

Archangel Healthcare Ltd

Tendring Meadows

Inspection report

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Tel: 01255870900

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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 18 May 2016 and was unannounced. Tendring Meadows is owned by Archangel Healthcare Ltd and is registered to provide accommodation and personal care for up to 53 people. The service was divided into four separate areas (one of which was of a more secure nature and had keypad entry facilities). People using the service had conditions related to old age or dementia and some people had physical disabilities. The service has recently undergone extensive refurbishment. Due to the ongoing reconfiguration of the service only 44 rooms were being used. On the day of our inspection 33 people were using the service.

The service had an application in progress to register a new manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

Staff had received training in regard to how to protect people using the service from abuse or harm. Staff we spoke with were knowledgeable about the types of potential abuse people may be exposed to and understood how to report any concerns. Records showed, and staff and the manager which confirmed, that all staff, including newly appointed staff had received the expected level of training required to ensure competence in their role.

Recruitment had taken place and there were sufficient staff available on the day of inspection, however thought should be given to staff availability at busier times of the day. This is because the service was not yet at full capacity and we saw that sometimes two staff were needed to work together. An extra member of staff to float between units would ensure staff were readily available to support people and maintain their safety in the different areas of the service, when another member of staff required support.

Medicines were stored, handled and administered safely. Guidance was available for staff to ensure that medicines were provided for people in line with instructions from the prescribing GP.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Some people at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were monitored regularly and reassessed when changes in their needs arose. Staff supported people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration.

Staff were responsive to people when they needed assistance. Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity. People told us they were encouraged to remain as independent as possible. Activities that were on offer to people considered people's interests and hobbies; through consultation with the individual and their relatives.

People and their relatives told us they were provided with information about the service and their care and treatment. People were supported to continue to maintain their cultural and religious preferences. Information was readily available for people or their relatives about local advocacy services.

People and their relatives were consulted about their care needs and involved in planning how their care was delivered. People's care was delivered in line with their care plans with reviews and updates regularly undertaken.

People and their relatives were asked to provide feedback about the service through meetings or through use of a suggestions box. The complaints process was displayed for people and their relatives to refer too. This contained the contact details of external agencies and where any concerns or complaints about the service could also be reported.

People, their relatives and staff spoke confidently about the leadership skills of the new manager. Daily walkabouts of the service were undertaken by the manager in order to check that the care being delivered was safe and of high quality.

The manager undertook regular reviews and analysis of systems in place to ensure that quality and safety was being maintained. Systems for monitoring staff training and assessing people's mental capacity were robust. This also included analysis of incidents and accidents that had occurred and identifying trends or patterns through monthly auditing.

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 were knowledgeable about how to protect people from harm.

The service operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs. Thought should be given to having one more floating member of staff to assist between units and where two staff are required.

Care plans contained a variety of risk assessments so that risks to people were managed and risks reduced. Assessments included risks such as falls and in how people were safely moved around the service.

Medicines were well managed and appropriate policies were followed by staff to safely support people with their medications.

Is the service effective?

Good 

The service was effective.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development.

Regular training was provided for all staff working at the service including on-going development training for dementia and the Mental Capacity Act to help them to support people with specialised needs.

We found staff were knowledgeable in their understanding of supporting people when they lack capacity to make informed decisions, including the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the service, meeting specialised diets and personal likes and dislikes.

People's health needs were managed well by staff who co-

ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs and hospital visits.

Is the service caring?

Good ●

The service was caring.

People living at the service were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Visitors felt their relatives were supported well and cared for to a good standard.

People and their relatives told us they had been given good information about the service and they felt this was satisfactory.

Staff were aware of individual's needs and how they liked to be cared for. We observed that people's privacy and dignity was respected by the staff supporting them.

Is the service responsive?

Good ●

The service was responsive.

We saw that care was delivered in line with the person's expressed preferences and needs.

Activities offered within the service were planned in consultation with people using the service.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Is the service well-led?

Good ●

The service was well-led.

People living at the service, relatives and staff said that they felt the staff and manager were approachable and would listen to them.

People were complimentary about the new manager and how the service was being developed and run on a day to day basis.

The service had procedures in place to monitor and improve the quality of the home and actions were taken to address any issues that were found.

Tendring Meadows

Detailed findings

Background to this inspection

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

The inspection took place on 18 May 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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 eight people who lived in the service. We also spoke with five care staff members, three relatives, the handy person, the activities co-ordinator, two visiting healthcare professionals and the manager as part of this inspection.

