Bupa Care Homes (CFHCare) Limited

Oak Lodge Care Home

Inspection report

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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

This inspection took place on 28 June, 2 and 4 July 2018 and was unannounced. During our previous inspection on 22 and 25 November 2016, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed up this inspection with a focussed inspection on 8 September 2017 which looked at the area of 'Safe' only, to check whether the necessary improvements had been made. We found the provider had sustained the required improvements and there was no longer a breach of Regulations.

Oak Lodge Care Home is a care home for up to 71 people who require nursing and personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were 70 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Oak Lodge Care Home received a service which was responsive. The provider found imaginative and creative ways to make sure people's care and support met their needs and reflected their preferences and background. People near the end of their life received care and treatment of a high standard which was recognised by external professionals. Where people had concerns, the provider listened to identify ways to improve the service.

People living at the home were put at the centre of processes to monitor and improve the quality of the service. People received a service which was well led. There was a very open, inclusive atmosphere in the home, with a strong sense of team working and ethos of continuous improvement. There was a very effective system of governance, and thorough and sustained systems of quality assurance. The provider paid particular attention to developing the skills of staff which led to an improved level of care.

The provider had systems in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure people were supported by staff who were suitable to work in a care setting. There were arrangements in place to store medicines safely and administer them safely and in line with people's preferences. Arrangements to control and manage the risk of infection were established in line with national guidance.

People's care and support needs were assessed and care plans developed based on national guidance. Staff

received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to access healthcare services, such as GPs and specialist nurses and therapists.

People experienced good continuity and consistency of care, from staff who were kind and compassionate. The registered manager had created an inclusive, family atmosphere at the home. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them. People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

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.

People were protected from risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure staff were suitable to work in a care setting.

Processes were in place to make sure medicines were administered safely, and to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs. Care plans were based on thorough assessments, standards and guidance.

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed positive relationships with staff.

People were supported to take part in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

The provider found creative and imaginative ways to make sure people's care and support met their needs and took account of their preferences.

There were high standards of care planning and delivery for people at the end of their life.

The provider listened to people's concerns and used their feedback to improve the service.

Is the service well-led?

Good

The service was well led.

There was an open, inclusive atmosphere in the home, with a clear "one team" ethos which put people using the service at the centre.

Quality assurance processes were thorough, wide ranging and soundly embedded in a system of continuous improvement.

Incidents were used as learning opportunities to drive improvements within the service.

The provider's governance system was effective and led to high quality care and support.

Oak Lodge 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 28 June, 2 and 4 July 2018 and was unannounced. The inspection team consisted of two inspectors.

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 included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

Throughout the inspection we observed how staff interacted and cared for people during the day, including mealtimes, during activities and when medicines were administered. We spoke with seven people, five relatives/visitors, the registered manager, one activity co-ordinator, four care staff two registered nurses and one visiting professional.

We reviewed six people's care records, which contained comprehensive assessments, care plans, and risk assessments We looked at 22 Medicine Administration Records (MARS). We looked at five staff recruitment files, training logs and supervision files. We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people, relatives' and staff members' comments were used to drive improvements in the service.

Good

Is the service safe?

Our findings

People and staff consistently told us they felt the service was safe. People had developed positive and trusting relationships with staff that helped to keep people safe. One person told us "I feel very safe here and I am well looked after." One relative told us "Here it's different; the staff are able to deal with problems and keep everyone safe".

The provider had put measures in place to protect people from the risk of avoidable harm and abuse. Staff had undertaken adult safeguarding training within the last year and understood the correct safeguarding procedures to take should they suspect abuse. One staff member said, "We all know that abuse needs to be reported to the manager who I know would do something."

We looked at recent safeguarding concerns with the registered manager. These had all been followed up with the local safeguarding authority and notified to us as required by the regulations. Suitable procedures and policies were in place for staff to refer to. Staff were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

The provider had comprehensively assessed and identified risks to people's safety and wellbeing. These included risks associated with the use of bed rails, fall mats, wheelchairs and electrical safety. Steps to manage and reduce risks were reflected in people's care plans. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs. If these steps involved restricting a person's freedom, the provider had consulted with the community mental health team to make sure they were as least restrictive possible.

General risk assessments were in place for activities such as physical activities, gardening, day trips and arts and crafts. Risk assessments took into account risks to visiting children and risks arising from visiting pets and other animals. The provider kept records of routine maintenance of equipment used to support people, and there were regular checks on fire detection and prevention equipment, and emergency lighting. Legal checks were in place for electrical equipment.

