Runwood Homes Limited

Oldfield House

Inspection report

Oldfield Lane
Stainforth
Doncaster
South Yorkshire
DN7 5ND

Tel: 01302351410

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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

The inspection took place on 12 January 2016 and was unannounced, which meant the provider did not know we were coming. This was the first inspection of the service following the Care Quality Commission registration in September 2015. The service was previously registered under another provider.

The service has a registered manager who has been registered with the Care Quality Commission since September 2013. 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.

Oldfield House is a care home situated in Stainforth, Doncaster which is registered to accommodate up to 33 people. The service is provided by Runwood Homes Limited. At the time of the inspection the home was providing residential care for 19 people, some of whom had been diagnosed with dementia. The service has several communal and dining areas and easily accessible secure gardens. The home is close to local amenities of shops and healthcare facilities.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example we saw evidence that they home regularly makes contact with district nurses, community nurses for mental health issues, and peoples own doctors. Other health professionals such as dieticians, dentists, occupational therapists and opticians were also requested as needed.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff told us they felt supported by the registered manager and provider however, formal supervisions and appraisals were still being transferred onto Runwood Homes Limited's documentation.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. We observed people being offered a second helping during breakfast and lunch. Snacks of fruit and biscuits and drinks were also available for people to help themselves

People were able to access some activities. There was an activity co-ordinator who worked two days a week at the home and we saw people enjoying being pampered in the morning and two people help to arrange fresh flowers for the dining area in the afternoon of the visit. A café area had been introduced and we saw this area was well used by people who used the service. There was a strong and visible person centred culture in the service (person centred means that care is tailored to meet the needs and aspirations of each individual).

We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received since the transfer of services in September 2014.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse. Medicines were stored and administered safely. We saw staff administering medication to people safely

There were systems in place to monitor and improve the quality of the service provided. However, we were unable to see how effective they were embedded as audits were relatively new following their registration in September 2015. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress. The regional care director shared an action plan with us that the registered manager was working towards. The action plan related to objectives set by Runwood Homes Limited

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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. We saw staff administering medication to people safely

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

Staff had an excellent approach to their work. People who used the service and their relatives were complimentary about the care provided. People told us that staff were very caring and respected their privacy and dignity.

Staff were motivated and passionate about the care they provided. They spoke with pride about the service and the focus on promoting people's wellbeing.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to some activities although this was an area which could be improved to be more person centred.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The registered manager had developed a strong and visible person centred culture in the service. There was a strong emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the management team were knowledgeable which gave them confidence in the staff team and led by example.

The registered manager continually strived to improve the service and their own practice. Systems were in place but not fully embedded to monitor the quality of the service people received.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn

from such events and put measures in place which meant they were less likely to happen again.

Oldfield House

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 checked 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 12 January 2015 and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

We did not ask the provider to send us 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 spent time observing care throughout the service. We also 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.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including four people's support plans. We spoke with four people who used the service and seven relatives.

During our inspection we spoke with four care workers, an apprentice, a general assistant, the cook, the activities coordinator, deputy manager and the registered manager. Following the visit we also contacted

health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Good

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person said, "I'm not frightened at all here, they are all lovely." A relative we spoke with told us their family member had lived at the home for a number of years. They said, "Yes [my family member] is safe, they know all of the staff who have worked here a long time." Another relative said, "My relative is certainly safe, we all think it is so lovely here."

We found that people were protected from the risk of abuse. This was because the provider followed safeguarding procedures to protect people from abuse. A relative told us about an incident involving their family member and an error in administering their medication they said, "When it all came to light and when it was looked into both the staff and the manager were quick to implement strategies which would prevent it from happening again. We were satisfied with that."

Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or police if required. Staff were confident that the registered manager and deputy manager would act appropriately on people's behalf. The registered manager and deputy manager were able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service. It was clear from speaking to staff that they knew the people they supported.

Risk screening tools had been completed for each person and these covered distinct topics, such as, health and physical wellbeing and medicines management. Where risks were identified to people's health and wellbeing, for example the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks.

Assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. The registered manager showed us a record used to analyse accident and incidents. This was used to identify any trends. The registered manager was required to submit the detailed analysis to the provider each month. The provider reviewed the data to ensure all possible means had been considered to further reduce the risk from reoccurring.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements. A relative we spoke with told us about an incident in the home where a fire had broken out in a bathroom. They told us they were telephoned and reassured immediately that their relative was not and never had been, in any danger. The relative said, "We were told we could come over to the home straight away if we wished to do so, but we believed that the staff

had dealt with the incident in the proper manner and were therefore reassured without actually visiting ourselves."

Risks in relation to the building were well managed and the deputy manager told us that a maintenance person was available to deal with minor repairs. We saw hoists and equipment used to keep people safe were regularly maintained so they were safe to use.

The registered manager told us that no new staff had commenced at the service since the new provider had taken over the service. Most staff had worked for the previous provider for many years. The registered manager had been in post for 12 years and other staff had worked at the home for over ten years. We found the recruitment of staff was robust and thorough. We looked at six staff files which contained information about the applicant. There was clear evidence how staff had transferred from the previous provider.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The registered manager told us that the organisation calculated staffing ratios based on the occupancy and dependency of people who used the service. The registered manager told us that staff were currently maintaining their contracted hours which meant staffing levels were sometimes higher than what was required. We asked staff about the levels worked during the day. They told us they were able to deliver a good service to people who used the service. Relatives we spoke with told us they would like more staff. A relative said, "Sometimes we think they are a bit short of staff, but only occasionally. You can always find a member of staff if you need to – eventually." Another relative said, "They could do with more staff, they are run off their feet." They went on to say, "Of course, an anxious relative will always want more staff."

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for four people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

Staff involved in the administration of medication had received appropriate training, and had their competency reviewed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken. The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely. We looked at a sample of the audits which identified gaps where staff should have signed to say they had administered people's medications. We discussed this with the deputy manager who told us immediate remedial action would be

taken.

We saw the deputy manager followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required' [PRN], for example painkillers and medication used for low moods. The deputy manager we spoke with knew how to tell when people needed these medicines and gave them correctly. Protocols had been developed to guide staff on when people should receive 'when required' medication.

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We spoke with one of the general assistants who told us they had worked at the home for a number of years and took pride in knowing they helped maintain good standards of cleanliness. We looked around the home and found the home was clean and smelt fresh. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of infection.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. One relative told us about the care given when their relative was very ill. They said, "They telephoned my daughter (as she is the one with the transport) and she telephoned me and we came in because no one could wake [my family member] up." She said, "The staff were very supportive and helpful at this difficult time." Later we saw staff dealing with this person and everything they did was done with care, commitment and an understanding of their frailty.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed to enable staff to make the necessary referrals to dieticians, chiropodist, speech and language therapists and their own doctors. People we spoke with said they were confident their health needs were taken care of effectively. One relative said, "Oh yes, if there is ever a need for a doctor, one is sent for." Another relative said, "They always get the doctor if necessary, and they telephone us and tell us that they have done so." They went onto say, "Once, when [my family member] had fallen and had to go to hospital, a member of staff went with them and stayed until we could get there, even though it left them a bit short in the home."

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We joined a group of people eating their meals on the Harrison suite. We carried out a SOFI during lunch. The menu board displayed pictures of the meals provided and the display was changed each day. Because people were living with dementia type conditions the cook told us that where needed two meals were shown to people for them to have a choice. We noted that the crockery used on Harrison suite were bright colours which contrasted against the table linen. This meant the home had thought about and acted on best practise guidance in relation to dementia care.

People that needed support to eat their meals were provided with care that was supportive of their needs and was carried out in a professional and sensitive manner. Meal times were unrushed and all of the people involved appeared to enjoy their meals. We noted that all staff including managers and general assistants gave assistance to people during the meal which helped people to eat their meal at their own pace.

The provider displays posters which showed how they gave a great deal of emphasis on ensuring people enjoyed the mealtime experience. One staff member was identified each day to complete the 'dining experience' record'. These were analysed by the manager to ensure staff were following the protocols expected of them.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets. The cook had knowledge about the latest

guidance from the Food Standards Agency. This was in relation to the 14 allergens. The Food Information Regulations, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The cook told us they had been awarded a 'five star' rating by the local council who were responsible for monitoring the food and cleaning standards. This represents the highest standard that can be achieved.

