacuated in an emergency. There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service. In addition, people were able to access a dedicated pendant call system in the event of an emergency.

We saw several general and environmental risk assessments were in place, which included power for electric wheelchairs, falling debris, use of ladders and fireworks/BBQ. This meant the premises were comfortable and safe. We noted there were weekly fire alarm tests carried out by the provider and the fire procedures were displayed in the corridor areas of the service.

Before our inspection we asked people and their relatives to complete a survey. In our survey we asked people if their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 100% agreed.

In our survey everyone told us they felt 'safe from abuse and/or harm from their care workers'.

People who we spoke with were all very clear in telling us they felt safe living at Assisi Place. One person told us, "I feel safe here. It's all right." Other comments included, "I am happy, it's my home. I feel secure", "I feel safe on a night and the intercom gives me the assurance that they keep an eye on me", "I feel welcome, safe, and have total peace of mind", "100 per cent safe, security is good, in fact it is excellent, feel safe with the pull strings which are in my flat and around the building", "The staff make me feel secure" and "Just like my own home, I also feel safe on a night." One relative said "I feel the staff are too protective, this is not good for my family member."

Staff we spoke with were confident people were safe living at the service. Staff told us, "Feel people are safe here" and "Tenants are definitely safe here."

Safeguarding procedures were in place. Staff records we saw confirmed staff had received training in safeguarding during 2015/2016. Staff we spoke with confirmed they had received safeguarding training and had a thorough understanding of how to identify and respond to any concerns they had about people's well-being. This showed us the training they received was effective.

A whistleblowing policy was in place and people who used the service and staff had been given a copy of an information leaflet detailing the confidential whistleblowing helpline.

We saw the provider had a written medicines policy, to which staff had access. Records and procedures for the safe administration of medicines were in place and being followed. For instance, we saw 'medication needs' assessments in people's care and support plans, where people self-administered medicines, these were signed by the person. All staff who were responsible for administering medicines had received up to date training.

In the PIR the provider stated, 'We will ensure all staff have a medication competency qualification assessment refreshed 12 monthly'. We saw medication competency assessments had been carried out for staff during 2016. The registered manager told us they also carried out topical medication assessment for staff but needed to reintroduce these, which they were going to do immediately.

We saw medicines were consistently and accurately recorded on medicine administration records (MAR's). Staff had adequate information available to ensure 'as and when required' medicines could be administered in line with the prescribing GP's instructions. We saw where people had not taken their medicines the reasons were recorded on the MAR.

Medicines stock audits for boxed medicines were carried out on a daily basis. We conducted a random audit of boxed medicines in use for seven people. We found all stock levels were correctly accounted for. Our review of records, observations and discussions with people who used the service and staff showed people received their medicines as prescribed.

The majority of people we spoke with who lived at Assisi Place told us they thought there were enough staff to deal with their needs. One person told us they thought there was not enough staff compared to a year ago. One person said, "I feel there is always someone there if I need them."

Staff we spoke with told us there were now enough staff deployed to fulfil the care and support needs of the people who used the service and appreciated the service's increased staffing levels at peak times. One staff member said, "There is enough staff now, yes. We have time for care and support."

The registered manager told us they had increased the staff number on an afternoon and we saw this resource had been added to the staff rotas. Our observations at the time of the inspection demonstrated that although staff were busy, people who used the service received a good level of care and support as staff were responsive to peoples' needs. There were sufficient numbers of staff available to keep people safe.

The service had a 24 hour, seven days a week on call system, and staff were available in the building at all times if people needed support.

In our survey, when we asked people if they were introduced to their care workers before they provided care or support, only 50% agreed and 50% disagreed. The registered manager told us staff always introduced themselves to people when they were new.

In our survey, people who used the service felt they received care and support from familiar, consistent care workers. They said 50% of care workers arrived on time and everyone agreed their care workers stayed for the agreed length of time. The registered manager told us the service provided a timeframe to assist people. We saw this was also documented in the 'guide to services', which each person received when they moved into the service.

Recruitment processes were robust. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff team was a consistent group who told us the service ran in such a way they could get to know everyone, resulting in the care being appropriate; in line with people's individual needs and safely delivered.

Is the service effective?

Our findings

At the last inspection we rated this domain as good.

