

Bupa Care Homes (CFChomes) Limited

Hatfield Peverel Lodge Care Home

Inspection report

Crabbs Hill
Hatfield Peverel
Chelmsford
Essex
CM3 2NZ

Tel: 01245380750

Date of inspection visit:
27 February 2017
28 February 2017
09 March 2017

Date of publication:
18 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

In June, 2016 we inspected Hatfield Peverel Nursing and Residential Home and found them to be in breach of multiple regulations under the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. The service was found to be inadequate and we placed them in special measures, restricting admissions to the service and requiring them to send us weekly reports that detailed the level of risks they were managing for people at the service.

On the 27 February 2017 we returned to assess whether improvements had been made, carrying out an unannounced inspection. We carried out an announced inspection for a second day on the 28 February 2017. On the 9 March 2017 we returned to the service to meet with the manager, the area director and the management team to gather additional information and discuss our findings.

During this inspection we found that significant improvements had been made at the service, and where issues remained, the service was being proactive in making the necessary improvements. Consequently, we found that the service was no longer in breach of any legal requirements. The provider now needs to sustain those improvements.

Care provided at Hatfield Peverel Nursing and Residential Home is carried out over two separate units (Houses), caring for older adults who have nursing and residential care needs, and who may or may not be living with dementia. They can accommodate up to 70 people over these two houses, but at the time of inspection, only 40 people were residing at the service.

It is a requirement that the service has a registered manager, but at the time of the inspection an acting home care manager was in place, supported by additional managing staff in training to become the manager and seek registration with CQC.

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.

Since the inspection in June 2016, the service had worked hard to improve all safety concerns raised. We found that the service was safe and appropriate processes and systems were in place to identify and act on potential risks.

Staff were recruited and managed well. Safe systems were in place for monitoring, storing, and dispensing medicines.

Staff adhered to principles of the Mental Capacity Act (MCA), 2005 and Deprivation of Liberty Safeguards (DoLS). People were only deprived of their liberty if this was in their best interests, by the least restrictive

option.

Staff had received training in a number of areas, however, still required additional knowledge in caring for people with behaviours that could challenge and those living with dementia. The service had plans to improve this area going forward.

There was a good choice of food and drink to meet people's preferences and nutritional needs, and the monitoring of people at risk of malnutrition had been improved.

Managers, nursing, and care staff were caring and treated people with dignity and respect.

Care plans were not always responsive and did not always provide an accurate representation of needs, and how staff should support people with complex needs.

Care note entries did not reflect the person centred care provided. However, audit systems had identified these issues and following the inspection the manager was able to demonstrate that training was being accessed in response to these audits.

People who used the service, their, relatives, and staff felt able to make their needs and concerns known and these were received well and acted upon.

The culture of the service had significantly improved and managers and staff were cohesively working together to bring around positive changes. They acknowledged areas where improvements were still needed, but had identified how they would make these changes a reality.

People who used the service, staff and relatives told us that managers were visible, and that they were transparent, open and honest, willing to investigate concerns and make changes when these were needed.

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.

Risk was managed effectively to limit people being placed at risk of harm.

Staff recruitment processes were safe.

Medicines were administered, stored, and disposed of safely.

Is the service effective?

Requires Improvement 

The service was not always effective

Staff did not always have the skills and knowledge to support people with complex needs and those living with dementia in a way that would provide them with meaningful engagement and activity.

Supervision of staff had improved.

People's nutritional and fluid needs were met with variety and careful planning for those with additional needs.

Is the service caring?

Good 

The service was caring.

People told us that staff were caring and respectful.

Staff protected people's dignity and encouraged independence.

When areas of improvement were needed, staff, people, and relatives felt involved in making recommendations for improvements and were listened to.

Is the service responsive?

Requires Improvement 

The service was not always responsive

Care plans were not always person centred.

People and relatives reported that they had good forums for expressing their views and complaints.

Is the service well-led?

The service was well led.

Significant improvement's had been made and were on going at the service.

The leadership at the service was transparent, visible and approachable to people, staff, relatives and other health and social care professionals.

