South Coast Care Homes Limited

Saffrons Care Home

Inspection report

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Date of inspection visit:
08 January 2019
10 January 2019

Date of publication:
18 February 2019

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Saffrons Care Home on 8 and 10 January 2019. The first day of the inspection was unannounced. This was the first inspection of Saffrons Care Home under this provider.

Saffrons Care Home 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.

The home accommodates up to 20 people in one adapted building. At the time of the inspection there were 17 people living there. People were living with a range of needs associated with the frailties of old age. Some people were living with the early stages of a dementia type illness.

There was a registered manager at the service. 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.

There were systems in place to assure quality and identify if any improvements to the service were needed. The registered manager and provider had good oversight of the service and what was needed to improve and develop the service. However, we found improvements were needed to people's records in relation to 'as required' medicines and mental capacity assessments.

People were supported by staff who knew them well and treated them with kindness, respect and understanding. Staff understood people's support needs and ensured care provided was person-centred and met people's individual needs and choices.

People were enabled to make decisions and choices about what they did each day. They were involved in planning their own care and their dignity and privacy was respected. There was an activity programme which people enjoyed participating in as they wished.

Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided the guidance staff needed. Staff had a good understanding of safeguarding procedures. People were protected from the risks of harm, abuse or discrimination.

People's received their medicines when they needed them. Medicines were ordered, stored administered and disposed of safely. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them. Staff were trained and supported to deliver care in a way that responded to people's needs

People's nutritional needs were met. They had a choice of food and drink throughout the day. Discussions about meal choices and preferences were ongoing through resident meetings and feedback surveys. Systems were in place to gather feedback from people and staff and this was used to improve the service.

The registered manager was well thought of by people and their relatives. The registered manager and provider were supportive to staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided the guidance staff needed.

People were protected from the risks of harm, abuse or discrimination.

People's medicines were ordered, stored administered and disposed of safely.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

Is the service effective?

Good

The service was effective.

Staff demonstrated an understanding of the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

Staff were trained and supported to deliver care in a way that responded to people's needs

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and treated them with kindness, respect and understanding.

People were enabled to make decisions and choices about what

they did each day.

People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was person-centred and met their individual needs and choices.

There was an activity programme which people enjoyed participating in as they wished.

Complaints had been recorded, investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

We found some improvements were needed to people's records to ensure the service was consistently well led.

The registered manager was well thought of and supportive to people and staff.

There were effective systems in place to assure quality and identify if any improvements to the service were needed.

Systems were in place to gather feedback from people and staff and this was used to improve the service.

Saffrons Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 10 January 2019 and the first day of the inspection was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, three visitors and ten staff members, this included the registered manager and provider. We also spoke with a visiting healthcare professional.

We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I like having the bell, knowing someone is there. I don't lock my room but I do feel safe." Another person told us, "I do feel safe here because they bring me my medicines and someone is here. They look in on me twice during the night." Risks were well managed and helped people to remain safe without unnecessarily restricting their freedom. Staff understood the risks associated with people's care and support. Risk assessments provided further guidance for staff to follow. Risk assessments contained guidance about people's mobility, falls and skin integrity. Staff supported people to move around the home independently, they prompted and encouraged them to use appropriate mobility aids to maintain their safety. Staff understood the risks associated with health related conditions such as diabetes and told us how they supported people to minimise the risks, through appropriate diet and regular health checks.

People were protected against the risk of abuse and harm. Staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff received safeguarding training, they understood their own responsibilities. They were able to tell us what actions they would take if they believed someone was at risk. They told us they would report their concerns to the most senior person on duty, or if appropriate, to external organisations. When safeguarding concerns were raised, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up and any other actions taken which included reporting to other organisations if needed. Analysis helped to identify if there were any themes or trends. The registered manager told us they were looking at different ways of evaluating the information to provider more in-depth analysis in the future.

People received the support they needed in a safe and timely way because there were enough staff working each shift. The registered manager and provider had identified that improvements were needed to ensure there were enough staff working each night. Changes had been made to the rota and from 14 January 2019 there would be two staff working every night. One staff member would remain awake throughout the shift and the second staff member was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs. Throughout the inspection we saw staff responded to people's needs in a timely way and call bells were answered promptly. One person told us, "If I pull the cord they're up in a shake." There were four care staff working each morning and three in the afternoon. There was also a cook and housekeeper. The registered manager worked in addition to these numbers. The registered manager told us they occasionally used agency staff but shortfalls were generally covered by regular staff who worked extra hours. There had been ongoing recruitment to ensure enough staff were employed to cover the increased hours each night.

