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# Cumberworth Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Cumberworth Lodge provides accommodation for up to 26 older people who require accommodation and personal care, some of whom may be living with dementia. It is situated within a semi-rural location in the hamlet of Graizelound, which is close to the village of Haxey.

We undertook this unannounced inspection over two days, on the 18 and 23 November 2016. At the time of our inspection there were 21 people living in the service. The service was last inspected on 6 March 2015 when we identified a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009, because the service had not always sent in notifications about significant events affecting the health and welfare of people who used the service. This meant we were not able to monitor the service and take action if this was required. At this inspection we found improvements had been made and the service was no longer in breach of this regulation, because the registered provider had appropriately notified us about incidents in the home.

The service had a registered manager who had management oversight of the service on a daily basis. The service also had an acting manager who was in the process of submitting an application to have their skills and competencies formally assessed by the (CQC) for this position. A registered manager is a person who has registered with the CQC 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.

People who used the service told us they felt safe. The needs of people were assessed and staff provided with information on the management of potential risks, to ensure that people were protected from harm. Incidents and accidents were monitored by the service and action taken to minimise them from reoccurring. Staff had been recruited safely to ensure they were not included on an official list that barred them from working with vulnerable adults.

Safeguarding training had been provided to staff to ensure they knew how to recognise and report incidents of possible abuse. Staff were aware of their professional roles and responsibilities for raising whistleblowing concerns and had confidence in management action to ensure these were effectively followed up. The dependencies of people were regularly assessed to ensure there were sufficient staff available to meet their needs.

People received their medicines as prescribed and systems were in place to ensure their medicines were managed safely. Maintenance checks were regularly carried out to ensure that people's environment and equipment was kept safe.

A range of training and development opportunities were provided to enable staff to safely carry out their roles and develop their careers. People who experienced difficulties with making informed decisions were

supported by staff who received training about the Mental Capacity Act 2005. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests to ensure their legal and human rights were protected.

Staff told us they enjoyed their work and we observed they had developed strong relationships with people who used the service. Staff demonstrated a positive regard for the promotion and respect of people's personal dignity and privacy, whilst involving them in making choices about their lives. Staff involved relevant health professionals when this was required, to ensure people's medical needs were promoted. The fluid and nutritional needs of people were monitored well by staff and positive comments were received from community specialists about this.

People told us they were happy with the service and had no concerns. People were able to provide feedback and they were encouraged to be involved and help the service continually improve. Opportunities were provided for people participate in social activities and plans were in place to develop this aspect of the service. A complaints procedure was in place to enable people to raise concerns about the service and have these investigated and resolved whenever this was possible.

We found a positive culture existed in the home. Regular management checks were carried out to enable the quality of the service to be monitored and enable the identification of any changes needed, when this was required.

## 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.

Staff had been provided with training on the protection of vulnerable adults to ensure they knew how to recognise and report incidents of potential abuse.

Safer recruitment procedures were followed to ensure people were not exposed to staff who were barred from working with vulnerable adults.

People had been assessed to ensure potential risks were managed safely and their medicines were handled by staff who had received training on their safe administration.

Regular checks were completed of the environment to ensure that people were protected from potential harm.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with a range of training and development opportunities to ensure they were able to meet people's needs and help them develop their careers.

Staff involved people in making decisions about their support, to ensure their consent was obtained for how this was delivered. Staff followed the principles of the Mental Capacity Act 2005 to ensure people's legal and human rights were protected.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk of malnutrition and dehydration.

The health and wellbeing of people was monitored closely by staff who worked well with community medical staff to ensure their health needs were effectively promoted.

### Is the service caring?

Good ●

The service was caring.

Positive relationships existed between people who used the service and staff, who engaged with them sensitively and ensured their rights to make choices about their lives were upheld.

A range of information was available to help staff support and promote people's health and wellbeing.

People's wishes for privacy were respected and their personal dignity was maintained by staff who demonstrated care and compassion for meeting their needs.