The culture of the service had improved and staff felt motivated by the management team to make improvement's needed.

Requires Improvement ●

Hatfield Peverel Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 February 2017 and was unannounced. We returned on the 28 February and again on the 9 March to meet with the manager and provider to gather additional information for the inspection and discuss progress at the service.

The inspection team consisted of two inspectors, an inspection manager, and two experts 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. In this case our experts had experience of residential and nursing care and care for people living with dementia.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

We used a variety of methods of assessment of the service, including talking to people using the service and their loved ones, talking to other health professionals visiting the service, the local authority and the local health commissioning team. We also carried out a SOFI, (Short observational Framework for Inspection). A SOFI can be used to assess the experience of people unable to communicate verbally their experiences of care.

We reviewed 10 care plans and pathway tracked these against people's daily clinical notes, individual

observations, and what people could tell us about the service they received. We observed care interactions over a period of two days and during this time we spoke with 19 people using the service, 12 relatives, and 14 members of staff from various levels of the service.

We also viewed five staff files, training records and other quality monitoring measures, including audits of the environment and care provided

Is the service safe?

Our findings

Our inspection of 21 and 22 June 2016 had found that staffing levels were not sufficient to provide people with the care and support they required which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition we found a number of areas which compromised the safety of people and put them at potential risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to send us weekly reports that detailed the level of risks they were managing for people at the service and demonstrate how things were being improved. At this inspection we found that progress had been made and they were no longer in breach of these two regulations.

People at the service and their relatives told us they felt happy there and that they felt safe. One relative told us, "The good thing for me is knowing [name] is in safe hands and I can go home and have a good night's sleep," whilst another said, "I need to know that my [person] is safe and I do know, they treat [person] like Dresden china." People living at the service told us, "I feel safe here because people come in and talk to me," and, "I do not think about being safe but I am happy here."

All staff had undertaken safeguarding vulnerable adults training, and had a very good understanding of what constituted abuse, how to identify concerns and who to report concerns too. Staff knew about the "Speak Up" BUPA initiative, a phone number they could call at any time to report concerns, and told us they felt confident they could report issues of concern and would be supported by colleagues and managers.

When safeguarding concerns had been raised, the manager had undertaken thorough and comprehensive review of these and when necessary taken appropriate actions. Such incidents were used to inform staff of lessons learnt and whether additional training was needed for staff, such as pressure area care.

There were systems in place for documenting accidents and incidents, investigating these and putting into place measures to manage any potential risks to people. Following the inspection in June 2016, the home manager had been required by the Commission to send us weekly clinical risk trackers for those living at the service. This detailed what risks people had, how the service was managing these risks and the improvements made. We found that the reporting was robust and demonstrated that people were being cared for safely. Reports from the local commissioning teams and local authority also demonstrated the improvements at the service.

Since concerns were raised about people's safety during the June 2016 inspection, the service had worked hard to look at how they communicated with people and staff and how to identify in a more robust way the risks presented to people. The morning "Take 11 meetings" had been stream lined to have a more thorough overview of people needs and staff at all levels were encouraged to think about how to improve people's quality of life.

Operating the person of the day approach, a process when one person on each unit would have their full care needs evaluated, key staff and where possible people and their loved ones were encouraged to identify

risks and how best to meet these in line with people's preferences. For example, if someone was losing weight, appropriate professionals would be involved in identifying risks such as swallowing, and the chef would also spend time with the person identifying what they liked to eat and any alternatives that could be offered to support them.

People had access to buzzers to call for help. One person told us, "I have got a buzzer, they come quite quick, as soon as they can get here," whilst another said, "The alarm, I can't press it." However we saw that for those who were nursed in bedrooms and who were unable to press the buzzer, staff were aware and checked on them regularly, documenting at the time of the check in notes within the person's bedroom.

Relatives and people at the service had mixed views on whether there was enough staff to meet people's needs. One relative told us, "It's amazing what they have to do, generally they seem to have enough staff," and another said, "I feel my mum is safe here and there always seems to be staff around if you need anything." However, one person said, "Staff shortages are always a problem, when I first came here staff had a little bit more time," and another told us, "Weekends and nights are not so well staffed." Another relative said, "I do feel there is enough staff on duty, as always two staff will come quickly to attend to [name]."