We received surveys from people who used the service and a relative who agreed the care workers had the skills and knowledge to provide the care they needed. People we spoke with told us they thought staff were trained to be able to meet their needs. Comments included, "If they can do it they will", "I feel staff know what they are doing" and "They bring in new staff to watch the old staff, that is why I know they are training staff."

Another person said; "[Name of staff member], is really nice but they need more training because they are very scared and timid, when they are scared I become scared and things take longer. I have to call my relative to help instead." The person's relative told us, "Most of the staff know what they are doing but one staff is nice but very timid and scared, I think they need more training and need to watch other staff." We spoke with the registered manager about this and they said they had addressed the families concerns but would speak with the person and family again.

Staff told us they took part in annual appraisals and regular supervision meetings, which were designed to support them and maintain a high quality of service delivery. They said they appreciated this feature of working at the service and it gave them an opportunity to plan for their development. We looked at staff records which confirmed staff had received supervision on a regular basis. We saw observation supervisions were also carried out. The appraisal we saw included setting personal objectives and a review of performance during the year. We noted some staff appraisals were a little overdue. The registered manager showed us a schedule for the appraisals to be completed and said they had introduced a new appraisal document which had contributed to the slight delay.

Staff we spoke with told us they thought the training they had received was good. The service offered training in key subjects such as health and safety, fire safety, emergency first aid, food hygiene, infection control, safeguarding and Mental Capacity Act 2015 and Deprivation of Liberty Safeguards. We saw training was up to date and staff had access to a range of training and development opportunities. For instance, one staff member told us they were completing a National Vocational Qualification and would be applying for further training once this was completed. Another staff member told us they were planning to attend a three day 'management steps' programme to further their development. We saw there was a system in place which showed when staff were due specific training and when training had expired. This showed staff were being supported with training and development and equipped with the necessary skills to provide effective care and support to people who used the service.

In the PIR the provider told us, 'Any new staff recruited that have not previously worked in the care sector will be enrolled on and will complete The Care Certificate'. Staff members new to care told us they had worked through the Care Certificate which had been very detailed. The Care Certificate is a nationally identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they had received an effective and comprehensive induction to the service which included mandatory training and shadowing. We saw from the staff files we looked at staff had completed an induction workbook when they first joined the service. One staff member told us, "Induction was good."

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 supported living settings are called the Deprivation of Liberty Safeguards (DoLS)).

We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided. We saw from the training records staff had received Mental Capacity Act training in 2016.

People's capacity was assessed as part of the care and support planning process and we saw mental capacity assessments in people's care and support plans had been completed appropriately. Staff had a good knowledge of the people they supported and of their mental capacity to make decisions. For instance, one staff member told us they administered medicines to a person at the service due to their mental capacity. Staff provided clear examples of how they sought consent from people prior to carrying out any personal care. We also observed consent being sought. For example, we heard a staff member responsible for administering medicines asking permission to enter people's flats and requesting permission to wash their hands in people's kitchen sinks prior to administering medicines.

We saw people had signed documents within their care and support plan and these included consent to use their photograph, consent to share information within the care and support plan and the 'guide to services' document.

People lived in their own flats within the service and had a range of options for food. We saw people had their own kitchens, where they either cooked for themselves or members of staff came in at allocated times and prepared a meal for them. People we spoke with told us they were very happy with the food provided and were able to choose what they wanted to eat. One person told us, "The weather has been very hot and signs have been put up to say keep drinking water, it's a reminder for us." Another person told us, "A great choice of food." A third person told us, "I love the food here. I only want small meals but the portion sizes are too big."

There was a café on site which people were able to use if they wished. On the day of our inspection several people were using the café over lunch time. One person told us, "The food here's very good. If you don't want what's on the menu you can have a light lunch such as poached eggs on toast or beans on toast." We saw a meal experience survey had been carried out in May and July 2016, which showed generally positive comments about the meal service. For example, 'nice meal, excellent service' and 'very enjoyable'.

The registered manager showed us a folder which contained a range of pictures of food options, which were available to people. We saw the meal choices looked appetising and portions were generous.

Where appropriate people had access to health professionals as required and we saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions were present within care and support plans to make staff aware of people's healthcare needs. We

saw care and support plans evidenced when staff liaised with a range of health professionals to help ensure people's healthcare needs were met, including district nurses, community matrons, chiropodists, occupational therapists, physiotherapists and GP's.

We saw the local pharmacy, opticians and chiropodists contact details were displayed in the corridor areas of the service for people to access if they wished.

Is the service caring?