People were protected, as far as possible, by a safe recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references.

People received their medicines as prescribed and safely. One person said, "The staff administer all my medicines, they have to see you take it." There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MAR's) were completed and showed people had received their medicines as prescribed. Where people had been prescribed a variable dose of medicine there was clear guidance about how much they should take each day. Only staff who had been assessed as competent gave people their medicines.

Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain or anxious. One person told us, "If I need a painkiller I have no problem getting one (from the staff)." Where PRN medicines had been prescribed there were individual protocols however, some of these did not include all the information staff may need. This did not impact on people because most people were able to tell staff when they needed their PRN medicines. Also, staff had a good understanding of people and the medicines they had been prescribed. During the inspection people were given their PRN medicines when they needed them. Staff told us about alternative approaches, including reassurance and comfort that were provided before people were given PRN medicines for anxiety.

The home was clean and tidy, housekeeping staff were responsible for the day to day cleaning of the home. The registered manager had identified improvements had been needed to ensure correct infection control procedures were followed and these were now in place. There was an infection control policy and Protective Personal Equipment (PPE) such as aprons and gloves were available and used during the inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean soiled linen and clothing. There were regular infection control audits and these helped identify areas where improvements were needed.

There was ongoing maintenance and a maintenance program. The provider and registered manager were aware of areas where improvements were needed and explained that re-decoration at the home was ongoing. Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment. Environmental and equipment risks were identified and managed appropriately. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. A fire risk assessment had been completed. Regular fire checks took place and these included fire drills for staff.

Good

Is the service effective?

Our findings

People's needs were assessed and care and support was delivered in line with current evidence-based guidance. This included the use of the Malnutrition Universal Screening Tool (MUST) to identify people who were at risk of becoming malnourished or dehydrated. Action was taken to ensure people received the appropriate support. Staff also received advice and guidance from appropriate visiting healthcare professionals which helped ensure care and support was current and appropriate. People told us they received the support they needed. One person said, "The care staff seem to know my needs." Another told us, "We're well kept and cared for, the place and the people." A visitor told us how staff had acted promptly when their relative became unwell. Discussions with and observations of staff showed they had a good understanding of how to care for and support people effectively.

Staff received regular training and supervision to help ensure they had the knowledge and skills to support people effectively. When staff started work at the home they completed an induction. This included an introduction to the home, the general day to day running, they read the policies and were introduced to people. They spent time shadowing regular staff, until they were competent and confident to provide care unsupervised. Induction checklists were in place and included information about what they staff member had seen and done. Staff who were new to care completed the Care Certificate (Skills for Care). This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager told us since they had been in post they had developed a new training and supervision program. The training program which included moving and handling, infection control, dementia and safeguarding. There was information on staff notice boards to inform them of future training dates. If staff had not attended training they were required to complete the relevant subject in the care certificate booklet. This demonstrated staff understanding of the subject and ensured they had the knowledge to support people effectively. Competency checks had been completed for staff who administered medicines. The registered manager completed observations of staff to demonstrate their learning from the training and ensure they were providing support competently. Staff were supported to continue their learning and development through further training. This included Diploma's in Health and Social Care in levels, 2, 3 and 5.

As part of the monthly audits the registered manager evaluated staff training and identified their learning. For example, evaluation of staff learning following infection control training showed staff understood infection control procedures and were using gloves and aprons appropriately.

There was a supervision program and staff received regular supervision. Supervisions were detailed and required staff to reflect on what they had learnt from training, what they were good at and where they needed support. An action plan was developed for each staff member and this was reviewed at their next supervision. Staff told us they felt supported and could discuss any concerns with the manager.