We looked at the care records belonging to four people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. Relatives and people who we spoke with told us, "The staff asked us to help to complete information about [my relatives] likes and dislikes and also about people that were important to them." We saw evidence of this when we looked at the care records. The 'My day' record was completed with information about their life history and things they liked to be involved in. This record is often used for people living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us they had made applications to the local council's supervisory body for everyone living at the home. We looked at a sample of the DoLS applications which gave information about the reasons for the application so that they could support people's needs in the least restrictive way. The applications which had been submitted were still awaiting decisions.

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificates. The registered manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place, however the registered manager told us that although formal supervisions were now taking place, they were not as frequent as set out by the provider. They showed us that all appraisal documentation was due to be distributed to staff and they anticipated that they would be completed within the next two months. We spoke with staff about the support they received. They told us they had very good relationships with the registered manager and deputy, and they felt

supported in their roles. They told us they felt able to discuss any issues either work related or on a personal level without fear that information shared would be dealt with in confidence. Staff told us during the period leading up to the transfer to the new provider information was shared regularly. They said they trusted the registered manager to be transparent when discussing the move to Runwood Homes Limited. Staff told us that the new provider had excellent values and they shared those values to provide the best care possible for people who used the service.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. We observed staff interacting with people who used the service in a kind and compassionate manner, and also in a way which demonstrated to us that they really knew the people they cared for. There was also a little bit of banter between the staff and people who used the service and this was appreciated. One person said, "Well, we have a bit of fun and jokes with the carers and they with us, makes it seem a bit more homely." Whilst we were sitting in the room of one person on bed rest, the staff knocked on the door and asked the person respectfully if they could come in and 'freshen her up'.

We saw that staff spoke kindly to people, always appeared to have time to talk to people, provided reassurance where necessary and were not patronising or over familiar. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers which were conducted in private.

We asked people about dignity and respect. One person said, "What I can do, I do for myself, but there are some things I need them to do for me. My dignity and privacy are always taken into account." A relative we spoke with said, "My [family members] dignity and privacy was well-maintained, staff are very respectful." Another person we spoke with told us they were a gardener in their working life. They said, "I spend quite a bit of time in the garden here especially in the spring and summer months, along with one of the kitchen staff, growing vegetables and so on."

A relative we spoke with told us about staff 'going the extra mile'. "They said whatever you ask of them (the staff) they will always try and do it for you, even though they are so busy – they're lovely lasses." The relative went on to say, "We was visiting the home when a member of staff was going off duty and the relative was wanting to take her [family member] to the park with her own children, and was struggling a little bit." The carer said, "Come on, I will come with you." The relative told us that although the carer was going off duty she gave up an hour of her own time. They said, "I find that unusual and a remarkable commitment to what the carer had done to help her."

Staff were attentive to people's needs. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them, and staff provided clear explanations to people about the care and support to be provided. We observed staff transferring a person using a mechanical hoist. Staff used humour to encourage the person to co-operate while attaching the sling to the hoist. Staff used a dignity blanket specially designed for the person. Family members had purchased the blanket using colours that their relative liked. The transfer was managed very well. People who were also sitting in the area were not disturbed and carried on with their conversations.

We also saw one person who was nursing a therapy doll. Doll therapy, also known as cuddle therapy, may bring back some happy memories of early parenthood and help make people feel useful and needed. Staff

communicated with the person by involving the doll in conversations. We later saw the person pushing a wheelchair with the doll seated in it, around the home. Staff told us this was used a pushchair by the person.

People were encouraged to help lay the tables and fold up table linen. People were contented while helping staff with this activity. In the entrance we saw a noticeboard was dedicated to 'dignity in care'. The board had quotes from people that used the service and their relatives. The dignity champion for the service had added poems written about dignity. They had also asked staff what dignity meant to them. One staff member had written, "To ensure everyone is treated in a respectful manner and as an individual."

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of five people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. People we spoke with told us they were offered choices about when to go to bed and get up, where to spend their time and what to eat.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress of the plans. Daily handovers ensured new information was passed on at the start of each shift. This meant staff knew how people were presenting each day.