We reviewed staffing rotas and the acuity tool, (a tool used by BUPA to determine staffing levels). We also spoke with staff working at the service who told us, "The staffing is better than it used to be. We now don't use agency as we have a full complement of staff and this helps." The manager told us that they had not had to use agency staff for some time and this had improved people's continuity of care. Staff employed to care for people had undergone the appropriate checks and procedures to ensure that they were of good character prior to starting to work with people living at the service.

Qualified nurses told us that daily routines were less chaotic than they had been, for example, nursing staff told us that previously they were pulled in many different directions even when trying to dispense medicines. But this protected time was now respected by all staff and managers and they were enabled to carry out this important task safely without interruption.

Consequently, we found that medicines management had improved and we had no ongoing concerns in this area. Topical creams were kept safely and people received appropriate pain assessments and treatment when it was needed. Nursing staff told us that auditing had been streamlined and because of the respected protected time, the whole process was less stressful. Medicines were kept safely and securely and dispensed safely.

Whilst the manager had tried to allow qualified nurses to have administration time previously, they had not always felt able to take it due to work demands. They told us this had also improved, and they could have additional time to complete administration if they needed it and that they were supported to do this.

We also found that concerns regarding infection control best practice had also been managed appropriately.

Is the service effective?

Our findings

Our inspection of 21 and 22 June 2016 found concerns about how people were supported with their food and drink. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. At this inspection we found that progress had been made and they were no longer in breach of this regulation. In addition we found Improvements were required to the support and training of some staff. This was ongoing at this inspection and continued to be an area for further development to insure consistency across the service and improve quality.

Relatives and people at the service told us that the food and drink available was very good and there was a variety of choice for people, including those on specialist diets. One relative told us, "I come in most days to feed my [relative] and they have liquid food, they always enjoys it and I have not seen them pull a face when eating it." A person told us, "The food is nice, I get it pureed. I have soup at night and porridge in the morning, my puree is done separate, the kitchen does very well." Another relative said, "The food always looks nice and they can always have something different," and "The food is wonderful, I have eaten here myself."

The overall dining experience for people had improved and people told us that there were enough staff available to support them if they needed it. Tables were laid nicely and people were able to have a glass of wine if they chose at meal times. People told us that there was a good variety of fresh fruit and homemade snacks throughout the day. "We have nice cakes here, and if it is someone's Birthday, a cake is made and we have it in the afternoon." The chef told us, "I always make a Birthday cake when it is some ones birthday...I have a menu planner for one month at a time, I have a board up of people's likes and dislikes, and they are given the choice of two meals, if they don't like either of these I will always offer an omelette or jacket potato."

For those people nursed in their bedroom we saw that the support they received at meal times had significantly improved and that staff completed diet and fluid charts at the time people were supported. This meant there was less room for error in reporting. In addition, the manager had carried out careful monitoring of people who had lost weight and the kitchen staff had been activity involved in trying to improve people's nutritional input. We saw that in these situation's people were weighed more regularly, and appropriate nutritional risk assessments had been completed.

Rehydration stations had been developed at the end of corridors, with fresh jugs of a variety of juices and water. This was changed throughout the day and each jug was labelled with the date and time of when it had been made. These areas had been made comfortable, by the adding of small side tables and comfortable chairs. It also meant that relatives had somewhere to sit and wait comfortably if their loved ones were receiving person care.

Staff had undergone training in how to use specialist food and drink thickener for those people at risk of choking and who had been prescribed these by the speech and language therapists. Meals that had to be liquidised were presented separately to show the different colours and flavours of the food. It is important

for the provider to note that whilst these were always presented in this way, we did observe some staff mixing the separated purees all in together with a spoon before assisting people to eat. This demonstrated a lack of understanding of what the kitchen staff had tried to achieve for people needing softer food.

