

Leonard Cheshire Disability

John Masefield - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

John Masefield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. John Masefield House is run by Leonard Cheshire Disability. The home provides support and nursing care for up to 22 physically disabled adults. The home has large communal living areas in the lounges, dining room and activities area. There are extensive gardens which are accessible to the people living in the home.

At our last inspection on 19, 20 and 22 September 2017 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). These related to risks to people not being managed safely. People were not protected against the risk associated with choking and aspiration and pressure damage. Medicines were not always stored securely. People were not always supported in line with the principles of the Mental Capacity Act 2005 (MCA). People at a risk of malnutrition were not always supported appropriately. Staff did not always follow recommendations and guidance from healthcare professionals. Records relating to people's care were not always up to date or accurate, The provider did not have effective systems in place to monitor the quality of service. As a result of our findings we took enforcement action and issued a warning notice.

We also found one breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014). The registered manager had not always notified CQC of reportable events. Services that provide health and social care to people are required to inform CQC of important events that happen in the service.

At this inspection we found the service had made significant improvements to address these concerns.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

The manager and staff understood the MCA and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Records relating to people's care were accurate and complete. The service was embedding systems to assess the quality of the service provided. The manager and provider was able to identify how these new systems would support them in identifying and learning from the audits it would produce. This would promote people's safety and quality of life.

Staff spoke positively about the support they received from the manager. Staff had access to effective supervision. People told us and staffing rotas confirmed there were sufficient staff to meet people's needs. The service had robust recruitment procedures and conducted background checks to ensure staff were

suitable for their role.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. People's views, opinions and feedback were sought prior to changes within the service.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

There was not a registered manager in post. 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.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

There was a complaints policy and procedure in place which had recently been reviewed. Details of how to complain were kept in people's rooms and people had been informed of the new policy and procedures

. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service now has an overall rating of requires improvement. This is because we need to be satisfied that changes are being sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe.

Risks to people were managed safely.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character.

People who were unable to access their call bells were supported effectively and in line with their care plans.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision (one to one meetings with their manager).

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good ●

The service was responsive.

Staff followed recommendations and guidance made by healthcare professionals.

Records relating to people's care were up to date and accurate.

There was a range of activities for people to engage with.

Is the service well-led?

The service well led.

The provider had effective systems in place to monitor the quality of service.

The manager had notified CQC of reportable events.

Staff felt supported by the provider

Requires Improvement 

John Masefield - Care Home with Nursing Physical Disabilities

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 17 and 20 May 2018 and was unannounced. This inspection was conducted by one inspector, a specialist advisor, whose specialism was nursing and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people, five relatives, four care staff, two nurses, the activity coordinator, The physiotherapist and the manager. We looked at eight people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in September 2017 we found that the service was not safe. In that risks to people were not managed safely. People were not protected against the risk associated with choking and aspiration and pressure damage. People who were unable to access their call bells were not always supported effectively and in line with their care plans and medicines were not always stored securely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. As a result of our findings we took enforcement action and issued a warning notice.

This inspection in May 2018 was to check they had met the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to people's safe care and treatment. Since our last inspection we found the service had made significant improvements to address these concerns for example; Some people had been identified as having swallowing difficulties that placed them at risk of choking and aspiration pneumonia. Aspiration pneumonia occurs when a foreign body, such as a small piece of food or drink goes 'down the wrong way' causing a chest infection to develop. They had been referred and assessed by a speech and language therapist (SALT) as requiring a modified diet such as their fluids thickened and/or a modified texture diet. During our lunch time observations we observed three people being assisted in line with their care plans and their individual SALT recommendations. Were people required prescribed thickening agents with their drinks, the drinks were prepared by staff who had received the appropriate training to do so. Throughout our inspection we observed staff preparing people's drinks to the correct consistency. Prescribed thickening agents were stored safely and in line with the provider's medication policy.

People who were at high risk of pressure damage had accurate and up to date repositioning charts in place and were supported by staff who were aware of these risks and what action to take as a result of a person developing a pressure sore. We saw evidence that the provider had replaced old pressure relieving mattresses with new up to date ones which were pump less. This meant that the risk of developing pressure sores was reduced.

Throughout our inspection we saw that people had access to call bells and that call bells were responded to within a reasonable time frame. For example, a call bell was activated by the inspector, a staff member responded to this immediately. The staff member could not visually see anybody in need of support therefore proceeded to carry out a check of people's rooms in the surrounding area to ensure that there was nobody in the area that needed support. Where people were unable to use a call bell we observed and records confirmed that staff carried out regular checks to ensure people had not become unwell or were in need of staff support.