Our findings

At the last inspection we rated this domain as good.

In our survey people told us they were happy with the care and support they received, and felt care workers always treated them with respect and dignity. Everyone told us care workers were caring and kind. Relatives and friends surveys told us they were happy with the care and support provided to their relative or friend.

All of the people we spoke with told us Assisi Place was a caring service and they felt they were well cared for. They told us they were not under any stress or duress in their lives. People comments included, "They're very kind in word and deed in every shape and form," and "Everybody's nice. I like it here", "Brilliant staff, need anything and I get it", "Absolutely brilliant care and support, I cannot fault them. When my niece died the support I got was brilliant, they really supported me", "The place is great; it feels like my home", "They call every morning on the intercom to see if we are ok", "They make me welcome, all people and staff make me feel welcome", "I was devastated when I came here, I was 45 years in my own home. They made me welcome, safe and secure and I settled so quickly", "They make me feel part of a family" and "I have never seen carers in here who are not willing to help." One relative said, "Care wise they are brilliant."

Staff understood people's care needs and things that were important to them in their lives. They said people received good care and support and they enjoyed working for the service. Staff told us, "It's about the people that live here, making sure they're happy", "It's their home", "As long as my residents are happy, I'm happy" and "The main people here are the residents. We are all working for them."

We saw there was a relaxed and friendly atmosphere at the service. We observed people and staff chatting and joking with each other in the communal areas as well as in people's own flats. We observed staff and the management team greet people, ask how they were and take time to listen to what people said. Staff knew people well and were able to tell us their likes, dislikes and care needs. Our observations confirmed staff knew people well. We saw good relationships had been built up between people who used the service and staff. This was assisted by a stable staff team with low staff turnover.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People had been given the opportunity to provide feedback about the service through an annual review that was been carried out by the registered manager and where appropriate had signed to state they agreed with the content of the 'guide to services' document. In our survey 100% of people told us they were involved in decision making about their care and support needs. Their relatives and friends agreed they were consulted as part of the decision making process.

People were supported to be as independent as possible. For instance, we observed a staff member administering medicines ask a person who was fully mobile to collect their medicines from the kitchen. They explained this helped promote their mobility and the person agreed to do so. Another staff member told us, "If they want to stay in their flat it's up to them. We don't make choices for them."

We accompanied a staff member as they carried out some visits to administer medicines. We saw they were mindful to protect people's privacy and were respectful of the person's home. When we arrived at a person's flat we were asked to wait whilst staff asked the person if we could enter and we were then introduced to the person. We saw in people's care and support plans each person had an assessment which detailed how the person preferred staff to enter their property. We saw some people asked staff to walk straight in, others preferred staff to ring their doorbell and wait to be let in, whilst others asked staff to knock, wait for answer and then enter. We saw this happened throughout the day of the inspection. Staff were able to give examples of how they respected people's dignity, such as knocking on doors and making sure doors and curtains were closed when supporting with personal care.

People we spoke with said, "They talk to me as if I am a human being"; "They treat me with respect and dignity. I go into the bathroom and after the shower they put a towel around me", "Before I had problems because staff would just walk in when I was on the toilet or naked, but this has now changed, they knock", "They don't ignore me, they talk to me", "They treat everyone differently, no two persons are the same, this is good because they recognise we are individuals" and "They treat me with respect; I can have a laugh and talk with them."

Information on advocacy was displayed and the registered manager gave us examples of where advocates had supported people who used the service.

The service was purpose built with wide corridors and doorways. The communal areas were all clean and uncluttered and odour free. We noted some people had personalised outside their front door with plants, ornaments, door mats and other decorations.

Is the service responsive?

Our findings

At the last inspection we rated this domain as requires improvement. Complaints were not always documented or responded to appropriately. The provider had taken appropriate action and was now meeting these legal requirements.

People we spoke with were happy staff knew what care they needed.

Care and support plans were person specific, well-laid out and easy to navigate. Staff signed to say they had read and understood people's care and support plans. We asked staff to tell us about specific people they supported and found their knowledge and understanding of the person was reflective of the information within the care and support plan. Staff provided examples of how they used this information to deliver person centred care and support. For example, one staff member explained how they assisted a person to mobilise, which corresponded with the information in the person's care and support plan. Daily records were completed and evidenced care had been provided in line with people's care and support plans.