Processes had improved for the oversight of new care staff during induction. Nursing staff told us that they had more time to oversee new staff and ensure that they were competent within their new role. We spoke with staff who told us the training was good. One member of staff told us, "I didn't have prior care experience before I came here. The nurses and managers really understood and even after my training if I needed some more time to learn new things I felt able to ask for it."

Staff still needed to improve in how they supported people with behaviours that challenged or those who experienced mental health problems such as depression. Care plans lacked information about how to support people effectively. Some relatives with loved ones with these needs felt this area needed improvement. For example one told us, "I think staff are well trained, but not sure how much for people with behaviour issues". Another said, "They don't always know what to do with [Person] and I think training would help in this area."

For people residing on Kingfisher house, standards of care had greatly improved. However, for those on Mallard, we found the staff approach to be inconsistent. For example one relative told us, "The care here is generally good, but some staff are more experienced than others who go into [name]. It depends who goes into [name] as to the care they have," whilst another said, "Some staff here are exceptional, for others it is just their job, some just dump her food, others stay and chat. But as far as I'm concerned they do very well."

Staff did not always engage with people in a way that indicated a good understanding of how to support a person living with dementia to live "well". Many people spent their time sleeping in chairs with little or no interaction. We found that some people with behaviours that challenged were left in bed for prolonged periods and received little stimulation during the day. Staff told us that, "People were asleep so they didn't want to disturb them".. We checked activity entries and daily notes for those people and found that they had not received much engagement over long periods of time and ways to improve this had not been explored.

The manager told us they were in the process of introducing a number of new initiatives to improve the training of staff in supporting people with these needs. A dementia care nurse specialist had been to the service and completed an assessment which identified areas of improvement. Consequently, these were being shared with all levels of staff and an action plan was in development to improve the quality of life for people living with dementia, through new initiatives and specialist training. The manager was also able to demonstrate where they had identified poor practice by staff when it was identified staff were receiving additional bespoke training on person centred care and documentation. This was in progress at the time of inspection.

Trial pieces of work were being carried out for a person who was unable to communicate their needs verbally. This included working with family members to identify the person's life history and talk with the person's about their previous interests. Staff told us having this type of information made them feel more connected to people in their care. One staff member told us, "I like to find out about the residents I care for then I know their likes and dislikes," whilst another said, "I try to get to know as much as I can about all the residents I look after so if they are not feeling well, I am aware that it is not their usual way."

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 when people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as

least restrictive as possible. Staffed adhered to the MCA to ensure that people were enabled to make their own decisions whenever possible, and if unable to do so, that the appropriate assessments had taken place in line with the framework guidelines. Staff received training in the MCA and Deprivation of Liberty safeguards (DoLS).

Staff demonstrated a good understanding that people's capacity can fluctuate depending on their presentation from day to day, and that they might have capacity to consent to some things but not others. Staff told us that they always acted in people's best interests and in line with their preferences and choices. We observed that staff knew people very well and offered choice when providing personal care and activities available for them to join in.

The service had been actively recruiting volunteers to come in and help with activities for people, all of who had been through appropriate checks to ensure that they could safely work with vulnerable people. Most were relatives and friends of people living or had lived at the service. The manager told us they hoped to recruit more volunteers as it enriched the lives of people at the service. Some volunteers had special skills such as playing an instrument and singing and people enjoyed listening to them.

Communication of people's health needs and ongoing physical conditions had improved. People could now be sure that any concerns about their care would be escalated to nursing staff who would make the appropriate referrals so health needs were responded to. We spoke with staff about people's sensory needs as previously there had been a lack of following up when people had problems with hearing aids and glasses. Staff were able to tell us what they did to ensure that these needs were met in a more timely way and we saw that people who used hearing aids and had sight problems were wearing these if aids if they chose too. This meant that people were not unnecessarily at risk of being isolated for a prolonged period of time due to lack of sight or hearing.

The service had reduced the amount of pressure areas that people had and they had good input with tissue viability specialists. Nursing staff had also undergone additional training in pressure care treatment. Documentation and recording of pressure areas and their management was in place and seen to demonstrate improvements.

Is the service caring?

Our findings

The experience for people living at the service had improved. Staff had been involved in a number of discussions and reflections around dignity and care of people following on from the inspection in June 2016.