People were supported to eat a wide range of food and drink to meet their individual nutritional needs. They were offered a choice of healthy, freshly cooked meals, drinks and snacks each day. The registered manager told us when they started work at the home they had identified people had not been happy with the food. Through discussions with people they had introduced choices at each meal and a four week menu that was changed each season. During the inspection we received mixed feedback from people about the food. They told us they were given choices, there was a variety of foods offered but the quality of the food varied. Comments included, "The food is very good on the whole, there's always an alternative." "The food is adequate, it's reasonably cooked and I get a variety." "The food is a bit hit or miss." The registered manager was aware of this feedback and told us changes and improvements to the menu and meals were on-going. Discussions also took place at resident meetings and in feedback surveys. People told us they had enough to eat, with a variety of drinks and snacks available throughout the day. Most people ate lunch in the dining room but others remained in their own bedrooms. The dining room was well presented with table cloths, napkins, placemats and condiments.

People's nutritional needs were assessed, reviewed and responded to. People's weights were monitored and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advise was sought through the GP. For example, if people had difficulty in eating and swallowing. All the food was attractively served and this included the pureed and soft meals.

People were supported to maintain good health and had access to healthcare services when they needed it. One person told us, "The chiropodist comes to visit me here and I organised my own dentist. The doctor has been to visit me here and I've been to the doctor with a carer." Some people were living with health related conditions and staff supported them to attend regular health checks and appointments. Records showed there was joint working with health care teams, for example the district nurses. Where necessary referrals were made for specialist services and medical and nursing assessments. A visitor told us the staff were, "aware and alert" to health conditions and made sure their relative received appropriate healthcare when they needed it.

People's needs were met through the design and adaptation of the home. There was a passenger lift which provided level access throughout. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence. There were signposts throughout the home which helped people find their way around. People could move freely around the home and there was level access to the garden which was secure. Staff told us people used this during the warmer weather. The registered manager told us the decoration and design to the home was continually under review to ensure it met people's needs.

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. Most people had mental capacity and could make their own decisions each day. Where people lacked, or had fluctuating capacity, staff were able to tell us how they made decisions and what support they needed.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications had been submitted for people who did not have capacity

and were under constant supervision. Copies of the applications were available to staff. There were no DoLS authorisations in place at the time of the inspection. Throughout the inspection we saw staff offering people choices and asking their consent before providing support.

Good

Is the service caring?

Our findings

People were treated in a kind and positive manner and there was a warm and friendly atmosphere throughout the home. People told us the staff were kind, caring and respectful. One person told us, "It's a nice home, its relaxed and friendly." Another person said, "All the staff are friendly and very willing." A further person told us, "The staff have time to chat. I have no complaints about the workers. If you want anything you only have to ask." Visitors spoke highly of the caring nature of staff. One visitor told us, "The provider has an emphasis on care and staff, it feels more like a family here."

There was a warm, homely relaxed atmosphere at the home. Staff spoke about people with real affection and discussions demonstrated they wanted to ensure that people were confident that Saffrons Care Home, was their home, and as far as possible, could live the lives they chose. Staff knew people well and understood their needs, likes and choices and what was important to each person. Staff could tell us about the people they cared for, their personal histories and how this affected people on a day to day basis. They spoke about people's individual care needs and preferences for example, what time they liked to get up and what they liked to do during the day. Throughout the day there was friendly, sociable conversation amongst people and staff.

People were able to express their views and were involved in making decisions about their care. Where required, people received support from staff or relatives to do this. A visitor to the home said, "We had a long interview regarding care planning when my relative came here." One person told us, "I remember doing my care plan and explaining what I wanted. I feel that I'm getting it."

People were supported to maintain relationships with those who were important to them. One person said, "There are no restrictions on visitors. They're always made very welcome with a pot of tea etc. The staff are lovely to my friends." Visitors told us they were welcome at the home and staff understood the importance of involving family and friends in people's care. A visitor spoke to us about the importance of creating 'golden memories' for people and their families. They told us on one occasion they had waved goodbye to their relative through lounge window, staff also waved. They then saw staff member give their relative an affectionate gesture. The visitor said that was such a lovely memory to have as they left the home. We saw people had developed friendships within the home. They were supported and encouraged to maintain these. One person told us, "We're well looked after here and there's company. I'm really friendly with some of the other residents." Another person said, "I would say I have friends here, we are all good to each other and talk to each other."

People were supported to make their own choices and decisions and maintain their independence. People told us they could get up and go to bed when they liked and could make their own decisions about what they did each day. Throughout the inspection we observed staff supporting people to maintain their dignity and remain independent. Staff offered people support when they saw people may need it, for example cutting up food at mealtime and when walking around the home. One person told us, "They encourage you to be independent."