We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medicines had been given. Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them. A relative told us "I have no concerns about the way staff administer

medication".

Where people had been diagnosed with specific conditions, extra monitoring was in place to ensure people received their prescribed medicines, which ensured the risks associated with their conditions were managed safely. Care records included guidance for staff on what action to take if people developed symptoms related to their conditions.

People, relatives and staff told us there were enough staff to meet people's needs. One person told us, "There are always staff about". We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The manager used a 'dependency tool' when carrying out initial assessments on people's care needs. This enabled the manager to calculate the right ratio of staff against people's needs. We saw that the provider had recently reviewed the staffing level of the service and as a result increased the numbers of staff on duty both during the day and the evening. A relative told us, "There are certainly more staff about, its great". A staff member told us, "Having an extra nurse has given us more time to deliver person centred care". Another staff member said, "We have enough staff, its lovely now. We don't have to worry because there is more of us. It feels a lot more relaxed". On occasions where staffing levels had not been achieved the manager had taken appropriate action to access additional staffing. During the day we observed staff having time to chat with people. Throughout the inspection, there was a calm atmosphere and staff responded promptly to people who needed support.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening. For example, following a number of episodes where people had bumped their wheelchairs into open doors which were adjacent to corridors, the manager and provider took action to put up additional signage asking people, staff and relatives to be more cautious. As a result the number of incidents reduced.

People told us they felt safe. One person told us, "I'm happy living here. You see that nurse over there, she's wonderful". A relative we spoke with told us, "I feel she [person] is safe, she is happy there". A second relative told us "They transfer him [person] safely in and out of the bath, there is a hoist over his bed. He uses an electric wheelchair and doesn't go out by himself. I've never felt any danger there". A third relative said, "I have no concerns or problems with this care home". A fourth relative said, "I'm very satisfied with my brother's care. My brother is quite smart and I never have to question how staff speak to my brother".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff told us that if they had any concerns then they would report them to the manager. One staff member told us, "I would inform the manager and the nurse on duty immediately". Staff were also aware they could report externally if needed. One staff member told us, "If I felt it was serious then I would go to the police. We could also go direct to social services if we had to".

Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks (DBS). These checks identify if prospective staff were of good character and were suitable for their role.

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Personal protective equipment (PPE), such as aprons and gloves were available and used by staff. Staff were aware of infection control guidance and we observed staff following the guidance.

The service has now been rated as requires improvement in this key question. This is because this key question was previously rated as inadequate. Therefore we need to be satisfied that these changes are being sustained.

Is the service effective?

Our findings

At our last inspection in September 2017 we found that the service was not always effective. Equipment was not always maintained in line with manufacturer's guidance. Staff were not always supported through appropriate training and observation to deliver safe care. People who were at risk of malnutrition were not always supported appropriately or in line with professional guidance. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found the service had made significant improvements to address these concerns, for example, equipment that was used to regular monitoring the blood sugar of people who were living with diabetes was maintained in line with manufacturer's guidance. This meant that people had their blood sugar levels monitored by effective equipment.

Staff were supported through appropriate training and observation to deliver safe care. Staff completed training, which included; Infection control, medication, safeguarding, Mental Capacity Act (MCA) 2005 and moving and handling. Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "I felt my induction was really good".

Staff were supported effectively through regular supervision, which is a one to one meeting with their manager and yearly appraisals. Staff told us they felt supported by the manager and the provider. One staff member told us, "I feel 100% supported at the minute". Another staff member said, "[manager] is supporting us with our clinical supervision, its great".

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, people who were assessed as being at risk of malnutrition had 'Malnutrition Universal Screening Tools' (MUST) in place. MUST is a five-step screening tool used to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. People who were assessed as being at risk of malnutrition had accurate and up to date MUST in place and were supported by staff who were aware of these risks and what action to take as a result. During our lunch time observations we observed that people who were at risk of malnutrition were supported appropriately and in line with professional guidance.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our last inspection in September 2017 we found that the service did not always follow the principles of the act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations

2014.

Since our last inspection we found the service had made significant improvements to address these concerns. People were supported by staff who had been trained in the MCA and applied its principles in their work. Where appropriate, people's care plans contained capacity assessments. Where decisions were made on people's behalf, we saw evidence that the service followed the best interest process. For example, one person lacked capacity in making decisions about risks associated with their diet. We saw evidence of how the service had included the person, their family and healthcare professionals and followed the best interest process to ensure that the risks associated with the person's diet were reduced.

Staff we spoke with had a good understanding of the Act. One staff member told us, "You must always assume someone has capacity. Another staff member said, "If someone does lack capacity then we must act in their best interests, this should always include family members, advocates and doctors". People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. We observed staff gaining consent to ensure that people had agreed to support being provided.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS.

