

Butts Croft Limited

Butts Croft House

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Butts Croft House provides care and accommodation for up to 35 people. Whilst the majority of people who live at the home are older people living with dementia, the service also offers care and support to young people living with dementia. The home provides some temporary beds for people who have come from hospital for further care or assessment before going back to their own home. At the time of our visit there were 27 people living in the home.

People's experience of using this service and what we found

Following our last inspection, the provider had restructured to build more resilience into the management team and to ensure audit processes identified and addressed areas of improvement to ensure the quality and safety of the service. The provider had also re-introduced regular inspection visits by an external management consultant.

New systems introduced had brought about improvements in the management of medicines, infection control and the administrative practices of the home. However, the new quality assurance systems needed to be fully implemented and embedded to drive improvement and maintain standards in other areas of the home, such as risk management and care planning.

Staffing levels kept people safe and staff understood their responsibility to report any concerns about people or poor practice by other staff. Staff received the training needed to provide effective support and the provider encouraged staff to take further training to meet their specific responsibilities.

Staff understood people's individual nutritional needs and snacks and drinks were readily available to encourage people to eat and drink. Where people were unwell or lost weight, medical advice was routinely sought and followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice but improvements needed to be made to evidence people's mental capacity to consent to their care had always been assessed effectively.

Staff promoted a homely environment and relatives spoke of a friendly and welcoming atmosphere in the home. People's privacy and dignity was maintained, and staff treated people with respect. Improvements were being made to ensure people had opportunities for engagement in different activities in the home and there were plans to extend the activities further.

The provider and management team were responsive to the feedback provided during our inspection and were open about the further improvements that were still to be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 November 2021) and there were breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulation, but further improvements were still required. This service has been rated requires improvement for the last seven consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Butts Croft House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who contacted relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Butts Croft House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced. We told the provider we would return for a second day to complete our inspection.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concerns. We sought feedback from the local authority and commissioners who work with the

service. We also contacted Healthwatch and an independent advocacy service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

The provider had not been asked to complete a new Provider Information Return (PIR) since our last inspection visit. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We took this into account during our inspection.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who lived at the home and eight relatives about their experiences of the care provided. We spoke with the provider, the registered manager, the operations manager, four members of care staff, a housekeeper, the chef and a kitchen assistant. We also spoke with a healthcare professional who regularly visited the home.

We reviewed four people's care records, three people's medicines records and three people's daily records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records, policies and procedures and a sample of completed audits and checks. We checked two staff recruitment files.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection in October 2021 this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people and infection control and medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 12. However, further improvements were still required.

- Improvements had been made in the oversight of risk management plans to ensure they accurately reflected the support people needed to minimise risks to their health and safety.
- However, there was no diabetes risk management plan for a person whose diabetes was controlled by medication. Whilst this person's health condition was supported by external healthcare professionals, without clear records to direct staff on how to identify concerns relating to safe diabetes practices, there was increased risk of ill-health. The operations manager assured us they would implement a risk management plan that accorded with safe practice.
- Staff told us information about any changes in people's needs were shared with them and they felt confident to report any deterioration or changes in people's health. One staff member told us, "We are reviewing them (care plans and risk assessments) more often now. If there is something we are not happy with, or things needs to be changed, we will speak up now."
- At our last inspection, people were at risk of not receiving their medicines as prescribed because safe medicines procedures were not in place. We found numerous discrepancies in stock levels and records did not always show how much medicine should be in stock.
- At this inspection, improvements had been made and people received their medicines as prescribed. There were clear systems for ordering, receiving, administering and recording medicines which were regularly checked by the operations manager.
- Following our last inspection improvements had been made to the management of medicines applied through a patch on the skin and records now showed where the patch had been applied. However, further improvements were needed to ensure patch medicines were always rotated in line with the manufacturer's instructions to reduce the risk of skin irritation.
- Overall, medicines that were time limited once opened were managed in accordance with good practice. However, we did identify one person's eye drops were being administered past their use by date. We discussed this with staff who took immediate action to remove these from stock and new eye drops were introduced. The operations managers told us time limited medicine checks would be added to their

medicines audit.

