

De Vere Care Limited

Lehmann House Residential and Nursing Home

Inspection report

Lehmann House
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Tel: 02084184949

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 3 December 2018.

Lehmann House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lehmann House accommodates 34 people across three separate units on two floors. On the day of our inspection there were 11 people accommodated in two ground floor units. One unit specialising in dementia care and the other nursing care. Some people supported in the nursing unit were also living with dementia. The two first floor units were not being used.

At the last inspection in April 2018 we rated Lehmann House overall as Inadequate. This was because systems and processes were not in place to ensure that people received good quality of safe care. Following that inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve all of the key questions to at least good. We imposed conditions on the provider's registration which required them to provide us with monthly updates regarding improvements. We also restricted new admissions to the service.

At this inspection we found that improvements had been made in all areas. Initial actions have been completed and further work is ongoing to embed the changes into the management of the service. The service will come out of special measures as it is no longer rated Inadequate overall.

Since our last inspection the service had worked closely with the local authority to improve the content and quality of care plans. Care plans now contained more detailed information with regard to the assessment of risk and people's care needs. However, further improvement was still required to the management of risk in relation to specific conditions and the management of some other risks such as the management of pressure ulcers. Risks from the environment were now managed effectively, for example with regular fire drills.

Care plans were regularly reviewed with the involvement of people and their relatives, where appropriate, to ensure they were up to date.

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.

Staff were now recruited safely with the appropriate checks carried out before staff began work.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they

were given choices. Where people needed support with their meal this was provided. However, we did observe one occasion where this could have been improved.

There were sufficient staff to provide the care and support people required. Staff now received appropriate training to meet people's needs. Some improvement was needed in staff understanding of how to support people living with dementia.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

The service provided support for people to engage in activities. On the day of our inspection the activities manager was not at the service. We received mixed views from people about how they were supported to maintain their hobbies and interests. The manager has told us how they plan to improve this area.

People and relatives were aware of how to make a complaint. They told us they could approach management and staff with any concerns and felt they would listen and take action.

Since our inspection in April 2018 the provider has made changes to the management structure in the service. This included the recruitment of a new manager who has applied to the Care Quality Commission to register and a compliance manager. The role of the compliance manager was to oversee the quality of the service provided. More robust management audits had been implemented. This included audits of care plans, medicines and health and safety matters. Where deficiencies were identified actions, plans were put in place to address these. These now needs to become embedded into the culture of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risk assessments did not explain what had been put in place to mitigate identified risks. Risks associated with specific conditions were not always assessed and managed.

Medicines were managed safely. People received their medicines as prescribed.

There were sufficient staff available to meet people's needs. Systems were in place to ensure staff were recruited safely.

There were systems in place to protect people from abuse. Staff knew how to safeguard people from the risk of abuse and how to pass on concerns to relevant agencies.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Care plans did not always contain information as to how specific conditions were managed to achieve effective outcomes.

People told us they enjoyed the food.

Staff receive appropriate training. However, this could be more in depth in supporting people with dementia

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with compassion, kindness and understanding by staff who were caring and considerate.

People's privacy and dignity was respected by staff.

People and their relatives were involved in their care planning.

Staff knew the best way to support individual people, while maintaining their independence and respecting their choices.

Good ●

Is the service responsive?

The service was not consistently responsive.

Care plans did not fully reflect people's physical needs.

Activities to support people's social engagement were being developed. People were supported to maintain family relationships.

There was a complaints procedure in place.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

The provider had re-structured the management team who were working to improve the service. This now needed to become embedded into the culture of the organisation.

An audit and oversight system had been introduced.

The service was working in partnership with other agencies to drive improvement.

Requires Improvement 

Lehmann House Residential and Nursing 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 was a comprehensive inspection.

The inspection took place on 29 October 2018 and was unannounced.

The inspection was carried out by two inspectors 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. Our expert-by-experience had a background in adult social care.

Before the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from stakeholders for example the local authority and members of the public. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with five people living in the service and three relatives. We also carried out observations in the service. We spoke with the registered manager who is also the nominated individual of the provider, the manager who has applied to be the registered manager, two registered nurses, one member of care staff and the cook.

To help us assess how people's care needs were being met we reviewed five people's care records. We also looked at records relating to the management of the home, recruitment and training of staff and systems for

monitoring the quality of the home.

Is the service safe?

Our findings

At our previous inspection of April 2018, this key question was rated as Inadequate. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations in respect of Safe Care and Treatment. This was because the provider had failed to ensure that risks to people's safety were managed and that medicines were managed and administered safely. There was also a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because improvements were needed in how the service ensured that people received care from a sufficient number of care staff.