One person told us, "The staff here are very kind to you." People told us that when they felt low or lonely staff would sit with them. One person said, "Staff are very good, I get on with everyone, I can't really find fault. For instance, if you are feeling a bit down they will come and sit with you, I find them easy to chat to. They never force me to do anything, they know if I ask for help I need it." Another said, "I think they are brilliant, nothings too much trouble for them, they are very good. Every single girl in a blue uniform will give me a hand, there is no, "That's not my job."

People told us of occasions when staff had exhibited kind and compassionate responses to them when in distress. One person said, "I often have nightmares and will wake up crying, the night staff come in and they gently wipe down my forehead and talk softly and reassuringly to me."

Relatives told us, "[Name] gets excellent care and has over the time. Sometimes I have to remind staff over certain things but as a rule they are great," whilst another told us, "There are some brilliant care staff here, and they are very caring," and, "They are very good, my [relative] has been looked after very well, they'll do anything, very friendly to us."

The manager told us, "We are introducing a number of new initiatives to improve the training of staff in supporting people with these needs and dementia mapping is helping this process."

Visiting times were open and relatives could visit whenever they wanted. One relative told us, "They often offer me a meal when I come up so I can sit with [name]. They are very accommodating and I feel they care about me too." Another relative said, "The staff are very supportive to [name] but also to me and they know me really well. I always tell them what I think." Information about people such as care plans and daily notes was kept securely and confidential.. We did not observe staff talking about people in front of others for example.

We observed that staff treated people with dignity and respect when carrying out personal care. A relative told us, "I have been in when [name] has needed to have a change of clothes because of [reason], and the staff are always very caring and discreet and make [person] comfortable in a dignified way." One person told us, "They always cover me up with a towel."

There had been improvements in the way that staff encouraged people to be independent, particularly with mobility because staff felt they did not have the time to encourage this. Staff were now encouraging people to mobilise when they were able and we observed staff taking time to allow people to do things for themselves whenever possible.

Is the service responsive?

Our findings

Our inspection of 21 and 22 June 2016 found concerns about how people's individual care was being provided and planned for. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care. At this inspection we found that progress had been made and they were no longer in breach of this regulation. However improvements were still needed to ensure that the approach is consistent and quality is being maintained.

Everyone living at the service had various risk assessments and associated care plans which documented their individual needs. Whilst the forms were comprehensive and reviewed each month, we did continue to find that information overlapped and that it was not always accurate throughout the care plans. For example, where there were instructions for preventing and supporting with pressure care, continence and mobility, care plans sometimes contradicted each other. This could potentially lead to confusion and/or a person not receiving the right care or receiving it unnecessarily.

For those people with a mental health need, we continued to find that their care plans needed to be improved. For example in daily records there was little documentation to demonstrate how a person with depression had been, or if they had received any meaningful contact. The content of the daily entries about people in general did not give a sense of the quality of that person's daily life, focusing solely on the tasks such as staff providing personal care.

Relatives told us that they felt some people were left in bed, sometimes past lunchtime, because the person could be "difficult." Staff told the inspection team that people were sleeping, and therefore they let them stay in bed. However, we observed two people that they were not always asleep, but with so little interaction and stimulation in their room it would be difficult to remain alert. Staff had a poor understanding of how to offer meaningful engagement to these people, although all personal care needs were met safely. There was little in people's care plans to explain how staff should offer support to these people in engagement and interaction, or in daily care entries how staff were making decisions for them, for example to remain in bed. Care plan audits had identified these issues and the manager was able to demonstrate that work was being actioned to improve this area so that accurate records were taken which demonstrated how people should be supported. On return to the service on the 9 March 2017, we saw that this was starting to have an effect as the manager shared their progress.

During our observations, we saw that staff respected people and actively sought people's consent in all activities. Staff knew people well and knew people's likes and preferences. Activities were based on what people liked to do and the feedback that people gave.