People and staff told us there were enough staff to meet people's needs. The provider had recently increased staff to have a senior carer on each floor at the home. Also, a 'floating' staff member between busy periods, for example, in times where staff are helping people with breakfast and personal care in the mornings. One staff member told us "I have enough time to do what I need to do and have some time with people".

The provider carried out the necessary checks before staff started work at the home. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There was no use of agency staff. If required, staff worked extra hours or shifts to cover any sickness or holidays.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps

employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

We examined the provider's medicine management policy. Prescribed medicines were administered safely by registered nurses who had completed the required training, and had their competency to do so assessed regularly.

We looked at the Medicines Administration Records (MAR). We noted there were no gaps in these records. All MARs contained a front sheet with a recent photograph for identification purposes, along with relevant information, such as a person suffering from allergies or preferred to take their medicines in a particular way.

We spoke with registered nurses about medicines management. We asked how medicines were acquired, stored, dispensed and disposed of. Medicines were safely stored in locked cupboards. Medicines requiring refrigeration were stored in lockable fridges which were not used for any other purpose. The temperature of the fridges and the room in which they were housed was monitored daily.

The provider had processes in place, based on The Department of Health guidance, to reduce the risk of infection and ensure the premises were kept clean and hygienic. Staff were aware of their responsibilities with respect to infection control, and there were regular spot checks and audits to check this. Records showed there had been no outbreak of any infection.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any trends and patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to share this information with others where open discussion and learning could take place.

Good

Is the service effective?

Our findings

People told us they received care and support that met their needs and that they were given choices about their care. One person told us, "Staff are great and know what I want and need. They seem very well trained, they always seek my consent." One staff member told us "the training is great, I have been put forward to do my NVQ level 5."

Comprehensive assessments and pre-admission assessments were carried out, which included any surgical history. The person's needs were identified with their input and a person-centred care plan created, which was reviewed and updated regularly. Care plans included details of eating and drinking preferences, personal care, equipment to help a person communicate (for example glasses and hearing aids), routines, and communication and visit details of health professionals.

There was a section in people's care plans called, "my day, my life, my story" which included information on childhood memories, friends, work history, holidays, hobbies and interests, children, grandchildren and favourite tv programmes. Assessments, risk assessments and care plans were person centred and written to a high standard following national guidelines, such as those provided by the National Institute for Health and Care Excellence.

Staff received a thorough induction into their role. There were three days of shadowing following induction training. Staff were shown a person's care plan before meeting them for the first time and given background information so they knew about the person.

Staff had a comprehensive training programme from induction and continued professional development, as well as refresher training and competency checks. The provider had arranged for staff to attend a comprehensive dementia training that included a 'virtual' experience. Feedback was that this was helpful for staff to be able to really understand what a person with dementia is going through. Relatives and external professionals also could attend the dementia training. One staff member told us "There was internal training as well as training from external agencies." Staff were given the choice to gain a professional qualification to enhance their knowledge and skills such as an NVQ. Registered Nurses were supported to maintain their professional registrations.

Staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and peoples' right to decide for themselves. The care plans contained up to date and relevant information about people's dietary needs. These included choking risk assessments, the use of food and fluid charts and, where necessary, referrals for specialist advice from professionals.

We observed people having lunch. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking, staff supported them discreetly to minimise such risks. Relatives regularly visited at meal times and assisted their loved ones. This made meal

times enjoyable for people and we observed many positive relationships between staff, people and relatives who knew each other well.

The registered manager had recently started a hydration trial, this entailed gathering statistics and evidence prior to the trial starting. The registered manager had decided to trial this following good outcomes from research, to show that increased hydration can lead to a reduction in urinary tract infections, falls and general wellbeing. The home was offering a wider variety of drinks, watermelon, ice lollies and jelly and had set up 'hydration stations'.

The provider had developed a good working relationship with local healthcare providers. Records showed people had access to a variety of healthcare services when needed to ensure they were adequately supported in their health and welfare. These included the community mental health team, dieticians, speech and language therapists and tissue viability nurses.

We spoke with a visiting health professional who had visited the home several times in the past. They told us staff referred to them appropriately and always acted on advice and support given quickly and effectively. Staff were knowledgeable about the people they were caring for and nurses were competent in managing clinical aspects of care.

Oak Lodge Care Home is a purpose built home to ensure people's needs were met with the design of the home. When we visited there were some changes being made to the gardens so people could spend more time there and join in with activities. People's rooms were personalised so they had a 'homely' feel and people had personal possessions and photos in them.

The provider had built a good relationship with a local GP and pharmacy who worked together to ensure peoples' healthcare needs were assessed and where appropriate they were referred to other specialist healthcare services. The registered manager stated that support was given to people to take them to healthcare appointments if they were unable to attend independently.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards.