We looked at six people's care records, seven staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

Visitors we spoke with considered that their relatives were safe and well-protected living at Tendring Meadows. One relative told us, "People living at the service felt safe and secure."

We looked at the duty rotas and found that there were a mixture of care staff which included domestic, laundry, kitchen and activity staff rostered on duty on a normal day. Night staff were also rostered on duty in sufficient numbers to cover the whole 24 hour period. People living at the service and relatives were happy with the staff and their conduct and attitudes towards them, they made comments saying: "The staff are very good here and very helpful." And, "I think the staff are lovely, very hardworking and I can't fault them at all" They were happy with the staffing in place. However, we noted on one occasion a unit was left with no staff available as they had gone to help another member of staff in an adjacent unit. There was one floating member of staff however they were busy on the downstairs floor. We asked the manager to explain dependency assessment tools that they used to help them with planning staffing levels. However there was limited evidence to show how staffing levels were calculated and monitored to ensure they met everyone's needs.

Whilst we acknowledge that people and staff both told us they felt staffing was sufficient and people's care had not suffered as a result; we spoke with the manager about ensuring there was a floating member of staff on both floors in future. This would aid busier times of the day. The manager advised they would look at developing evidence to show how staffing levels were calculated and monitored to ensure they met everyone's needs especially, as the service was not yet at full capacity. Staff were happy with the staffing levels available and told us, "Lovely since the changes." (referring to the refurbishment work Archangel had done since they took over as the new providers of the service.), "A good place to work." And, "Yes there are enough staff on duty." One relative we spoke with raised a concern and felt that their relative needed assistance from staff when requiring personal care. This person's care plan identified they needed two members of staff and the relative felt that staff were not being attentive. At the time of this situation there were two staff on the unit but both were engaged with another person who also required the support of two staff. We found no further issues affecting staffing levels and the care provided during our inspection.

The service had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the service were protected from possible harm. Training records showed us that staff had received training with regard to safeguarding and staff we spoke with were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. All of the staff that we met told us they would not hesitate to report any concerns or any signs of abuse.

We saw the manager actively promoted an open culture amongst the staff and made information available to them to raise concerns or whistle blow. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the staff office. This detailed how staff could report any concerns about the service including the contact details of external agencies they may wish to report

any concerns to.

The manager had monitoring systems in place to manage risks and safeguard alerts. This showed how the service was following appropriate safeguarding procedures as needed. Staff were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks. This included individual risk assessments for areas such as moving and handling, people being at risk of falls, nutritional risks and pressure area care assessments. Care files showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable. These assessments were clear and up to date and gave clear guidance on how to minimise the risks to people who lived at Tendring Meadows. The service used an alert board which was based in the staff office therefore confidential. The information on the board, which was also in the relevant person's care plan, provided information regarding keeping people safe. We saw that falls had been recorded, with time and date and reasons investigated. There was then a plan of how to minimise future risks and other services had been informed and involved in the planning process. We also noted that information was also recorded for pressure sores which a person had when they came to the service and how the service was supporting them and involving other professionals. A person's wound was being dressed daily by district nurses and information had been recorded in the care plan.

We saw that regular checks were carried out by the manager and the new provider and the service's maintenance staff to help ensure that a safe environment was available to everyone.

We looked at a sample of seven staff files including newly recruited members of staff, to check that the appropriate checks had been carried out before they were employed to work at Tendring Meadows. Personnel files were organised and included appropriate checks to show safe recruitment and management of staff especially in checking references and Disclosure and Barring, (DBS) checks so that they could be assured they were safe to work with people living at Tendring Meadows.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications throughout 2015 to 2016. Medicines were stored safely and managed appropriately to ensure that people living at Tendring Meadows received their medicines in a safe and effective manner. We observed staff safely storing medicines in a locked area and noted it was kept clean and tidy and free from hazards. Staff were knowledgeable in regard to the management of medications and they were familiar with the homes policies and procedures to guide them in good practices in managing medicines. An external medication audit had been carried out in April 2016 and identified no anomalies. The service had also developed medication audits which regularly checked on all aspects of supporting people living at Tendring Meadows with their medicines which offered further reassurance of safe practice.

Is the service effective?