Although improvements were needed for those people who remained in their bedrooms or who had complex needs, there had been significant improvement in activities. The activity staff employed by the service were enthusiastic, kind and creative and thought about how to engage with people and create meaningful activities. We saw that people enjoyed these periods of engagement, often incorporating current events and special occasions. They had even held charity events, involving people in making things, and

inviting members of the public to attend. They had created an activity trolley that contained a variety of sensory items to engage people who were cared for in their bedrooms.

Regular meetings were held with people and their relatives to discuss what was happening in the service, the outcome of the previous CQC inspection and how the service was improving. Relatives told us that the manager had set up a task group and they had been invited to be on this group, getting together with people and staff to identify where changes were needed and involving them in ideas about how these could be made. We saw evidence of meeting minutes, who had attended and how people had been involved. Changes included introducing new activities and making changes to the environment.

Is the service well-led?

Our findings

Our inspection of 21 and 22 June 2016 found concerns about the oversight and leadership of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. At this inspection we found that progress had been made and they were no longer in breach of this regulation.

Previous inspections of this service have identified a historic inability to sustain improvements and the service therefore remains inconsistent in ensuring its overall quality. The management team shared a clear action plan for improvements in place, which they continued to update and share with the Commission to inform us of the progress made. During the inspection we found these to accurately reflect the service' progress. Managers told us, "We still need to make improvements, but we know what we need to do to make that happen and we are motivated to get things right." Staff echoed this motivation.

At this inspection we recognised that much had been achieved and the management were open about there still some areas being worked on and developed. This included further training and how support was being provided to those living with dementia and/or complex needs. Relatives told us that they had seen vast improvements at the service. One said, "So many areas have improved, the garden, the activities, I don't know how they get all their ideas."

Some staff told us of suggestions they had made for activities and improvements and how this had been supported. For example, "They thought it was a good idea and gave me extra time to plan for an activity." An event to raise money for charity helped people to feel involved in the local community so that they could feel that they were contributing to good causes. People told us they enjoyed this.

Nursing staff told us that they could request additional time to complete paperwork if they needed it. Whilst this had been offered previously staff had told us that they were often interrupted and pulled out to do other things. However, managers had reiterated to them that they should feel able to take time away from the clinical environment to get things done. This type of support placed the emphasis on staff to take responsibility for their work, but also knowing that they would be supported to do what they needed to do.

Staff were aware of the corporate values and what was expected of them by the management team of the service. Following the previous inspection, managers had spent time looking at dignity issues with staff and making sure concerns around these areas had improved, through supervision, team meetings and training. Staff knew how to report concerns about poor practice and told of situations when they had spoken to their lead nurse and manager to get things done, or to clarify how to do something the right way. One member of staff told us, "I never feel silly asking questions, they are all really supportive. The nursing staff are knowledgeable and help us understand things we are not sure of... sometimes they suggest how we might do something better or differently."

A change in culture was identified by staff we spoke with. They reported managers had been open and honest with them following the previous inspection. Through discussions with staff they showed

commitment to make improvements, ask questions and come forward to make suggestions. One member of staff told us, "The manager's door is always open, they are fair and supportive, as are all the managers here." Another said, "There is a real enthusiasm to make positive changes amongst the management team. I feel like they involve us and listen to us, which is important or change can't happen."

People and relatives told the inspection team that they had found the management team to be responsive and all, "Singing from the same page." They felt involved in what was happening in the service and the progress that was being made. One relative told us, "I like the place I can't think of a thing they haven't tried to improve," whilst another said, "It has steadily improved, we did have concerns but it has improved immensely. If I have been to see management with a problem it's acted on."

People told us that the management team were very visible. One relative said, "Management are very good here now, you can approach them at any time and you frequently see them on the floor walking around." Another told us, "Big improvement here with new management. The staff appear much happier here now than before."

Plans were being made to visit other services within the BUPA organisation who had achieved an "Outstanding" rating from the Commission. The idea was that various different staff would be able to spend some time at a different service as a best practice exercise and then share this with colleagues at Hatfield Peverel Lodge. In addition to this, the management team and staff group had continued to be involved with "Prosper," a local authority joint initiative; "Promoting safer provision of care for elderly residents. Through assessments, teaching and sharing of best practice."