People we spoke with told us staff were knowledgeable about their individual needs and supported them in line with their support plans.

People told us they enjoyed the food provided by the home. One person told us, "The foods good". A relative told us, "They get plenty to eat and it always looks nice". Where people required special diets, for example, pureed or fortified meals, these were provided by the chef who clearly understood the dietary needs of the people they were catering for. A relative we spoke with told us, "My niece has a particular diet, staff talk to her and give her choices".

People were offered a choice of meals three times a day from the menu. Staff advised us that if people did not like the choices available an alternative would be provided. At lunch time we observed that a person had changed their mind and asked for something different. Care staff responded to this and brought the person a meal of their choosing. We observed that the food looked wholesome and appetising. Healthy snacks were available for people to have in between meal times.

People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the needs of the people they were supporting. We observed a staff member supporting a person with their lunch time meal. Throughout the interaction the staff member maintain conversation with the person and encouraged them appropriately when needing to. A relative told us "My brother takes a long time to eat so staff sit and assist him really well".

The service worked closely with healthcare professionals from a wide range of specialist adult mental health teams, to ensure that people received effective care and treatment. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

Is the service caring?

Our findings

People told us they benefited from caring relationships with the staff who supported them. One person told us, "I think staff are great". Another person said, "Staff look after us and the night staff are great". One relative said, "Staff are kind, helpful and very good. They monitor her [person] well". A second relative said, "The staff are very caring".

Throughout the day of the inspection, we noted there was good communication between staff and the people who used the service. People were treated with kindness and respect by staff, who understood their individual needs. For example, one person had difficulties communicating. This person's care records gave guidance for staff to recognise and respond to the person's needs. During our inspection, we observed staff communicating effectively with this person. Staff gave the person the time they needed to explain what they were asking or discussing. This demonstrated that staff knew and respected the people they were supporting.

Staff showed concern for people's wellbeing in a caring and meaningful way. For example, during our lunch time observation we noted that one person's hair became loose and got in the way of their food. A staff member noticed this and asked the person if they would like them to tie their hair back up the person agreed. The staff member then asked the person if they had enough to drink before moving on to their next task. Throughout the day we observed staff speaking to people in a warm and gentle manner.

Staff told us they respected people's privacy and dignity. One staff member said, "It's vital that we respect people's personal space. We always shut doors and windows when we are supporting people, but it also important that we explain to people what we are doing. You must treat others how you wish to be treated". Another staff member told us, "It's their home not ours". People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms.

Staff spoke with people with respect using the people's preferred names. When staff spoke about people to us or amongst themselves they demonstrated compassion and respect. During our inspection we noted that staff were always respectful in the way they addressed people with diverse needs. We observed staff knocking on people's doors.

Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One staff member we spoke with highlighted how promoting independence would prevent a rapid decline in people's health and wellbeing. Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. We observed staff following this guidance.

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to

staff.

Is the service responsive?

Our findings

At our last inspection in September 2017 we found that the service was not always responsive, records relating to people's care were not always up to date or accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found the service had made significant improvements to address these concerns, people's care records contained a 'hospital passport'. These documents contained important information about people that could be passed to professionals in the event of an emergency or healthcare appointment. We noted that these documents had been updated to accurately reflect how people wished to receive their care and support. For example, one person required the use of a hoist and sling to assist them during transfers. Their hospital passport included accurate information which matched the guidance in their care plan. This meant that the person would receive safe or comfortable transfers if guidance in the hospital passport was followed.

Another person, who was epileptic had an up to date and accurate epilepsy care plan in place. This person's epilepsy plan had involved the person's input and included guidance for staff on what action to take if this person had an epileptic seizure. This meant that staff would be able to respond to this person effectively in the event of a seizure. Staff we spoke with were aware of this guidance.

Relatives told us that the service was responsive to people's needs. One relative told us, "When my son went there he (had a medical condition), but now they have sorted that out". Another relative said, "My niece gets (medical condition) and they call doctor straight away, they are on top of things all the time". Relatives also told us they felt involved in people's care. One relative told us, "I have input in yearly reviews, and we are fully kept up to date with any changes". Another relative said, "I attend a review meeting once per year and they tell me what she [person] is able or unable to do".

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. People's care records held personal information about people including their care needs, likes, dislikes and preferences. Staff we spoke with knew the people they cared for. For example, we spoke with one staff member about a person they supported and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Staff we spoke with were able to tell us people's preferences in relation to their care. A relative we spoke with said, "Staff know his likes and dislikes, they know how to make him laugh".