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. 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 support this practice. We noted a number of people had been referred to the local authority for a Deprivation of Liberty Safeguards assessment. The registered manager had ensured they made appropriate and timely applications and reviews were carried out in the timescales given. Appropriate records were kept to show the correct process was followed. There was evidence of best interest meetings being held where this was required.

Good

Is the service caring?

Our findings

People gave us positive feedback about how the staff supported them. People were supported by staff who demonstrated kindness, compassion and a genuine interest in the people they supported. Feedback from relatives was positive. One relative told us, "All the staff are very kind and caring in difficult circumstances. They really do well". One relative told us, "100% caring towards my [loved one] always, I cannot fault them". One relative told us "We have a laugh here, lots of banter with the staff and other relatives who visit at meal times, it cheers everyone up and is good for our [loved ones]."

People, relatives and staff reported that people were treated with respect and compassion. One person said "The Staff do treat [loved one] with the greatest respect. Always going the extra mile." We saw examples of genuinely caring interactions between people and staff supporting them. Staff were warm, spent time with people and asked them what they wanted or needed. Staff asked people, "How are you today?"

We observed positive interactions between people and staff who consistently took care to ask permission before intervening or assisting. Staff were able to describe to us how they enabled people to have choice, such as; by showing people different choices of clothes, offering a variety of meals to choose from, or a choice of activities. Staff were responsive to people's needs and addressed them promptly and courteously. It was evident all staff knew all people very well; for example, staff knew people's food preferences without referring to documentation.

People or/and their relatives were involved in their assessments and care planning. Care plans demonstrated that people and their families were involved with decisions about their care as much as possible. Support plans and risk assessments were discussed and agreed with people and/or their relatives. These were reviewed regularly by staff and were signed by people, relatives or representatives. Records of contact with family members were kept and regular formal care planning reviews held, where relatives and representatives were invited to attend. One relative told us, "I have been involved in my [loved ones] care. I can make decisions if [loved one] cannot, the communication from this place is great, they really do involve us in everything and I come and visit and help [loved one] with their meals every day."

People and relatives told us they felt their privacy and dignity was respected. One person told us, "Staff knock my door before entering, staff respect me, they don't just come in." A relative told us "Staff always ask [loved one] what he wants. They never take away his dignity, they ask him what he wants them to do." One relative told us, "They shower [loved one] and yes they do respect [loved one's privacy, if I am visiting and they need to move or help [loved one] I am asked to leave the room."

We observed care staff closing bedroom doors and curtains in people's rooms before helping them out of bed. We also saw a person being encouraged to eat independently as much as possible, the staff member knew when to intervene and help while giving the person maximum independence and dignity. One visiting professional told us, "There is one person who would benefit from bed rest at the moment but they don't want to do it. The staff have been really great in working with the person to help them rest more while respecting their decision not to.

Good

Is the service responsive?

Our findings

Relatives and staff told us consistently that the service was responsive to people's individual needs and had made a significant contribution to people's wellbeing. Staff spoke with us about how each person was treated as an individual to meet their specific needs. One relative told us, "the staff know [loved one] so well and what they like and don't like, it's nice they have consistent carers who know them so well, [loved one] is very happy here."

Staff assessed people's individual needs so they consistently received care and support that met their individual needs and respected their preferences. One relative told us, "[loved one] loves the activities and often joins in. There is always something going on."

There was an example of the service that was being responsive in providing activities that were innovative and met people living with dementia's individual needs. The example was a namaste project being run at the service. This is a project that recognises that people with dementia need to feel wanted, loved and that they can still contribute. This is achieved through the stimulation of senses, the presence of others and meaningful activities such as sensory activities, this is proven to have benefits for people in the later stages of dementia. Some of the benefits found through regular assessments are; a reduction in agitation, prescribed medications (including anti psychotics), infections and falls. There had been improvements in people's quality of life, engagement and communication. The project uses tools such as QUALID (Quality of life in late-stage dementia scale), Abbey pain scale tool, and MUST (Malnutrition universal screening tool) to evidence these improvements.

One example was about a person who displayed behaviours that challenged. This person found moving into the home very unsettling after being very independent and a very 'outdoors person' for most of their life. After trying several ways to engage them and this resulting in challenging behaviours it was found that the person became calmer when being in the garden. The registered manager and activities co-ordinators adapted the garden so there was an 'allocated patch' that this person worked on daily. This resulted in a decrease in behaviours that/which may challenge and they started to join in other activities after withdrawing previously.