In the PIR the provider told us, 'We ensure each person is fully involved in planning their care, and setting out how we will meet their individual needs and preferences. A full domiciliary assessment of the residents care needs, interests, abilities, health and spiritual needs are carried out'. We saw regular review meetings were held with the person to discuss their care and support needs. One person we spoke with said, "They review our needs once a year and ask us if we need any additional support." Another person recalls they did look at the care and support plan when they came to Assisi Place. They said they talked about what they needed and this was recorded in the care folder. This demonstrated people were actively involved in planning their care.

We saw where new care and support plans had been put in place, these were detailed and person centred. The deputy manager confirmed they were updating all care and support plans to include more person centred information.

Staff were provided with internal telephones and we saw they used these to keep in touch with one another throughout the shift to share information. These were also used as a means for people to contact staff, since activating the call bell in someone's flat or person's call pendant also activated the internal telephone. The staff we spoke with told us staff worked together as a team to ensure all visits were made.

The service employed a chaplain who also worked as an activities co-ordinator. They looked at activities according to people's wishes and the programme was delivered to each flat at the start of each week. We spoke with them and found them to be very motivated and keen to involve people wherever possible. Activities on offer included armchair exercises, quizzes, arts and crafts, board games and indoor bowling. The activities co-ordinator explained how they wanted to empower people who used the service, for example, by asking them to lead the exercise class. A worship service was also on offer weekly. Trips out, such as to local garden centres, were organised, although they said they would like to introduce an annual calendar for trips out in the future to allow more choice. They also told us they ran a 'befriending' group, so

when people first came to the service they were introduced to other residents over tea/coffee. This group also met every three months. We saw the weekly programme of events was displayed on notice boards around the service and a 'Strawberry Tea' had been organised for later in the week.

We saw people had access to a hairdressing salon and a small communal television lounge within the service and local community activities and events in the area. We were shown photographs of recent activities that people had taken part in.

On the day of our inspection we saw people were reading and socialising in the communal area. Some people were also spending time in the garden area. People we spoke with were very vocal in expressing the support that was given to them to both access activities and become visible within the wider local community. Comments included, "They are interested in what I like to do and they are happy. I like building cars and they help me", "On Wednesday I go for a walk with staff to Morrison's", "I get a leaflet through my door every week that tells me what is going on in that week", "I went with the staff to Wetherby Whaler, Roundhay Park and the garden centre", "I know they have community events but I don't like going out, they don't force me. I do go downstairs to play bingo" and "I have an electric scooter and this does not fit on the minibus so I don't go to the trips."

Guidance on how to make a complaint was given to people when they first started using the service and the complaints procedure was documented in the 'guide to services' document. This explained the stages and timescales for the process. The service had a complaints policy although the service had not received a formal complaint. However, the registered manager understood and was able to explain what they would do in the event of a formal complaint being made. This would include a manager from a different service investigating the complaint to prevent bias. We were confident from speaking with the registered manager that any complaints would be taken seriously, investigated and appropriate actions taken as a result.

We saw the service had a less formal complaints/compliments book in place. Only two complaints had been logged in 2016 and actions taken, and a large number of compliments had been received. These included, "[Name of person] is really happy with the care at Assisi Place", "I am pleased to say I feel at home" and "The care I am receiving is better than I had in hospital."

Most of the people we spoke with told us if they had a complaint or concern they would speak with a member of staff. Comments included, "[Name of registered manager] has an hour a day where we can come and talk to them about any concerns", "Staff do listen to complaint", "When I am worried staff would say go speak to the manager. I go and they do listen to me" and "I just got this complaint leaflet a couple of weeks ago and also got a leaflet about no secrets." This is a confidential helpline for people to report any concerns.

One relative said, "I have not been given any information officially about the complaints procedure but if I have an issue I go direct to the manager and they do listen to our concerns."

Our survey responses from people who used the service told us 50% knew how to make a complaint about the care agency and agreed the care workers responded well to any complaints or concerns they raised. Our survey responses from relatives told us they felt the agency and their staff responded well to any complaints or concerns they raised.

Is the service well-led?

Our findings

At the last inspection we rated this domain as inadequate. We found there were not always effective systems in place to manage, monitor and improve the quality of the service provided.

At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The service had a registered manager at the time of the inspection. The registered manager was supported by a deputy manager. Both the registered manager and deputy manager had worked at the service for some years.