People's dignity and privacy was maintained. Staff were observant to situations which may impact on people's dignity. They complimented people on their appearance and discretely supported them to use the bathroom. People were helped to maintain their own personal hygiene and wear clothes that were well laundered and of their own choice. Bedrooms were personalised with individual's possessions such as photographs and mementos and arranged in a way that suited each person.

Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally. This was demonstrated throughout the inspection. People were supported to maintain their spiritual and religious choices. There was information in their care plans which showed some people liked time alone to pray. Staff were aware of people's beliefs and supported them to maintain them.

Good

Is the service responsive?

Our findings

People received care and support that was personalised to meet their individual needs and preferences. Before people moved into the home the registered manager completed an assessment to ensure these needs, choices and preferences could be met at the home. It also ensured staff had the appropriate skills to support people. This assessment was completed with the person and where appropriate their relatives. Information from the assessment was used to develop care plans and risk assessments. Care plans included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition and health. There was also information about what people might like to do each day. These were regularly reviewed and updated as people's needs changed. People, and where appropriate, their relatives or representatives were involved in these reviews. One visitor said,

Another visitor told us they had been enabled to remain involved in their relative's support. They said the approach to their relative's care and support was "partnership" working.

Staff knew people well. They could tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff supported people with their personal hygiene needs, they ensured people received the appropriate diets and supported people to do what they wished throughout the day. Staff told us changes to people's needs were identified and care was provided accordingly. One visitor said, "I have been impressed with how adaptable staff have been to the change in my relative's care needs." Staff told us about the improvements people had made since living at Saffrons, how their health and well-being had improved. They told us how they were working to support one person, who was new to the area, to go out with staff. They told us this was taking time but the person had now expressed an interest in going out once the weather was warmer.

People told us they had enough to do each day. They were supported and encouraged to remain engaged and active. The provider and registered manager had developed and improved the activities and were working to ensure these were meaningful and reflected people's choices, hobbies and interests. There was an activity program this was displayed around the home and people were reminded each day what was happening. Group activities included exercise, Pet Pals, quizzes and film afternoons. The registered manager had developed contacts with a local nursery and the children visited and spent time with people. They sang songs and read books together. One person told us, "I feel able to make my own decisions about how I spend my time, I do like the quizzes, exercise and the children from next door." Another person said, "I join in with everything, the exercise, the animals and the children from next door. I find that delightful." The registered manager had identified that art was important to some people. Therefore, an art group had been developed which people really enjoyed. In addition to the group activities people were supported to maintain their own interests. Staff supported people with their interests and helped them identify new ones. For example, there was an iPad and Wi-Fi people were supported to use this to keep in touch with family and friends. One person told us, "On the whole we are free to do whatever we please. I like doing jigsaws, I have my own table by the window. I normally sit and have my meals in the TV lounge. Occasionally I have a meal in my room." Another person said, "I tend to stay in my room. They encourage me to move around but they don't force me. I go to bed very late by choice." People could go out when they chose. Some people

were able to go out independently and others were supported by staff. Some people expressed a wish to go out as a group. The provider and registered manager were aware of this and planned to arrange trips out in the coming months.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Communication care plans contained information to guide staff. This included whether people wore glasses or hearing aids. Staff communicated appropriately with each person and understood the importance of communicating in a way that met people's individual needs. A visitor told us how their relatives communication had improved since moving into the home. They told us staff listened to their relative, maintained eye contact and allowed their relative time to talk. The visitor told us this had made a positive impact on their relative's life. The registered manager told us that documents could be produced in a large print format if this was something people needed. Pictorial support cards were available for people who were less able to express their needs.

There was a complaint's policy and records showed complaints raised were responded to and addressed appropriately. People's concerns were addressed as they arose which prevented them becoming formal complaints. People told us they could speak with the registered manager or staff at any time. One person said, "If I had a complaint I would go ask for (the registered manager) but there has been nothing yet." Where appropriate, any complaints received were discussed with staff. This helped to ensure, as far as possible, that lessons had been learnt and actions taken to prevent a reoccurrence.