### Is the service responsive?

Good ●

The service was responsive.

People were assessed to ensure their care and support was delivered in a way that was personalised to their needs.

People were encouraged to be involved and provide feedback about the service to enable it to learn and develop.

People told us they had no concerns and knew how to raise a complaint and have these investigated and resolved, where this possible.

### Is the service well-led?

Good ●

The service was well-led.

A range of management systems were in place to ensure the quality of service was monitored and action taken when this was required, to enable it to continually improve.

The registered manager understood their responsibility to submit notifications about incidents affecting the health and welfare of people who used the service.

Staff told us they enjoyed their work and that management promoted an open and supportive culture, which listened to people's ideas and suggestions.

# Cumberworth 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.

This unannounced inspection was carried out by an adult social care inspector and took place on 18 and 23 November 2016. At the time of our inspection visit there were 21 people living at the home.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority safeguarding and quality performance teams together with the local Healthwatch and asked for their views and whether they had any concerns about the service. There were no concerns from any of these agencies.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, three visiting relatives, three members of care staff, two senior care staff, the deputy manager and the acting manager for the service. Four community based health and social care professionals who we spoke with commented positively about the service.

We looked at care records belonging to three people who used the service, three staff records and a

selection of documentation relating to the management and running of the service such as staff training, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and comfortable in the home. They told us they liked the staff and had confidence in their skills. One person told us they first used the service on a trial basis before making their mind up about moving in on a permanent basis. They said, "I originally came in for respite and liked it here. I ought to have been here a long time since; I can now sleep at night and have peace of mind." Talking about a member of their family, a visiting relative told us, "[Name] came in for respite due to them having lots of falls at home. I know they would say if they were unhappy, but know they are safe because there's always someone on hand."

The registered provider had signed up to the local authority 'safeguarding pledge' to keep people at the heart of everything that is underpinned by six promises outlining how service providers will deliver on their pledge. The pledge is a signed commitment between each provider and the local authority adults safeguarding board. There was evidence safeguarding training had been provided to ensure staff were familiar with their professional roles and responsibilities to protect people from harm or potential abuse. Policies and procedures were available about the protection of vulnerable adults, which were aligned with the local authority's guidance to help direct staff when reporting potential concerns or possible abuse. Care staff demonstrated a positive understanding of the different forms of abuse and were confident management would take action to follow up issues when this was required, together with implementation and use of appropriate disciplinary measures. Care staff had a good understanding of the service's whistleblowing policy and their duty to raise concerns and report issues of potential abuse. One member of care staff told us, "If I had a concern I would tell the seniors, if the seniors didn't do anything I would tell the manager and if the manager didn't do anything, I would report it myself to social services."

Information in staff files confirmed that potential job applicants were screened before they were allowed to start work as part of the service's safer recruitment procedures. This enabled the registered provider to minimise risks and ensure staff did not pose a risk to people who used the service. The acting manager told us the service used a values based recruitment approach, which aimed to attract and select potential employees on the basis of their individual values and behaviours. We looked at the files of three members of staff and saw they contained clearances from the Disclosure and Barring Service (DBS) to ensure they were not included on an official list that barred them from working with vulnerable adults. We found employment and character references had been appropriately followed up, before offers of employment were made. Checks of the job applicant's personal identity and work experience were carried out, to enable gaps in their employment history to be explored. At the time of our inspection the registered provider was in the final stages of recruitment checks to be completed for an additional cook, an activity worker and a deputy manager, who were due to commence work in the near future.

We found the service supported people to take positive risks whilst keeping them safe from harm. People's personal care files contained a range of assessments about known risks to them that had been carried out on issues such as falls, skin integrity, moving and handling and nutrition. These provided care staff with information about how these were managed safely to ensure people were protected. People's risk



assessments were reviewed and regularly updated to ensure information they contained was kept accurate and up to date. Incidents and accidents were monitored by the registered provider and action was taken to enable these to be minimised in the future and help protect people's safety.