We spoke with the activity co-ordinator. They said they tried to fit the activities to the needs of people who used the service. They told us they were able to spend some time just chatting to those people unable to join in activities on a one to one basis. They organised dominoes and other board games and arranged for 'Motivation & Co' [an external activities company] to come in from time to time. The co-ordinator told us, "The residents particularly like 'Lost Chords' which is a musical group and who are immensely talented musicians." One person we spoke with told us how staff support them to go to the church on Wednesday mornings for a coffee morning. They said this was very important to them.

During the morning of this visit we saw the co-ordinator having a pampering and nail care session with people. In the afternoon they took a person for a walk to the local village to buy flowers for flower arranging. We saw people helping to arrange the flowers in small vases which went on each of the dining tables. The activity co-ordinator was enthusiastic about their role they said, "Doing some meaningful activity with the residents helps with their well-being and I am always aware of that."

Relatives we spoke with told us they thought the activity co-ordinator "Made a difference." Relatives were also appreciative of the welcome that children, and a dog, got when they bring them to the home. They said, "The staff are fantastic, and the other residents appreciate seeing children and the dog."

The registered manager told us there was a comprehensive complaints' policy and procedure and this was explained to everyone who received a service. It was written in plain English and we saw it was displayed on the noticeboard in the entrance. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

Relatives we spoke with told us that the home was welcoming and that there were no restrictions on visiting. One relative told us, "I can come whenever I want. I do try to avoid lunchtimes so that people aren't disturbed but it's never a problem when I come and I'm not made to feel as though I'm being a nuisance or intruding." Another relative we spoke with told us about a recent incident when a member of staff had said

something she considered inappropriate. They said the registered manager dealt with it straight away. They thought this was positive. They said they thought the registered manager was very open and willing to look at situations and, where necessary, take steps to rectify any problems. Another relative said they knew how to make a complaint and had done so. They said, "We always feel free to express our concerns."

People we spoke with did not raise any complaints or concerns about the care and support they received. People told us that they would know what to do if they had any complaints or problems. One person said, "I haven't got any problems. I get everything I need."

Good

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since September 2015. However, he was previously registered at this location under the previous provider in 2011 and has worked at the location for over 12 years.

From our observations and discussion with staff we found that they were fully supportive of the registered manager's and the provider's vision for the service. One care worker said, "We have developed a café area for family, friends and people who used the service. This has been very popular and relatives seem to love it." Staff described working as one big team, and being committed to the person centred approach, which had improved the outcomes for people living there. Staff said this was because all of the staff were 'working together' when supporting the people who used the service. Staff told us that they 'love' working at Oldfield House.

Staff told us that they had been supported through a very difficult time leading up to the transfer to the new provider. They said the registered manager and deputy manager played a big part in being there for staff, relatives and people who used the service. One visitor told us in regard to any concerns over the transition, "Staff have acted very professionally and they have made sure their concerns were not passed on to people who live here." Another visiting relative said, "Everybody has been consulted and the change has gone smoothly. It hasn't caused any disruption to the residents and that's good."

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example, we looked at accidents and incidents which were analysed by the registered manager. They had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's, and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team. Relatives we spoke with told us there was a positive atmosphere in the home. They also agreed that the registered manager or the deputy manager [both of whom they all knew by name] was available to talk with them and would be happy to discuss anything which was troubling them.

The registered manager told us that quality monitoring systems were in place following the transition to the new provider. We checked a number of audits on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. We were unable to assess how effective these were as they are still being tested and were not fully embedded. We will look in more detail at these at our next inspection of the service.

The regional care manager supports the registered manager in developing action plans for the future of the service. They told us that the service was making progress and they were pleased with the staff's response to change. We saw examples of monthly quality visits completed by them which were reviewed at each visit.

We saw the entrance hall contained information about the provider which included their vision and values. Oldfield House featured in a seasonal newsletter which showed pictures of the opening events which took place soon after the transfer of the service. A dignity notice board had really good additions. For example, poems had been added to give a more human touch. Quotes from people who used the service and their relatives made it feel as though the home was involved in making Oldfield House a very nice place to live.