The service wrote to us to tell us how they planned to implement improvements and have worked with the local authority to make these. During this inspection of 3 December 2018, we found improvements had been made, and there was no breach of regulations. However, further improvements were still required.

People told us that they felt safe living at Lehmann House. One person said, "They look after you so that makes me feel safe." A relative said, "I feel he is safe. I miss him, but I never worry about him."

At this inspection we found that care plans had been completely re-written. Risks to people's safety had now been assessed using nationally recognised assessments of the risk in line with best practice. For example, the risk of developing pressure ulcers or falling. However, the guidance provided to staff on how to mitigate risks to people's safety was inconsistent. This placed them at receiving inappropriate or unsafe care. For example, guidance for one person who was at high risk of developing a pressure ulcer clearly stated staff needed to ensure relevant equipment was in place to help reduce this risk. There was no such information in place for another person who was also high risk in this area.

Care plans did not contain information as to how the risks associated with specific conditions were managed. For example, one person had been identified as at high risk of epileptic seizures. There was generic information in the care plan as to what a seizure looked like but no information as to how seizures were managed for this person. We asked the manager about the seizures and they told us that the person had not had a one for a long time. They were unable to explain why the care plan stated they were at high risk. Another person lived with type 2 diabetes. There was no structured care plan as to how their diabetes was managed. Since the inspection visit the manager has told us that care plans for these conditions have been put in place.

People told us that there were now sufficient staff to meet their needs. One person said, "I ring my alarm if I want something, they are good at answering that." A relative said, "There are more staff now." The manager told us that the service now used an assessment tool to determine the number of staff required to meet people's needs. The rota demonstrated that the service had met or exceeded the assessed staffing number in the two weeks prior to our inspection. The nominated individual told us that assessed staffing levels were being exceeded as the service was inducting new care staff and needed them to gain experience. Staff told us that there were enough staff. One member of staff said, "Most of the time it's enough right now." Another member of staff said, "I think there is enough." Our observations in the service on the day of our inspection

confirmed that there were staff available to meet people's needs.

A concern from our previous inspection had been that staff were not available to let people into the front door of the service. This had caused disruption in the service with some relatives not able to gain access and staff needing to leave care duties to open the door. At this inspection we found that this had been addressed. A member of administrative staff was now responsible for letting people in and out. A relative said, "Sometimes you have to stand in the foyer for a while until you can get the attention of staff. It can take three to four minutes, the longest was six." Another regular visitor said, "I do not have problems getting in now."

Our previous inspection had also found that where checks had raised concerns regarding the suitability of staff to be employed in the service, these had not fully explored by the provider. At this inspection we found that staff were recruited safely. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in the service, including Disclosure and Barring Service (DBS) checks. These help employers make safer recruitment decisions and prevent unsuitable staff from working within a care environment.

The administration and management of medicines had improved. One person told us, "They give us our pill things every day, twice a day." Medicines were managed safely by suitably qualified staff. They were kept secure in a dedicated room which was only accessed by nominated staff with responsibility for administering medication. The temperature of the medication room and fridge were monitored and recorded daily. This helped to ensure they were within the range required so that medicines remained effective.

Items of medication which on opening had an expiry date were labelled with the date they were first opened and were within their use by date. Where people had their medicines prescribed to be administered as and when required, there were protocols in place which detailed when these should be given. People who had been prescribed time sensitive medicines, such as those for Parkinson's had received these at the appropriate times. There were systems for the administration, ordering, storage and disposal of medicines. Weekly medicines audits checked the stocks of medicines to ensure they were being administered correctly.

We were concerned at our last inspection that effective arrangements were not in place to manage health and safety. We had concerns with regard to fire safety. At this inspection we found that each person now had a Personal Evacuation Plan (PEEP) to give staff guidance on what support people required should they need to be evacuated from the home in an emergency. Regular fire drills had also been carried out. Staff told us and records confirmed that they had received fire safety training. Other regular checks had been carried out to ensure the health and safety of the premises. These included checks of the lift, outbuildings and legionella. During our inspection a company visited to check the hoists to make sure they were safe to use. We were therefore reassured that health and safety matters were being managed appropriately.

At our last inspection the provider did not have an up to date safeguarding policy in place and staff were not aware of what action to take in the event of a safeguarding concern. At this inspection we saw that the policy had been updated and records showed that staff had received training in safeguarding. Staff we spoke with confirmed they had received training and were able to describe what constituted a safeguarding concern and how they would report it. One member of staff said, "I would report it to the management. I also know how to report to the local authority. The numbers are displayed in the staff room." Another member of staff said, "If you have concerns about someone being abused, financially, health or neglect you report it to the manager or the council."