- The operations manager had identified assessments to ensure staff remained competent to administer medicines had not been completed. A plan was in place to complete these following our visit.
- At our last inspection, we found improvements were required to some infection control practices. Staff did not always follow best practice guidance when wearing personal protective equipment (PPE) and the provider's procedures did not always support management of risks of infections spreading.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The operations manager sent us a contingency plan for managing the spread of infections following our inspection visit.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visitors in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their family members felt safe and secure at Butts Croft House. Comments included: "Having visited a small number of times, I think [Name] has settled incredibly well and is no longer anxious about their own safety" and, "[Name] says they like it at Butts Croft House and that the staff are all friendly and support them in keeping themselves safe."
- Staff understood their responsibility to keep people safe and could explain the processes to follow if they had concerns. Staff said they would report any issues or poor practice to their managers with one staff member explaining, "If I have seen something wrong today, what is going on the other days? I would be the whistleblower."

Staffing and recruitment

- There were enough staff to ensure people's needs were met safely.
- Staff told us there were enough staff to provide safe care but spoke of the challenges of working with agency or new staff who did not know people well. One staff member explained, "In time with the right training and support, the new staff will be fine; it is just guiding them."
- Relatives felt staffing levels kept people safe. Comments included: "I have noticed that mid-week there are plenty of staff and I can ask someone for help. At weekends it might be a bit less well staffed but there are always enough" and, "There always seem to be four or five staff around, being busy but always available to help if required."
- The provider had recently undertaken a successful recruitment drive. The operations manager told us most shifts were now covered by permanent staff which would lead to improvements in consistency of standards of care.
- The recruitment process ensured staff were suitable for their roles by conducting relevant pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check. However, some references had been obtained without checking their authenticity. The operations manager was aware of this and had started making improvements with new employees.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and records indicated what action had been taken to keep people safe and to minimise the risk of future re-occurrence.
- There was some analysis of accidents and incidents, but this needed to be more robust to identify any trends or patterns such as any areas within the home where accidents happened more often.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our inspection in October 2019 we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager did not fully understand their responsibilities under the Act. A proportion of people who used the service were living with dementia and required support to consent to their care at the home. People's mental capacity to consent to their care had not always been assessed effectively and it was not always clear what decisions they were able to make and where they may need support to make a decision.
- The new operations manager had identified the issues around formal mental capacity assessments. They told us capacity assessments needed to be completed and when we returned for the second day of our visit, work had commenced in this area. Mental capacity assessments had been conducted with some people where their capacity to make a specific decision had been questioned, but not all. Further improvements were also needed to show staff had tried all reasonable and practicable ways to encourage people to make decisions for themselves.
- Despite the lack of formal mental capacity assessments, if the registered manager believed there to be any restrictions on people, they had applied for the legal authorisation to deprive a person of their liberty.
- Any conditions related to DoLS authorisations were being met.
- In their day to day interactions with people, staff followed the principles of the MCA. Staff supported people to make decisions when they were able to and asked for people's consent before supporting them.
- One relative told us staff respected their family member's decisions to refuse support and offered again later in the day. They explained, "The staff have to work out when they can do things and when they can't because [Name] doesn't like personal care. They can't force him to do things, so they do their best when they can." Another relative told us, "[Name] knows their own mind and will sometimes say 'no' to taking medication, but the staff know how to leave it momentarily then try again when [Name] will probably be more compliant."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked effectively with external health and social care professionals such as the Advanced Nurse Practitioner who regularly visited the home.
- Medical advice was routinely sought and followed. One healthcare professional told us, "I know all these patients. Any problems they phone, and they phone appropriately. For communication they are really good; they communicate really well."
- One relative told us, "[Name's] glasses (spectacles) were lost somewhere along the line, but they called to say an opticians visit had been arranged and it was all in hand which is great service."
- However, we found people did not have specific care plans describing the support they required to maintain their oral health. The registered manager acknowledged this was an area which required improvement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's support needs was carried out before they started using the service which involved other professionals involved in their care. Some assessments were more detailed than others.
- One relative told us, "As I have Lasting Power of Attorney, the home gave me access to [Name's] hospital discharge records and this helped us set up the initial Care Plan together with the Deputy Manager."

Staff support: induction, training, skills and experience

- Staff received the training needed to provide effective support. This included training in safeguarding, first aid, health and safety, person centred care and moving people safely. Training records confirmed training was either up-to-date or planned.
- Staff spoke positively about the training they received and told us it was refreshed regularly.
- Where staff had specific responsibilities, the provider encouraged them to undertake further qualifications to support them in their role. For example, housekeeping staff were undertaking further training in infection control and catering staff were embarking on a certificate in understanding nutrition and health.
- The new operations manager had invited each staff member to complete a self-evaluation form setting out the challenges they faced, what elements of their role interested them most and any training and support they required. They told us, "From there we will go back to formal supervisions monitoring performance and identifying areas for improvement."
- New staff received an induction into the service dependent on their previous experience, training and qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- We spoke with the chef who demonstrated a good knowledge and understanding of their responsibility to provide food and drinks that met people's nutritional needs. They knew people who needed to have extra calories added to their food and those people who were trying to reduce their calorie intake.
- Meals were prepared in the home from fresh ingredients. The lunchtime meal looked appetising and people had portion sizes to their individual preferences. One relative told us, "I think the food is fantastic here and it is nicely presented."
- People were able to have food and drink outside set mealtimes if they wished to. Snacks and drinks were readily available to encourage people to eat and drink.