As far as possible, people were supported to remain at the home until the end of their lives. Care plans showed that people's end of life wishes had been discussed with them and their families. Some people chose not to discuss their end of life wishes and this was respected. Staff received training and were aware of the support people needed to keep them comfortable in their last days. The registered manager had introduced The Preferred Priorities for Care document. This is where people can write down what their wishes and preferences are during the last year or months of your life. It helps to ensure that everyone involved in the person's care knows what they want and how they wish to be cared for. These had not yet been fully completed.

Requires Improvement

Is the service well-led?

Our findings

People and visitors spoke highly of the registered manager, providers and staff. They told us they had originally been concerned about the change of owner and registered manager. However, they told us the changes had been positive. People enjoyed living at Saffrons because they felt they had choice. They knew and liked the registered manager and felt confident to speak to her. They also knew and met with the providers who visited the home each week. One person told us, "I get a peace from living here and still being able to make my own choices."

The provider and registered manager told us they had worked hard to make improvements at the home. They had good oversight and this had been identified in the PIR. Although we could see the work that had been done and was on-going we found some areas that had not been identified and needed to be improved. Where PRN medicines had been prescribed there were individual protocols however, some of these did not include all the information staff may need. We also found the effect of the PRN medicine given had not been recorded. There were no decision specific mental capacity assessments in place for one person who lacked capacity. Where consent forms had been signed by a person's relative there was no information to show whether they had the legal authority to do so. This did not impact on people because staff knew people well. They had a good understanding of when and why PRN medicines were needed and whether they were effective. Staff had a good understanding of the person's capacity and how they were able to make decisions and choices. We discussed this with the registered manager during the inspection and they told us these issues would be addressed. Improvements to the PRN protocols had started during the inspection.

The registered manager had identified changes were needed to people's care plans. Work was ongoing with senior care staff to enable them to write the care plans with people. The registered manager had good oversight and could identify care plans that needed further work and those that were of a good standard. Improvements had been made to training, supervision, infection control and the general maintenance of the home. This work was ongoing and the registered manager was continually looking at ways of further improving and developing the service. There were a range of audits and checks completed regularly. Where areas for improvement and development were identified there was an action plan about what was required. This was completed to demonstrate the actions had been completed. These audits and checks were relatively new and the registered manager was reviewing how often these were needed. For example, weekly infection control audits had been reduced to two weekly as improvements had become embedded into practice.

The registered manager worked at the home most days. They were a visible presence and knew people, their relatives and staff well. They were well thought of. One person told us, "The registered manager is very approachable. She's quite strict, but it needs that really. It's more tightly run now." Another person said, "The new manager is good and I have seen the new owners, I think we get good care here." One visitor told us, "The transition went really smoothly, I'm struck by how much the new manager really cares, she really takes 'ownership' of people." Another visitor said, "We have had lots of discussions with the registered manager, we have lots of confidence in her and she's very hands on and approachable."

People were regularly updated about what was happening at the home through discussions, meetings and a newsletter. They were regularly asked for their feedback about the home through meetings and feedback surveys. Records showed actions had been taken in response to people's feedback. This included the introduction of an activity program which was continuing to be developed and ongoing work in relation to the meals. People and their relatives felt valued by the provider. They told us the Christmas Party had been a time for them to all come together. Staff told us they had found the providers to be approachable and open. They told us they would be happy to discuss any concerns with them.

Before the inspection we had received concerns that there may be a poor staff culture at the service. The registered manager told us there had been a lot of changes for staff to take on board and some staff had found this unsettling. During the inspection we found that the culture at the home to be positive. Staff told us the registered manager was approachable and supportive. They acknowledged there had been a lot of changes. One staff member said, "We knew there had to be changes to make sure we were up to date. Now everything is organised, labelled and easy to find." Another staff member said, "We work with the registered manager, I'm happy to go to her, she will consider suggestions." We asked staff if there were any improvements needed. One staff member said, "Everything has already improved." Staff spoke highly of the providers. They told us they were approachable and wanted to ensure people had everything they needed. One staff member told us, "So far they have given us everything we have asked for, we can't ask for more than that."

Staff were involved in changes to the home. They were regularly asked for feedback through meetings and surveys. Meetings were used to identify any concerns, inform staff about changes and planned improvements. These meetings allowed for discussion and communication with staff. Where significant changes had taken place, for example changes to working hours, this had included appropriate consultation and discussion.

There was a range of policies and procedures in place. During the inspection it was identified that the policies had not been personalised to the service. The registered manager told us this would be addressed.