Our findings

People and their relatives we spoke with told us they felt the staff were skilled and trained to meet people's needs. One person said, "Staff know their jobs and I feel they have been trained well." Another told us, "If it was not for the staff here, I would not be walking now. The staff are great here."

Staff we spoke with knew people well and were able to tell us about their needs and how they met them. We spoke with staff about how they were supported to develop their skills to meet people's needs effectively. We observed staff arranging for necessary medicines for one person as soon as the person requested their medicines. They explained how they always tried to react calmly and quickly to help one person who got anxious at times and needed their medicines as quickly as possible to help them to relax and prevent any exacerbation of their condition.

Staff we spoke with told us they had been provided with training which they felt had equipped them to perform their role effectively. Records showed that training and updates in respect of the provider's required level of training was consistently provided for all staff. This included training in how to protect people from abuse and in respect of health and safety which included infection control. Staff we spoke with told us that they had been provided with an induction where they familiarised themselves with the provider's policies and procedures and then went on to shadow more experienced staff. One staff member told us, "We are well supported here and when we start we shadow a more experienced member of staff". We received assurances from the manager that staff, who had not undertaken for example, moving and handling training immediately upon starting did not support people in this aspect until they were adequately trained. Staff told us that training had increased over the past few months with the new providers supporting the new manager to pay attention to this area and increase the staff training. Staff told us that they had received manual handling training in the past few months so that they were confident to use the equipment provided by the service

Staff received regular supervision and an annual appraisal. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss their training needs. Staff we spoke with told us that the supervision they had received was of value to them. One staff member stated, "It really helps when I have supervision". We saw from the minutes of staff meetings that they were well attended and used to gather feedback, and to discuss planned changes and developments within the service.

Records showed that staff had received training in respect of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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 and hospitals 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 trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Records showed as part of people's initial and/or ongoing assessment, a formal assessment of the people believed to lack mental capacity had been completed or sought by the service.

Staff we spoke with had an understanding of their responsibilities in gaining people's consent. We observed that people's consent was sought by staff by those who were able, before assisting or supporting them. One person told us, "Yes I do get asked what or how I would like something done".

Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People living at the service and relatives felt that the service was very good at providing support with their health and in keeping them updated with good communication and contact with the staff team. Staff were quick to access clinical staff including the GP and members of the multi-disciplinary team such as, specialist GP practitioner nurses for two people on the day of inspection whereby the staff felt these people were not well. We saw that communication with family members and professionals from the multidisciplinary teams were regularly recorded and showed good liaison between people important to the people living at Tendring Meadows. Notice boards at the service were easily accessible and offered a variety of information to everyone living at the service and everyone visiting.

We reviewed the records that related to the people's resuscitation status. These records demonstrated how the decision was made, who was responsible for deciding that Cardio Pulmonary Resuscitation (CPR) was not to be attempted and how people who use services and those close to them had been involved in the decision.

People were supported to take a nutritionally balanced diet and adequate fluids. We observed lunch being served with two choices of main meal and two desserts on offer. A menu was displayed in the dining area. People were provided with the meal of their choice. A choice of drinks was offered to people. We saw that people were offered alternatives, if they did not like their meal and one person told us they could have extra portions. One person told us, "The food's good here, I have put on weight which is good". Another told us, "If you want something to eat then they will always get you something you like." Fresh fruit and snacks were available and a variety of drinks (drink stations) were available in all the communal areas for people. People's weights had been regularly monitored and specialist diets were also adhered to. Tea trolleys all contained fortified milk and sausage rolls for people who required extra help with maintaining a healthy weight. One person's relative also brought in cakes every afternoon as a traditional gesture.

One person told us, "I enjoyed the breakfast this morning." They also said there was always enough to eat and they use the drink stations on the units as they made their way around the service. The team leader told us that team leaders met with the chef each day to discuss and resolve any problems. They explained that one person was eating less over a number of days and explained that the helping were too big. This was discussed with the person and they suggested they had a smaller plate. This was agreed and put into operation. Staff had no concerns that the person was not eating sufficiently. On the day of inspection we saw that there was a choice of meals offered which looked appetising. We saw that in the care plans information about people's diets was recorded and there was information within each of what to do should the staff become concerned about people's nutrition. One person told us, "The food is great."

Is the service caring?