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. We observed staff wearing gloves and aprons appropriately. People's rooms and communal areas were clean and tidy. Good standards of hygiene had been maintained throughout the service and there were no unpleasant odours. We observed cleaning being carried out during our inspection visit.

Accidents and incidents were recorded. This included a description of the incident. The manager told us that they monitored these to identify any trends but had not identified any since our last inspection.

Is the service effective?

Our findings

At our previous inspection of April 2018, this key question was rated as Inadequate. There was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because staff had not received effective training. There was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Meeting Nutritional and Hydration needs as people's nutrition was not adequately supported. There was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for Consent. This was because the principles of the Deprivation of Liberty Safeguards and not been implemented. During this inspection of 3 December 2018, we found improvements had been made, and there was no breach of regulations, however, further improvements were still required.

People told us that they enjoyed the food at the service. One person said, "The food is usually quite nice. It's proper food, nice fish and vegetables. They bake a lot of things." A relative told us, "The chef comes and talks to residents. He monitors their weight, if they are losing weight he will give them shots of cream, if they are going the other way he cuts it down."

Our previous inspection found that the level of support given to people at meal times varied and they did not always receive sufficient to ensure they ate enough. At this inspection we saw this had improved. During the lunchtime meal staff were mostly attentive to people's needs and offered them support when required. Alternative food was offered when people did not like the meal that was presented to them. However, on one occasion staff did not interact with a person whilst assisting them to eat which is poor practice. They kept saying to the person 'open your mouth' but offered no encouragement. We therefore concluded that although the meal time experience had improved there was still room for further development.

Where a person lived with diabetes their care plan did not contain sufficient information to ensure they received effective care. One section of the care plan stated they controlled the symptoms of their diabetes by their diet. However, another part of the care plan stated they had a normal diet. This person had also been referred to the dietician having lost weight. The dietician had advised that the person should be provided with food supplements and should be reviewed in three months. This advice was not recorded in the care plan when it was reviewed and there were no specific instructions in the care plan as to how to reduce the risk of further weight loss. After speaking with the cook, we are aware that the service was providing cream shots but the absence of specific instructions and contradictory information in the person's care plan meant that they staff may provide inconsistent support.

Care plans contained risk assessments of people's swallowing abilities and choking risk. These had been regularly reviewed to ensure they remained relevant. Where people needed their food and fluid intake monitored this was carried out.

This inspection found that staff now received appropriate training and supervision. A nurse said that they had received, "Very good training",. This included, catheterisation, intravenous medicines, and venepuncture. Care staff we spoke with confirmed that they had received an induction when they started

work at the service. This had included manual handling, medicines, dementia and fire safety. All new staff now completed the Care Certificate which is a recognised set of standards for staff to complete when working within this type of service.

Where a person lived with dementia and may display challenging behaviour, care plans did not always contain information as to what may trigger the behaviour and what staff should do to de-escalate this. In one person's care plan it stated, 'Leave her if safe to do so and return when she is more amenable.' There was no information in the care plan of other ways to manage the behaviour such as distracting the person. When we asked staff about managing challenging behaviour the only technique they mentioned was to leave the person and return later. We therefore concluded that the staff did not have an in-depth knowledge of how to support people living with dementia and required more in-depth training.

The service used several different training providers which meant that staff received both on-line and face to face training. The manager provided us with the plan of training for 2019. This included a wide range of training including equality and diversity, safeguarding and nutrition.

Staff told us that they received regular one to one supervision from their line manager and records confirmed this. Supervision enables staff to discuss any concerns they may have and for the line manager to provide feedback on the member of staff's performance. Records showed that staff had discussed issues relating to the service and the availability of further training at recent supervisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Our previous inspection of April 2018 had found that appropriate applications had not been made under the DoLS. At this inspection we found that appropriate applications had been made with one so far authorised by the relevant authority.

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. We received information from the Relevant Person's Representative (DoLS) that, 'Almost all of the conditions [on the DoLS] have been met and documented appropriately.' They also told us that the service was improving their understanding of MCA and DoLS. The registered manager explained to us how they would be ensuring that all the conditions on the DoLS were met in full.

People told us that staff offered them choice in their daily lives. One person said, "I can get up when I want. I wash myself." During our observations in the service we observed staff offering people choices such as where they wanted to sit in the lounge.

People told us they received ongoing support with their health care needs. One person said, "If you want a doctor you just tell them and they make you an appointment." A relative told us that the service had supported their family member to a hospital appointment.