Some people became unsettled and anxious if they did not engage in meaningful and socially stimulating activities, which had an adverse impact on their wellbeing. Staff sought feedback from people to identify ways to increase their engagement with the local community. This was a huge success and people 'perked up' and became very engaged. For example, with children visiting from a local nursery, people would engage in interactions, play with the children and do activities with them such as arts and crafts. Following this being such a success and the change in people the nursery now visit regularly. There had been a noticeable change in these people following this, which had a positive impact on their lives for example they became calmer and more settled in themselves and had a sense of enjoyment and purpose.

Following a very positive outcome in making a difference to one person's life, the home started a 'pen pal' project. People were supported to get in touch with lost friends or relatives who lived far away. Contact was

made with other professionals and relatives to gather information of contact details of people to write to. Some people had stopped writing to these people many years ago due to visual impairment and declining dementia. These people received help and support to write letters, some people dictated words for the activity co-ordinator to write for them. People were able to reconnect with people who were significant to them in the past. This was very successful and people felt 'connected' again. The project also facilitated socialising. For one person this was a huge achievement as they were very withdrawn, they can now be found socialising and in the communal parts of the home whereas before they would prefer to stay in their room alone.

People were supported to take part in a wide range of activities at the service. These included many regularly planned activities such as; pottery, knitting, cooking, games, sing along, horse racing, film afternoons, arts and crafts, horticultural therapy gardening, hand massage, quiz night and pantomime. People got involved in the preparation of some activities such as the cooking or helping to make decorations for events. The home arranged for a regular church service to be held at the home so people who could not travel could still attend a religious service. Other visiting entertainment were, animal therapy such as dogs and a dementia café. The variety of activities meant there was something that everyone would enjoy, and people had input in choosing them. Some people did very little before moving in to the home and when they first moved there. By engaging in positive activities, people were seen to become engaged, happy, stimulated and less agitated. Some who suffered from conditions such as anxiety showed a reduction in the levels of anxiety and had been socialising and interacting with others after not doing this for long periods of time.

The provider organised group events within the home and in cooperation with other nearby homes. Examples of these were a summer fete hosted at Oak Lodge Care Home, parties, a country and western night and a barn dance. These events meant that people could socialise with a wider range of people from outside of the home and the engage with the community. People's families would also attend enabling them to have more time with their loved ones and maintain these important relationships. People were involved in choosing themes and creating decorations for these events.

Minutes from resident's meetings showed that people were involved in the planning of activities at the service which gave people a chance to be included, express their preferences and have their needs met. People and their relatives were actively encouraged to give their views and any concerns raised were treated as complaints. Information regarding how to make a complaint or compliment about the service people received was displayed in the communal areas and people were aware of this process. A complaints policy and procedure was in place.

The registered manager told us it was very important that people were listened to and concerns dealt with. Complaints and concerns were followed up and used by the service to develop their practice and improve the care and support people received. In one example, a person's family had raised a concern that their [loved one] was not involved in their care as much as they would like. It was clear the provider took this seriously. The care plan was reviewed with this in mind and regularly reviewed to ensure the person's involvement was maintained as much as they wished. The relative subsequently expressed great satisfaction that "things had changed". People told us that if they were unhappy they would speak to a member of staff or the registered manager and were very confident any issue would be dealt with.

The registered manager kept a record of the many compliments that they had received about the service provided to people. These were in the form of cards, emails and letters from relatives of people which were placed in a folder. One compliment read; "I would like to say a huge thank you to all at oak lodge for giving [loved one] a wonderful birthday, it was without a doubt a wonderful day." One read; "Thank you to all the

staff at Oak Lodge for the loving care you always gave [loved one]."

The provider took care to make sure people at the final stages of life received care and support which met their needs, respected their wishes, and kept them free of pain. When people's care assessments indicated end of life care was needed a dedicated care plan was created. This included people's wishes and preferences for their care and treatment when they were in their final stages of life and relatives were involved in this process. Staff worked closely with external agencies including a local hospice. Nurses from the hospice visited regularly to assess whether any changes were needed the person's care plan. People's doctors assessed any changes needed to people's medicines to ensure they were as comfortable as possible.

People's relatives and loved ones were well supported by caring staff when their [loved ones] were at end of life. Relatives were given meals and an 'end of life box' which included washing products, a toothbrush, hairbrush, a spa box selection, a magazine and colouring book and a relaxation CD. People's relatives were made to feel welcome and could spend the night with their [loved ones] if that was their wish. One person left a compliment which read; "To all the carers that looked after [loved one], you are all real angels and I will never forget what you done by staying with [loved one] until the end." One read; "To all the staff, thank you so much for caring for [loved one], you all made the last four months of life comfortable and cheerful. Our family have been very impressed with the standard of carers at Oak Lodge. Your work really does make all the difference."