Adapting service, design, decoration to meet people's needs

- The provider had made improvements to the environment to provide some cues and clues to assist people living with dementia to orientate to their surroundings. Different coloured doors and images familiar to people supported them to locate their bedrooms more easily.

- Where people wished to, they had personalised their own bedrooms and brought ornaments and photographs from home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our inspection in October 2019 we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke of a friendly and welcoming atmosphere in the home. Comments included: "The staff know the residents are all individuals, with their own wishes, desires and preferences, and they willingly do everything they can for them" and, "There is always an excellent atmosphere. The staff all get on with the managers and residents, and there is a good feeling between the residents."
- Staff spoke of people with warmth and had formed friendly relationships with them. They were keen to promote a homely environment where people felt part of a family and their visitors felt welcome. One staff member told us, "We all care, from the cook all the way up, everybody. It is just like a big family."
- We observed a staff member speaking with two people. The staff member listened carefully to what they were saying and encouraged both people to speak about themselves and share memories of their past.
- One staff member told us how much it meant to them to give a person a caring home to their end of their life. They explained how they spent time sitting with the person and how that compassion had been reflected by the rest of the staff team.
- One relative told us how staff had been supportive at an emotional time for their family member. They explained, "[Name's] spouse of many years died in hospital four days after [Name] went into Butts Croft House. Breaking the news was an awful responsibility for us, but it was dealt with really superbly by the manager, who supported us so that we were able to pass the news via video link. And they really supported [Name] afterwards, when they tended to forget, then 'find out' all over again."
- A visiting healthcare professional spoke highly about the caring attitude of managers and staff. They told us, "The care is excellent, and they will go the extra mile."

Supporting people to express their views and be involved in making decisions about their care

- One relative explained how their family member lived their life as they wished to at Butts Croft. They told us, "Initially [Name] would get up early, dress and go for breakfast, but as time has gone on they have relaxed significantly and it is not unheard of for them to still be in night wear in the public rooms in the middle of the day. This is their own choice, not because the staff are neglecting them in any way. It's just that they feel so at home now."
- Relatives told us they were able to contribute their views about the care their family member received. One relative told us, "The manager said that I will have access to the care plan and will be able to input into changes as things change for [Name]." Another told us, "The manager set up an annual review a few months ago. We discussed [Name's] welfare and well-being. The manager gave their view of how things were going and really listened to my view, so we were able to form a joint view."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and staff treated people with respect. One relative told us, "I find all the staff are very good, very attentive and very nice to [Name] and very respectful and friendly." Another relative commented, "The staff do remember that it is the residents' home and not just their place of work."
- Relatives told us staff promoted people's dignity by ensuring they were supported with personal care that met their individual needs. One relative said, "[Name] is always dressed in their own clothes, I don't know how they do it but it's lovely they get their own things, and nothing gets lost in the laundry. [Name's] hair is always neat, in various styles, and I often see that their nails are freshly painted."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection in October 2019 we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood what person-centred care meant and feedback from relatives confirmed staff were responsive to people's individual needs and preferences. One relative told us, "Staff members are always there to help, and [Name's] anxiety has settled." Another commented, "I think the level of attention to detail and someone being with [Name] most of the day, just to spend time and have a chat is beautiful and is part of what keeps them safe and happy."
- Care plans recorded some information about people's likes and preferred routines. However, the operations manager told us further work was planned to ensure this information was consistently recorded in detail.
- Care plans were regularly reviewed to ensure staff had up to date information when people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since our last inspection, a member of care staff had taken the lead in providing people with opportunities for engagement in different activities in the home. This staff member told us how the activity programme was being developed and their plans for expanding the activities further. However, they recognised some people preferred their own company and this was respected by staff.
- During our inspection visits we saw people joining in craft activities, a game of dominoes and listening to music. Other activities included karaoke, bingo and movie afternoons.
- Some events were centred around occasions such as Mothering Sunday and Easter and relatives were encouraged to attend and participate in the celebrations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's preferred methods of communication and described how staff should engage with people. This included any equipment a person may need such as glasses or hearing aids.