Following our last inspection the registered manager had produced an action plan to address the concerns we found. At this inspection they told us all the actions on the plan had been completed. We found improvements had been made with regard to these areas and no further concerns were evident. The service enjoyed a low staff turnover and no staff had left the service since the previous inspection in January 2016. One staff member told us, "I love working here." Another staff member said, "It's a good work environment. We all seem to bond. We communicate. It's a really fun place to work."

Our survey responses from people who used the service and relatives told us they would recommend the service to others. Everyone agreed they knew who to contact at the service. Everyone said the information they received from the service was clear and easy to understand.

We saw the registered manager had a visible presence in the service and observed them sitting in the communal area with people who used the service, laughing and joking. People looked comfortable and the atmosphere was relaxed. Staff confirmed the registered manager was highly visible and set aside time each day to sit in the communal area with people. In addition, the registered manager held a regular 'open surgery' where people were able to discuss any queries or concerns about the service in private.

People who used the service commented on how well-led the service was recently. They said the management style had changed and become more welcoming and person-centred, which had instilled confidence in the management team. Comments included, "Before I would dread going into the communal area. The atmosphere has changed dramatically. When [name of registered manager] is about now it's better", "Has something happened because [name of registered manager] is nice, how long that lasts, I don't know but they are going the right way", "I have never had a problem with management; they are always good to me", "It's 100 % brilliant from where I used to live", "I am extremely grateful to be here. Staff look after me and I could not wish for better. I cannot think of anything to improve", "[Name of registered manager]'s door is always open. If they are busy they always come and find me to see what my concern was" and "It's brilliant, we can go in and speak to the manager and they will really try to help me."

Staff we spoke with felt supported and able to approach the registered manager with any concerns. They

told us concerns raised at the previous inspection had been dealt with openly and effectively. One staff member told us, "Things have improved." Another staff member commented, "I can go to [name of registered manager] when I need to. No problems." A third staff member said, "I feel I can speak to management if there's anything I'm unsure about." Other comments included, "I have no problems whatsoever. Loads better", "I'm much happier now. Everything is back to normal now. Everything has been sorted. I feel supported by management. Everybody is ok now", "[Name of registered manager] is more visible out on the floor. More hands on with the paperwork. Knows more about what's going on in the home", "[Name of registered manager] is more involved" and "I feel [name of registered manager] has improved in the last year." We concluded the culture at the service was open and honest.

We saw and staff told us morale was good and the management team and staff worked well together. A staff member told us, "The morale is high here; among staff and the people that live here that I've spoken to." Other comments included, "The team is lovely", "Staff team is good. Everyone works well together. Communication is good" and "We all help each other. It's good teamwork. We share tasks if someone's busy."

We saw the registered manager and deputy manager both carried out quality management audits, which included medicines, housekeeping, staff files, care and support plans and health and safety. We saw were needed action plans had been produced to addresses the issues highlighted in the audits. We saw the area manager carried out a quarterly audit, which included different topics such as management and training, monitoring records, fire and emergency planning and risk assessment.

The registered manager told us they had introduced a written handover record, which they reviewed, recorded any actions and signed each day. For example, the registered manager recorded if the GP or district nursing team needed to be contacted.

Staff we spoke with told us staff meetings were held on a regular basis, they felt able to express opinions and concerns at these meetings and these were listened to. We looked at the meeting minutes from January, March and July 2016 and saw discussions included infection control, staff development, clocking in and training. The registered manager told us they had introduced a new meeting format where different staff members would chair the meetings. We saw this had been discussed with staff at the March 2016 meeting. Staff we spoke with told us they particularly appreciated different staff members 'chairing' these meetings rather than a member of the management team.

The registered manager told us they held resident meetings on a two monthly basis. We looked at the meeting minutes from March and May 2016, which included discussions about meal prices, the spring fayre, activities, trips, the manager's surgery and decorating. People we spoke with informed us the manager now had an open door policy which allowed them to speak to management. We saw the manager had put an hour aside each day for people to speak with them if they wished. One person said, "We having weekly meetings now with the manager. We talk about what is happening and trips and that."

We saw the registered manager was currently carrying out an annual review with residents on how they found living at Assisi Place. To date 22 reviews had been completed. Comments included, 'staff are always courteous and kind, they are smashing' and 'everything is in place that I need, I am happy and have no complaints'. These had also been signed by the person who used the service.

In the PIR the provider told us they were going to introduce a 'bi-monthly resident get together over afternoon tea for more informal meetings with residents'.