Dependency assessments of people's needs were carried out to enable the registered provider to identify how many staff were needed. At the time of our inspection there were 21 people using the service who were supported by one senior and four members of care staff in the mornings and when the service was less busy, one senior and three care staff in the afternoons. People said they felt there were enough staff available to meet their needs and told us they did not have to wait long to have their call bells answered. The acting manager advised that staffing levels were assessed on a daily basis, to ensure there were sufficient numbers of staff available and deployed to areas and times of greatest need. The acting manager told us a number of staff had decided to leave since our last inspection, which had led to a shortage of permanent staff at times, however we saw that replacement workers had been recruited to cover these posts. Care staff demonstrated a strong commitment to their work and meeting people's needs. They told us they worked well together as a team and covered shortfalls with staffing when this was needed.

People told us they received their medicines at regular times and that care staff administered these as prescribed. We found that since our last inspection the service had developed its medication systems and initiated a new contract with a new supplying pharmacy, in order that this aspect of the service could be improved. We saw that accurate and up to date records were maintained for medication that had been received and provided to people, together with good practice guidelines in relation to their specialist medical needs. Regular audits of people's medicines were carried out to ensure errors were minimised and acted upon. We found that staff responsible for providing people with their medicines had completed training in the safe use and administration of medication and that a group of them were currently awaiting their certificates from an external training provider. One person did tell us that on occasions there were delays in getting their pain relief at night, due to trained staff not always being readily available. We spoke to the acting manager about this and found on call arrangements were in place to cover such times and that this situation would be resolved, once the newly trained staff medication competencies and skills had been confirmed with the external training provider.

We found a variety of checks and audits of equipment and the environment were carried out to ensure people who used the service were kept safe from harm. We saw that equipment was regularly serviced and that contracts were in place with suppliers, together with up to date certificates for utilities such as gas and electricity. Personal evacuation plans were contained in people's personal care records and a business continuity plan was available for use in emergencies, such as flooding or outbreaks of infectious disease, together with fire training that was provided to staff.

We observed an external contractor servicing the hoists used to transfer people and saw a member of maintenance staff making checks and adjustments to the temperature of the water in people's bedrooms and bathrooms, to ensure it was delivered at safe levels. Speaking about this and pointing to them, one person commented happily, "Mr. Fixit comes regularly to check things and the temperature of my hot water and make sure I don't get scalded."

# Is the service effective?

## Our findings

People who used the service (and their relatives) were very positive about the care and support that was provided by staff and felt their quality of life had improved since they moved into the service. They told us they felt care staff were well trained and able to do their jobs.

There was evidence the registered provider maintained a strong commitment to the development of its staff group. They told us, "New employees undergo two weeks class based, thorough induction training and commence the Care certificate." The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. We saw that the registered provider had signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. Two recent employees we spoke with told us they had commenced work in the home on a 'skills for care' apprenticeship scheme. One told us, "I had two weeks induction watching DVDs and answering questions for my Care certificate and then had two weeks shadowing senior staff, to help me get to know the people who use the service." The other commented, "I joined as an apprentice and love the job. I have just finished my QCF level two qualification." (A nationally recognised training award.)

We saw that individual staff training records had been developed together with a training and development plan for the service as a whole. The acting manager confirmed they monitored these plans regularly to ensure staff training needs were regularly refreshed and updated as required. On the second day of our inspection a group of staff were attending a training course run by the local authority. We saw evidence of arrangements for others to attend a range of additional courses to ensure staff had the skills and knowledge base to meet the needs and specialist conditions of people who used the service.