Our findings

Comments from both people living at the service and relatives regarding staff were very positive and included, "We have a great laugh and a joke.", "Carers here look after you and are very nice", and, "I would not want to be anywhere else right now. I am well looked after." One person told us, "The staff are very nice and caring." They explained they had used other care services and this was the best. Another person told us, "It is so nice that the staff recognised my birthday and gave me a cake."

It was evident from speaking with people living at the service and relatives that they were very happy with the standards of care provided. Comments made included, "My relative is well looked after here", "It's improved tenfold and the staff are always very caring", and, "I can be independent when I want to be and the staff are very loyal",

We spent some time in the four lounges and communal areas observing positive interactions between staff and people living at Tendring Meadows. People described the staff as being 'kind' and 'caring.' We noted that the staff knew the people they were caring for and treated them respectfully. For example some people needed regular reassurance from staff to remind them of where they were and what they were going to do and others wanted to have a friendly chat and some banter with staff. Staff were seen to respect people's privacy and dignity and seen knocking on people's doors each time they approached and entered. We heard staff asking people if they needed anything at all, or would they like a drink before they left their bedroom. We saw a member of staff concerned for a person who wanted to sit outside but there were no dry chairs for them to use due to recent rain. They took a chair from inside to outside for them to use.

Staff addressed people in an appropriate manner, asking permission before carrying out caring tasks and where necessary explained what they were going to do before doing it. We observed staff smiling and being attentive when carrying out their work especially when they were in contact with the people they were supporting.

We saw people that lived at Tendring Meadows walking around the service when they wanted to with plenty of open space to walk the full length of the building and corridors meeting staff along the way. We observed them being able to choose what they wanted to do and choosing to go into the activity lounge or go back to their bedroom or sit in the communal areas and garden. The atmosphere in the service was friendly and relaxing with the facilities well laid out and easily accessible to everyone. We observed staff interacting with people and they were comfortable and relaxed with staff and were chatting, some were laughing and having a joke and obviously liked the staff they were talking to. Others were watching television or listening to music. People were also involved in activities in the service. A computer room was available and a facility for armchair darts to be played.

Staff were very receptive when speaking to us during the inspection and wanted to express their satisfaction with the care provided from the staff team which they felt was of a high standard. Several staff members told us they would recommend the service to others.

Is the service responsive?

Our findings

Care plans were developed with people and their relative's involvement and were centred on their views and wishes. People we spoke to were confident that they had been asked about the care they needed and wanted, but some people were not clear as to whether this was documented. One person said, "I get asked about my care but I am not sure if they write it down. A relative said, "They communicate very well, I am always aware of what is going on with [my relative]."

Relatives we spoke with said they had been involved in planning the care with their relative present, they understood this was written down in the form of a care plan. We observed that people's care was delivered in line with their care plans. Regular review and updates of these plans was evident when people's needs had changed. People and their relatives were involved about decisions regarding their care and had been given the information they needed. One staff member said, "We do our best to involve people in all aspects of their care where they can". The manager told us, "We have four units here and we try to put like minded people together. At the moment it works and we have not had any problems. It is all about people feeling wanted and accepted" One relative said, "The manager and staff tell me if changes need to be made". We saw that records gave a detailed overview of people's health and well-being and these were completed at regular intervals throughout the day by staff.

Staff were knowledgeable about each people's personal history and preferences. Care records contained information about people's family, work and personal history. One person told us, "We can do different activities and you don't get bored of the same thing." We saw that people's rooms had been personalised and displayed items that were of sentimental value or of interest to them.

The provider employed a dedicated activities coordinator. We saw that a range of activities were on offer daily and also some individual sessions with people with particular focus on reminiscence, past hobbies or interests. The plan was yet to be fully structured and the activities co-ordinator advised us that they were always trying new ideas for activities as there were such a diverse mix of people in the service." They took time to sit with people on a one to one basis and help support people at mealtimes and discussed their interests. The service also had its own chickens and staff and people were able to become involved in looking after them. Through our discussions and observations on the day of our inspection, we saw that people were actively supported to access community activities. Some photos displayed showed people involved in a variety of trips and outings. People were supported to maintain links to family and friends during their stay, reducing their potential for social isolation. Visiting times were open and flexible for relatives and friends of people. A relative told us, "I visit my relative at anytime which fits in really well with my day. Staff are always welcoming."