Good

Is the service well-led?

Our findings

People we spoke with were all very positive about the management of the service. They described the registered manager as being supportive and approachable. We observed the registered manager getting involved, speaking to people and asking staff how certain people were. One relative told us, "The manager is always popping by to see how [loved one] is getting on." One visitor told us, "It is well led here, they all work together as a team." One staff member told us, "Since the new manager started 18 months ago the moral is much improved and I feel very well supported and valued." One staff member told us, "This manager has really brought the home up, she knows our strengths and encourages us to try new things, she has an open-door policy."

There was a clear vision to provide a high standard of care and support based on the values of; Passion, caring, openness, authenticity, accountability, courage and being extraordinary. These values were communicated to people and their families in a welcome folder and emphasised to staff through interview, supervision and day to day interactions, such as the daily meeting for heads of department.

The registered manager walked round the home daily which enabled her to make sure the values were embedded in the daily practice of staff. Staff told us that the values were applied in relationships between staff and management as well as in relationships with people. One staff member told us they liked working at the home, "I love it here, we treat each other, people and relatives with dignity and respect, it's not like any other place I've worked."

There was a strong governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a leadership team which included a clinical nurse manager, head housekeeper, a strong administrator/receptionist, head chef and activities coordinators. The registered manager personally supervised her heads of departments with other supervisions delegated to heads of department, senior staff and registered nurses.

The high standards of governance at Oak Lodge Care Home were recognised by the provider. The registered manager's excellent leadership had been recognised internally and externally. This was recognised through high levels of engagement in the staff team, low staff turnover and sickness rates, and the avoidance of the use of agency staff.

There was a very strong governance framework to monitor the home's performance and deliver clear quality improvements. This included a thorough and wide-ranging system of quality assurance based on weekly input by the registered manager, weekly and monthly audits were carried out and the findings from these were consolidated into a business improvement plan.

Topics covered included use of bed rails, infection control, medicines management, health and safety, staffing records. There were reviews of staff practice, including food and fluid records, falls management, awareness of mental capacity and deprivation of liberty, understanding of distressed behaviour and wound care. Where concerns were identified, for instance where staff had not signed records or an error had been

found, actions were taken through supervision and training.

The registered manager initiated a consultation and feedback from staff to drive improvements in the home. This followed a period where there was low staff moral and poor communication between staff teams, the registered manager stated it was like there were four different teams when she started her role. The registered manager decided following consultation to work 'in the life of the staff', she did this as night care staff, day care staff, registered nurses and catering staff. This continued for two weeks to identify where improvements could be made. The registered manager told us, "I wanted the staff to work as one team and to feel valued and listened to." Following this the manager met with senior staff, it was decided to increase the staff team. The registered manager told us that the impact of this was, "Exceptional care and support is now provided to our residents and their relatives, a happy team working well together supporting each other and are clear about their roles and responsibilities."

There were examples of creative initiatives to engage and involve staff and others in the service in addition to survey questionnaires and meetings for staff, people using the service and their families. Staff had a suggestion box where they could put ideas for changes or concerns anonymously, there was also a forum where feedback to the registered manager was also anonymous. This enabled staff who may not 'speak out' so easily to be able to do this comfortably. The registered manager would feedback the changes from this in meetings.

There was a very positive sense of team working among staff. The provider had a champion scheme for staff where staff were a 'lead' in one area and could then support other colleagues which gave them a sense of responsibility and value.

Residents and relatives were given 'experience' surveys, these had detailed questions in them to drive improvements. This along with resident and relative's forum meetings gave people the opportunity to express ideas for changes such as menu changes or any ideas for new activities. One change that was made was that communal areas had been made more conducive for families to meet loved ones with some privacy.

The provider arranged activities that staff friends and relatives could join in such as; barn dancing, summer fetes and a country and western day and a summer fete. There was engagement with the local day centre where people on their own could come in for events such as Christmas lunch. The home regularly cooked meals for the day centre's visitors.

Arrangements were in place for additional involvement with families, including where applications were made under the Deprivation of Liberty Safeguards, or end of life care, the registered manager met with the person's family to explain what this meant.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person-centred plan to avoid re-occurrence. Records showed that following incidents relevant measures had been taken for people such as the provision of equipment or a change in the number of care staff required for a person.

The home worked in partnership with multiple agencies. These included local authorities, physiotherapists, mental health professionals, opticians, audiologists, dentists, the commissioners and Deprivation of Liberty Safeguards assessors. The provider was proactive in partnership working. There was evidence in people's support plans outlining professionals involved and the roles they held in a person's care.