Care staff told us they received good support to help them develop their skills and effectively meet people's needs. They told us that communication from management was good to ensure they were clear about their roles and responsibilities. One told us, "We have a lovely group of staff and all work together as a team." They went on to say, "We have regular staff meetings which are really well organised, with the seniors having one the day before." There was a programme of professional supervision in place to enable the performance of staff to be monitored and their skills to be appraised and help them develop their careers. The acting manager advised that the staff supervision and appraisals were not always taking place as frequently as they would wish, but had plans to develop this. A member of care staff told us, "I have supervision once a month by the deputy and she has told me I am due an appraisal."

We found that people appeared very comfortable with the care staff and told us care staff supported and involved them in making decisions about their lives. We observed care staff talking to people and obtaining their consent before carrying out interventions, to ensure they were in agreement with how this was delivered. People's care files contained assessments of their capacity for making decisions about their support, together with evidence of best interest meetings, when they were unable to make informed decisions about this.

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 authorisation 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. We found the registered provider had followed the requirements in the DoLS and that training on this element of practice had been provided to ensure staff understood people had the right to make their own decisions whenever this was possible. Applications under the DoLS had been appropriately submitted when required for authorisation by the local 'supervisory body' and policies and procedures on the MCA and Deprivation of Liberty Safeguards were available to help guide staff about this. People's care records demonstrated people and those with an interest in their lives had been included in reviews and decisions about their care and support.

There was information in people's care files of a range of assessments concerning their individual medical needs to ensure their health was effectively promoted. We saw evidence of on-going monitoring and involvement from a range of health care professionals, such as GPs, district nurses and other specialists to enable people's wellbeing to be supported. Speaking about the support delivered to ensure people's skin integrity was maintained, a district nurse commented, "Pressure area care is excellent, we rarely have any problems with pressure damage at this home." We found regular evaluations of people's support were carried out on a regular basis with details about changes in their medical conditions. We found people's human rights were promoted and that information concerning their wishes about the end of their lives was contained in their care files, together with support with helping them make anticipatory decisions about this. Clear documentation was included in the front of people's files where they had had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR.)

People told us they enjoyed the meals that were served and we saw that drinks were available to ensure people remained hydrated. One person told us, "The food is pretty good here and we always have two choices with every meal." Commenting about the quality of the food a visiting relative told us, "I know the food is good, even when [person's name] are out with us, they tell us they have to go back for tea!"

The service had been awarded a five star rating by the local authority environment health department for the cleanliness of the kitchen facilities at its last inspection by them in April 2015, which is the highest score that can be achieved. We observed that staff offered support and asked people their personal preferences about what they wanted to eat. We saw that records were maintained to enable people's nutritional intake to be monitored where this was required, together with referrals to specialists when they needed support with things like swallowing or special diets. A member of the local speech and language team told us, "I have found they refer people appropriately and have a good knowledge of their residents' issues and do follow advice. I have no concerns from my viewpoint." A dietician similarly commented, "My experience in working with staff has only been positive. I was able to form a detailed assessment of a patient over the phone with staff members, thanks to the information they had gathered on the patient's weight status, dietary intake and past medical/social history, which I assume is down to good record keeping standards. In addition, I also found staff to be very proactive in their approach to ensuring that their patients receive the best available nutritional care. For instance, when I started a patient on a trial of oral nutritional supplements, instead of waiting for my telephone call to review this trial, staff at Cumberworth Lodge took the initiative to telephone me to let me know how the trial went. I have found staff very polite and professional and also very helpful in ensuring that nutritional care plans were put in place."

## Is the service caring?

### Our findings

We found that care staff had established positive relationships with people who used the service and knew them well. People and their relatives told us that care staff were very kind. One person told us, "There isn't one member of staff who I don't like, they are all very nice and kind and jolly" whilst a visiting relative said, "I think it is an excellent home and the staff really care."

We observed care staff took an interest in people and showed a positive regard for what was important and mattered to them. We saw care staff engaged with people in a friendly and cheerful manner, providing reassurance and encouragement when required to help maximise people's independence. We saw care staff using sensitive touch and getting down to people's eye level when talking with them, to ensure they were understood. One member of care staff told us, "I really enjoy working here, I like sitting with the residents and getting to know them and learning about them as individuals."