Each morning there was a daily meeting attended by the heads of each department, including the chef and housekeeping, nurses and senior care staff. Each staff member gave feedback on their area. On the whole

we found this supported good communication between departments to ensure people received person-centred care and support. However, during our inspection we found that communication regarding an issue with the hot water supply to one part of the building had not been effectively communicated between staff teams. Since the inspection visit we have received assurance from the nominated individual that the issue has been resolved.

Our previous inspection of April 2018 had found that although refurbished to a high standard the needs of people living with dementia and/or sensory needs had not been considered. At this inspection we found that this had improved with better signage around the service to identify important rooms such as people's bedroom doors. However, we found that communal areas such as corridors still lacked visual stimuli. We discussed this with the nominated individual who told us they were arranging for a dementia specialist from the local clinical commissioning group to come out and carry out an assessment in the near future.

Is the service caring?

Our findings

Our previous inspection of April 2018 rated the service as Requires Improvement in this key question. At this inspection we found that improvements had been made and have rated the service as Good in this key question.

People told us that staff were caring and treated them with kindness, compassion and respect. One person said, "They are excellent, good all-rounders', varying temperaments. I can have a good conversation with them, they are all different nationalities." Another person said, "I get plenty of attention from the staff, like good morning, is there anything you would like?" Relatives also told us that staff treated their family member with kindness and respect. One relative said, "Staff are brilliant, one or two I had a few reservations about, males, and I have wondered if there would be issues with communication. However, they all do a fantastic job. They get up close to [family member], hold her hand, speak so she understands. It's much more personalised. Staff are so thoughtful and caring, a lot of things they say and do, they don't have to, it's all above and beyond."

During our inspection we observed positive interactions between people and staff. For example, in one lounge there was a television programme on about house renovation. The member of staff took the opportunity to engage with a person watching the programme. The person then explained to the member of staff how they had renovated a house and then went on to discuss house prices. Both were engaged in the conversation and discovered a mutual interest.

Throughout the inspection we observed staff were friendly and attentive. They knew people well and provided personalised responses such as using people's names, talking about people's relatives and things they liked to do. It was clear staff were developing good relationships with people. Staff also encouraged people to make their own decisions and be as independent as possible. A relative told us, "I can't fault the care. I honestly can't. He is treated with such respect. They look him in the face, leave him alone in the toilet when they take him. At night sometimes, he will get up and wander into the day room, they make him a cup of tea and when he gets sleepy they put him back into bed. They let him have his breakfast whenever he wants, full English. They encourage him to be as independent as he can."

People and relatives told us they were involved in the care planning process. One person said, "I do have a care plan, they brought it in and discussed it with me." A relative said, "I'm very much involved with his care plan, we have just updated it. They always let me know if there are any changes." Another relative told us how they had been involved in making a decision with their family member. The manager told us that people and their relatives, where appropriate, had been involved in re-writing the care plans and that people were involved in the regular reviews. Care plans we looked at demonstrated that people had been involved in writing them. This was particularly apparent in the life histories they contained.

Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms or toilet areas. The provider also had systems in place to ensure people's personal information remained confidential. Confidential information was securely locked away and it could only be

accessed by staff who needed to see it.

Is the service responsive?

Our findings

At our previous inspection of April 2018, this key question was rated as Inadequate. There was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person Centred Care because people were not receiving social interactions which met their needs. There was also a breach of Regulation 16, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and Acting on Complaints. This was because the service did not have an effective complaints process. At this inspection we found that there were no breaches of regulations and have rated the service as Requires Improvement in this key question.

Since our inspection of April 2018, the service had worked with the local authority to review the care plans for everybody living in the service. We found that the content of the care plans had improved since our previous inspection but that more detail was required to fully reflect people's physical and emotional needs. For example, one person who lived with diabetes did not have information in their care plan as to how their diabetes was managed. There was no information about foot care or eye care for this person and information about their diet was contradictory.

People had been involved in the review of their care plan to ensure it met their needs. A relative said, "I'm very much involved with his care plan, we have just updated it. They always let me know if there are changes." Another relative said, "You only have to look at her care plan now, they have documented her various needs and anyone who comes into here can see exactly what to do for her. We only have to ask and we can have access to that documentation. When we came here we told them all about [family member]'s needs." Staff we spoke with told us that the information in the care plan supported them to provide care which met people's needs. One member of care staff said, "I read them [care plans] when I started and there is information about their lives, what they liked doing, their family. I know them well enough to talk about those things now."