People's diverse needs were respected. Discussion with the manager and staff showed that they respected people's individual needs. A staff member we spoke with told us, "Embracing diversity is so important because if we treated everybody as the same then it would be like herding cows. We are not cows, we are all unique individuals who have their own individual needs and that's why care must be personalised". The provider's equality and diversity policy supported this culture. We saw evidence that people had access to information about their care. For example, menus, complaints procedure, provider information and meal times were available in large print, picture format and at a lower level so people who required the use of

wheelchairs could read the information.

We observed that the home had a spacious, well equipped activities room. The service had an activity's coordinator who was responsible for day to day activities. People were smiling and laughing and enjoyed the social interactions with the activities coordinator and staff. People had access to a wide range of activities that included days out at the seaside, trips out, arts and crafts, church services and card games. During the inspection we saw people engaged in activities. One person was accessing an area of the activity room that was equipped with computers. One relative we spoke with told us, "When we went to visit, we saw my niece in the activity room doing puzzles and she was very happy. A second relative said, "There are summer fates, Christmas parties etc where parents are always invited".

People knew how to make a complaint and information on how to complain was available in the home. One person told us, "I would tell [manager], he won't mess about". A relative we spoke with told us, "Some of the parents raised concerns about the activity room which was outside, this meant service users and staff had to go outside in the winter to access it. This was addressed and the activity room is inside now".

At the time of our inspection there was no one receiving 'end of life' care. However, the provider was able to describe how the service would respond to a person's 'end of life' care needs.

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. At our last inspection in September 2017 we found that the manager had not always notified CQC of reportable events. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014). At this inspection in May 2018 we found that improvements had been made in that the provider and manager of the service had informed the CQC of reportable events.

At our last inspection in September 2017 we found that the systems in place to monitor the quality of service by the provider were ineffective. We also found that changes to the service did not always incorporate the views of people and their relatives. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found that the provider had made significant improvements to how they formally assessed, reviewed and monitored the quality of care provided at the service. This included regular audits of the environment, health and safety, medicines management and care records. Findings from audits were analysed and actions were taken to drive continuous improvement. For example, a recent audit carried out by the manager and the provider identified that people's pressure relieving mattresses being used by the service were not up to modern standards. As a result the mattresses were replaced with modern automatic mattresses. The impact of this was that the quality of care for people at risk of pressure damage improved. Since our last inspection we saw how the manager, staff and provider had developed a comprehensive action plan to improve the quality of the service.

The home sought people's views and opinions through satisfaction surveys and regular service user and relatives meetings. We noted that the results of the satisfaction surveys were positive. We also noted that a recent change in the way people's individual rooms were to be redecorated had been carried out in full consultation with people and their relatives. One relative we spoke with told us, "Every change has included the views of everyone here. It a different place all together and [person] is so much more content". The manager told us, "If we don't get people input and views then how can we enhance the benefits of the service".

There was no registered manager in place. However, at the time of our inspection the service was well managed. 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. At the time of the inspection the service was run by a peripatetic manager. A peripatetic manager is a manager who travels between services on a short term and medium placement. The manager had been asked to implement the current changes within the service and embed improvements. We saw evidence that the service was actively recruiting to the post of registered manager,

People knew the manager who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family

relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner. One person told us, "He's impressive and the best manager we have had. But we are worried about what happens when it is time for him to go". A relative told us, "Things are so much better. We are slightly worried though about what happens when [manager] leaves". A second relative said, "He knows his stuff, I have been really impressed Things are brilliant again it has really improved and the atmosphere is better". A staff member told us, "Everyone feels a lot more comfortable and I feel I can approach [manager]". A second staff member said, "He's done a lot of very good things here. Things have really improved. We want him to stay". Following our conversations with people, relatives and staff we highlighted the anxiety's that people had about what would happen when it was time for the peripatetic manager to leave. We were given assurances by the provider and the manager that a new registered manager would be fully inducted into their new role by the existing manager to ensure changes were sustained.

The service encouraged open communication between the staff team. A staff member told us, "The support from the provider and the manager has been communicated well". Another staff member said, "They have stepped up now, we felt alone for too long. You go to the provider and ask that you need this or that and they do it". One relative we spoke with told us, "It's getting better and improving here". A second relative said, "Communication is good, I always receive written information about the meetings which I am unable to attend". A third relative said, "The manager is lovely, always talk and discuss things about my son and show photographs of what he has been doing and outings, such as seaside's, shopping".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us, "I would have no worries using the whistle blowing procedure".

The service has now been rated as requires improvement in this key question. This is because this key question was previously rated as inadequate. Therefore we need to be satisfied that these changes are being sustained.