We saw care staff interacted with people in a helpful way and involved them in making choices and decisions about their support. The registered provider told us in their information return, 'People are actively encouraged to make their preferences, wishes and needs known to us. Staff have had training on privacy, dignity and diversity and management ensure that our service user's privacy and dignity are always respected.'

We observed care staff displayed kindness and consideration for people's needs to ensure their personal wellbeing was promoted. We saw care staff demonstrating compassion for people and engaging with them courteously to ensure their privacy and personal dignity was respected. We found a member of care staff acted as a 'dignity champion' and ensured staff upheld people's individual wishes and preferences and provided information about good practice issues on this. Staff confirmed information on diversity was included for discussion in staff meetings and supervision sessions, to ensure they had an understanding and awareness of potential discrimination and the importance of upholding people's human rights. One person who enjoyed reading showed us copies of books in large print that were available in the home's library. Details about the service were on display in the home, together with information about the use advocacy services to enable people to have access to sources of independent advice and support if this was required.

People told us care staff respected their wishes for privacy and were able to spend time in their own rooms when they required. We found people were able to bring personal belongings and items of furniture with them to help personalise their rooms and help them feel at home. We saw a party had been arranged on the first day of our inspection to celebrate a person's 100th birthday to which members of family were invited to eat cakes and sandwiches that were provided.

A district nurse told us, "Staff are helpful, caring and well trained. They know the residents well and accompany the nurses when visiting patients." Speaking about the support provided to people who were close to the end of their lives, the district nurse went on to tell us, "The end of life care is of a very high standard and care staff contact the district nursing service in a timely manner for our input."

Relative comments on this aspect of the service in letters of appreciation and thanks included, 'Thank you to all the staff, you all gave her dignity and respect to the end' and 'The staff treat all the residents with the utmost dignity and respect, I couldn't have picked a nicer home for my relative to spend their final years.'

## Is the service responsive?

### Our findings

People who used the service confirmed they were involved in decisions about their care and support to ensure it was personalised to meeting their individual needs. They told us they were happy with the way their care and support was delivered and confident any concerns or complaints would be appropriately addressed.

One person told us, "I've got no complaints; they are very quick to do things when it's needed here, I had a fall the other day, I pressed the buzzer and staff came quickly." A member of social work staff in the community we spoke with commented, "I have had positive feedback on most occasions from the residents and their families, when there have been issues, these have been noted and steps taken to address them."

People's personal care files contained details about their personal life histories, individual preferences and interests to enable care staff to understand and promote their individual needs. This helped people's support to be delivered in a personalised way that enabled them to have as much choice and control over their lives as possible. We found that people were involved in decisions about their care and support to ensure it was delivered in a way they were in agreement and happy with. We found that care staff had key worker responsibilities for meeting people's needs and spent individual time with them to ensure their wishes and feelings were promoted and that opportunities for their independence and wellbeing were maximised.

There was evidence in people's care files of their participation and involvement in decisions about their support to ensure their individual preferences and needs were supported and upheld. A range of assessments about known risks were included in people's care files to help staff to minimise and manage potential risks about issues such as skin integrity, infections, falls, and nutrition. We saw people's risk assessments were regularly updated, with involvement and input from community health professionals when required, to ensure they were kept up to date about changes in people's needs.

We found an activity worker was employed to ensure people had opportunities for meaningful social interaction, but was currently on long term absence. Whilst care staff told us they worked flexibly to cover staffing shortfalls and saw evidence of recruitment arrangements for another activity worker to start work in the near future, care staff told us they felt stretched at times. Commenting on this one member of staff told us, "The needs of the residents come first and we care for them a lot. I love this place and the residents but I do get frustrated sometimes. There are not enough hours in the day to sit and talk to them as I would like." A person who used the service told us, "We had an activity worker who was very good; they used to encourage me to do things for myself. We had a garden party in the summer and have social events every month. There are all sorts of things going on, I'm looking forward to a visit from 'The Haxey Hood Boggins' (a local celebration) who are coming to sing and recite traditional folk songs."