People we spoke to and their relatives said they felt any concerns or complaints they had would be listened to and acted upon by the manager. Information was displayed which outlined the providers complaints procedure. The information included contact details for external agencies that people could also raise complaints with. The service had not received any formal complaints since our last inspection. One person told us, "If I was unhappy or needed to complain I would talk to the staff". Another said, "The manager

comes and chats with me like the other staff do, she's lovely and I know if I complained to her she would help put it right". The manager discussed the process for dealing with complaints and the timescales for acknowledgment, investigation and resolution of the complaint. No one we spoke with during our visit had had cause to complain.

People were encouraged to express their views. People and their relatives had the opportunity to attend regular meetings to contribute their thoughts and ideas about how the service was developed. A person told us, "We have meetings where we can talk about things such as menus, trips and the home". A suggestions box was situated in reception for people or their relatives to utilise.

Staff demonstrated a good understanding of the people they supported in relation to their diverse needs, changing behaviours and changing needs. Records and discussions with staff demonstrated that people who use the service had access to a variety of health services necessary for their health and well-being. For example: local GPs; dieticians, opticians, social workers, hospital consultants and clinical specialists. Records demonstrated that people living at the service were escorted to attend hospital appointments and received visits from visiting professionals which helped them to co-ordinate their care necessary for their health and for any changing health care needs.

Is the service well-led?

Our findings

Tendring Meadows previous registered manager had resigned in September 2015 and the deputy manager who had been at the service for the last 15 years had now been appointed as the manager and provided day to day management of the service. This was monitored by the new providers who visited weekly. The manager explained they had applied for registration with the Care Quality Commission.

People living at the service and visiting relatives and friends knew of the senior staff team and the manager and some people were on first name terms. People said they would normally be able to speak to her or the staff team and they were very positive about the management of Tendring Meadows since the new providers had taken it over.

People who lived at Tendring Meadows told us that they were regularly asked by staff their thoughts on the service they received. We saw evidence that the manager regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of meetings and saw records showing how people were regularly included and encouraged to share their views. Recent questionnaires that had been carried out were very positive about the service provided.

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the service. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff such as, health and safety, activities, maintenance, the kitchen, garden furniture and meals. We saw that new garden furniture had arrived the day of inspection ready to be put in the garden. The minutes showed that the staff were kept up to date with the management of the service. Staff offered very positive comments about the management stating: "The manager is approachable."

The manager and provider monitored the quality of the support provided at Tendring Meadows, by completing regular audits which we reviewed during our visit. They were very detailed and covered a large variety of topics and areas throughout the service including: Health and safety; infection control; care files; falls; medicines and environmental audits. The provider and manager evaluated these audits and created action plans for improvement, when improvements were needed. These audits showed evidence of regular monitoring of the quality of care and support being provided.

We saw that arrangements were in place to continually review concerns, incidents and accidents to make sure trends were identified. One staff member told us, "We report all accidents and incidents that happen to the manager." When incidents had occurred within the service that related to people being at risk, we saw examples of newly adopted practices within the service as a direct result of learning from such situations. Staff were aware of the changes and understood the reasons for these. For example one person who could display distressed behaviours had been provided with their own living room space which they could use at any time. This was because they did not always want to mix with other people.

We looked at a sample of records called 'notifications.' A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records showed that the manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events. However we identified that DoLS applications that had been previously granted by the authorities for various people living at the service had not been notified and shared with the Care Quality Commission. The provider acknowledged this oversight and advised us that all future DoLS authorisations would be duly reported to CQC.

People, their relatives and staff spoke positively about the manager's leadership skills and the improvements they had seen in the service since they had been in post. The manager demonstrated a good level of knowledge about the people who used the service. One person told us, "The manager is very nice and stops to chat". A relative said, "I feel the management team are doing a good job". A staff member commented on the leadership of the manager and told us, "It lacked organisation here before, now it's more organised and the atmosphere is better".

The manager told us the provider had been very supportive in relation to their plans and ideas for developing the service. A staff member said, "I love working here. I have met the providers too, they seem very nice". Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for who to contact out of hours or in an emergency.

The manager informed us they had been supported by the local authority with managing quality recently. They also felt good support came from their area manager. One of the new owners came to the service every Friday and another regularly called in probably again once per week. The manager told us they found the new owners were approachable and had worked with her to improve the service with regard to new equipment. The notice board had information that the new owners were asking for information from the staff for a team building evening and also a night out for the staff which would be at the owners expense to thank the staff for their hard work during the transition period.