The service was working towards providing activities, both group and individual, which met people's social needs but further development was needed in this area. We received mixed views as to how the service was supporting people to follow their interests and take part in activities that were socially and culturally relevant. The service had a day centre which is used by members of the local community and people living in the service can attend. One relative told us, "Staff do take [family member] to the day centre, they ask her first. In the day room staff will sit up at the table and do painting. [Family member] used to do knitting, she hasn't done it for years. The other day we came in and she was sitting there knitting away. They organised a fete for residents and staff which was wonderful." However, a person living in the service said, "It's boring. They do provide reading books, they do have stuff. They have singers but I don't like that sort of thing. Sometimes I'm a bit lonely as there's no one here to talk to." A relative said, "Is there enough to do, that's debatable. He is old and he doesn't really want to do anything. They have a sing song, throw a ball, they try."

On the day of our inspection we did not observe any activities taking place in the service other than the television and radio. We did see one person receiving one to one support by way of nail care. We are aware

that the activities co-ordinator was not working on the day of our inspection. Since our inspection visit the manager has contacted us with details of how they plan to develop activities and social engagement within the service. This included arranging visits from the library service.

The service supported people to maintain relationships with family and friends. A relative told us how the service had supported them to organise a birthday party for their family member. They said, "[Family member] had a birthday party here the other day. They gave us a separate room upstairs and you should have seen the spread they laid on for us. We paid for the cost of the food but the effort staff put into it made it a really special day."

People told us that the service now responded appropriately to any concerns they raised. One person said, "I've raised a few concerns with management and they were glad for my input." Another relative said, "I have never made a complaint but I don't feel that I can't." The provider now had an appropriate complaints policy and procedure in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. The complaints procedure was clearly displayed. There had been two matters dealt with as complaints since our last inspection. These had been dealt with appropriately and the complainant informed of the outcome

This nursing home cared for people at the end of their life. On the day of our inspection visit nobody was receiving end of life care. Nurses were able to tell us how they would ensure that a person had a comfortable and pain free death. If a person required a syringe driver (a way to deliver medicine continuously directly under the skin) in their last days this was provided and managed by the nursing team

Is the service well-led?

Our findings

At our previous inspection of April 2018, this key question was rated as Inadequate. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Well-led. This was because there were failings in the management of the service. We imposed conditions on the provider's registration which required them to provide us with monthly updates regarding improvements. We also restricted new admissions to the service.

At this inspection we found improvements had been made and there was no longer a breach of regulation. However, as we need to ensure that the improvements that have been made are embedded into the running of the service, we have rated this key question as Requires Improvement.

Since our previous inspection the provider had worked to improve the quality of the service provided. They had engaged with the local authority and other support services. They had appointed a manager for the service who had applied to the Commission to be registered. 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. They had also appointed a compliance officer to monitor the quality of the service across the organisation. These actions had resulted in improvements to the quality of the service provided to people. People we spoke with were complimentary about the improvements that had been made. One relative said, "[Manager] has transformed the place. Management have upped their game and it has improved immensely. It's functioning as it should function instead of just bobbing along in hope."

The manager now carried out a structured system of audits to monitor the quality and safety of the service. This included medication audits and the planning of staff development. This process was supported by visits and quality audits from the compliance manager. The monthly audits by the compliance manager included care plans, staffing and health and safety. Where the audits showed a need for improvement an action plan was developed to drive and monitor improvement. Subsequent audits checked what progress had been made. These checks on the quality of the service provided now need to be embedded into the management of the service.

The service now engaged with people and their relatives to get their views on the service they were receiving to drive improvement. A relative told us, "We have relative meetings, they are good, very effective, they do listen and we have an opportunity to praise the staff." Another relative said, "We had a resident/relative meeting and I suggested perhaps a code [door entry]. They didn't dismiss it and they said they would look into it and other alternative means of access. They are effective from a relative's perspective. If we have any issues you can voice them, comments are noted and we get a copy." A quality survey had also been carried out. At the time of our inspection visit the results were being analysed. The compliance officer told us that when the results had been analysed an action plan would be developed to address these.

Everybody we spoke with was complimentary about the improvements which had been made to the service

and the positive effect this had had on care. Staff told us that they found the new manager to be supportive and that they were always on call if they were needed. A relative said, "It's so much better with permanent staff. It's so much more friendly, everybody knows each other." A member of staff said, "I like it here. Staff work together well. The daily meetings are very informative." They then went on to give an example of how following an incident improvements had been made and part of the process was to share the actions to be taken at the daily meeting.

The service was engaging with external support to drive improvement. We received positive feedback from the local authority as to how the service had engaged with them to improve the care provided. We also received positive feedback from a healthcare professional who supported a person living in the service. The manager told us how the service was working with the local community to develop the day service. The provider told us how they were working with the local GP service to provide clinical support for managers.