We saw evidence the service valued the involvement of people who used the service and their relatives. 'Resident and family' meetings were held to enable their views to be obtained to help the service to

continually improve. We found a 'link worker' from the local authority was due to start attending these sessions to help provide people with information and learn about events in the local community.

People who used the service and their visiting relatives told us they no concerns about the service and knew how to raise a complaint if this was needed. A complaints policy and procedure was available to ensure the people's concerns were listened to and appropriately addressed. People and their visiting relatives told us were confident that any concerns would be followed up when this was required. We saw evidence the registered provider had taken action in relation to complaints that had been received and used feedback as an opportunity for learning and developing the service.

# Is the service well-led?

## Our findings

People who used the service and their visiting relatives told us they had confidence in the service and felt it was well-led. A district nurse who we spoke with commented, "The home is well run and the atmosphere is always welcoming and friendly."

At the time of our last inspection in March 2015 we identified a breach of Regulation 18 CQC (Registration) Regulations 2009. This was because notifications about significant events affecting the health and welfare of people who used the service had not always been sent to us on a timely manner. This meant we were not able to monitor the service and take appropriate action if this was required. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. We found the registered provider was clear about their responsibilities under the Health and Social Care Act 2008 and had appropriately notified the CQC about incidents, accidents and other notifiable events occurring during the delivery of the service.

We found the registered manager had a daily oversight of the service and was supported by an acting manager, who was in the process of submitting an application to have their skills and competencies formally assessed by the CQC for this position. The acting manager told us they had a range of knowledge and experience of services, which they used to effectively manage the home. There was evidence the acting manager regularly attended local networks and skills for care events to enable them to keep their competencies and skills up to date.

We observed throughout our inspection the acting manager had a 'hands on' approach and was readily available, providing guidance and support to staff and people who used the service. The acting manager told us they carried out daily walk round of the building, to ensure they were able to meet people and assess their needs.

People who used the service told us the acting manager was very approachable and maintained an open door policy and welcomed their views to help the service to develop. Care staff advised they received good support from the acting manager. One told us, "The [Acting manager's name] is very hands on and rolls up her sleeves when it's needed." They went on to tell us, "Management are good, the support I get is fantastic, both work and of a personal nature." Whilst another staff member commented, "[Acting manager's name] is really good, I can approach them and I know I will be supported with everything."

We found the acting manager was supported by a deputy manager and that systems were in place to ensure the quality and smooth running of the service. There was evidence a range of audits were completed on different aspects of the service, such as incidents and accidents, medicines management, the environment and health and safety issues, to enable the service to be monitored. The acting manager showed us a monthly quality indication tool they completed on key performance indicators, such as falls, hospital admissions, safeguarding referrals, staff training and complaints. This enabled trends and patterns to be determined and helped the service to develop.



We found the service valued the involvement of people who used the service, relatives and staff and used regular surveys to obtain their views. Results from people's feedback was analysed and openly displayed in the home. We noted staff moral had been low in the last two surveys due to them needing to provide additional cover when staff had left the service, but were told that at present there was no formal staff recognition scheme.

Care staff told us regular meetings were held to enable the acting manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. Care staff told us about various key responsibilities they held to act as 'champions' for different aspects of the service, such as health and safety, safeguarding, palliative care and infection control. Care staff told us they received feedback about their work in a constructive manner and that the acting manager listened to their ideas to help the service improve.

Care staff told us the acting manager had introduced changes to improve the service, such as development of people's care plans. One member of senior staff told us, "I have confidence in [Acting manager's name] and have no problems with them. I think the changes they've made are for the good". Speaking about the acting manager, the deputy manager said, "They have been a breath of fresh air, I have every faith in [Acting managers name]. Their approach is firm but fair."