End of life Care

- People were supported to remain in the home at the end of their life if this was their wish. People's care

plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

- The operations manager had arranged for staff to receive further training from a local hospice to support staff in providing the care people wanted and needed at the end of their life.
- However, care plans did not always contain information about people's end of life preferences. We discussed this with the operations manager who told us plans were in place to complete these following our visit.

Improving care quality in response to complaints or concerns

- Relatives told us they felt able to raise any concerns or complaints about the service provided and were confident they would be responded to. A typical comment was, "I know I could discuss anything of concern with the manager and they would listen. If I was not satisfied, I would be happy to take things up, if necessary, with the owners, but I have not needed to."
- The provider had received two complaints in 2022 which had been fully investigated. However, the provider needed to ensure any written responses always complied with the timescales set out within their own complaints policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection improvement had been made but further improvements were still required. The rating for this key question has changed to Requires Improvement. This meant the service management and leadership needed to ensure improvements were sustained and became embedded within the culture of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's systems and processes to manage and monitor the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 17. However further improvements were still required

- The provider had recently restructured to build more resilience into the management team. A new Operations Manager had been appointed to improve governance and ensure audit processes identified and addressed areas of improvement to ensure the quality and safety of the service.
- The registered manager told us how this addition to the management of the home enabled them to concentrate on ensuring people received care appropriate to their needs and achieve positive outcomes.
- The provider had re-introduced regular inspection visits by an external management consultant. The consultant had carried out two audits of the service and identified some of the issues we found during our inspection visit. The provider was working through the actions identified within those audits to achieve the required improvements.
- The new systems had brought about improvements in the management of medicines, infection control and the administrative practices of the home.
- However, the provider recognised further improvements were still required to ensure the consistency of risk management plans and that records were completed accurately to demonstrate safe practice and enable effective monitoring to take place. This included people's food and fluid intake records which were not consistently completed to show people had received enough food and fluids to maintain their health.
- Improvements had been made to ensure people's needs were regularly reviewed, but the provider needed to ensure these processes were consistently applied so gaps in care plans were always identified. For example, in relation to oral healthcare and end of life care plans.
- Other areas where the provider had identified further improvements needed to be made included mental capacity assessments, oversight of accidents and incidents and formal reviews of staff practice.
- Managers were responsive to our feedback. When we raised various concerns with the new operations manager, they were able to show us documents they intended to introduce to ensure they met their legislative responsibilities under the Health and Social Care Act 2008. Immediate action was taken to

address some of the issues we identified during our inspection.

- The provider acknowledged that many of the new quality assurance systems still needed to be fully implemented and embedded within the practice of the home to drive improvement and maintain standards. The provider told us, "I am really pleased with the progress that is being made, and hopefully by June all the improvements will have been completed."
- The provider was supporting staff to take further qualifications, so they had the knowledge to meet the responsibilities of their role. For example, some senior staff were studying for certification in team leader responsibilities to improve their leadership skills.
- The provider told us they were investing in an electronic care planning system which they were confident would improve the standard of record keeping within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. When we arrived for our inspection, we saw the provider was displaying their CQC rating from our previous inspection visit.
- Relatives told us they were kept informed when accidents occurred. One relative told us, "Someone phoned from the home after [Name] had a small fall and bumped their head, then the same person called again after the nurse had visited, to let me know everything was fine and no harm done."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives spoke positively about the care and support they received from the provider, the managers and the staff team. Comments included: "I have been extremely happy and impressed with the quality of care", "I think they are professional and know what they are doing, the staff seem to have been trained well and they do an excellent job" and, "The basic care and attention to the safety and other needs of residents is really, really good."
- Although there were limited opportunities for relatives to provide formal feedback, they all told us they were able to share their views with managers on an informal but regular basis. One relative told us, "The managers are both approachable and at least one of them always makes an effort to talk to me whenever I visit." Another said, "We discuss things when we need to and I can call the manager at any time."
- Staff told us it had been a difficult period with the speed and amount of change, but improved communication meant they had a better understanding of why change was being implemented. One staff member told us, "After speaking to [operations manager] about what she is planning on doing, we get it all a bit more now. Everybody is now pulling together again which is really nice." Another staff member commented, "As a home, it has definitely improved. It shows where we were lacking and now, we know what needs to be done and we can improve the quality of the care."
- Staff told us they felt supported by each other to carry out their role. One staff member told us, "I am proud to be part of this team. We are a team and we all get involved. If there are any problems or issues, we like to communicate how we can deal with them and how we can improve the situation."
- The provider worked with other health and social care professionals.
- The managers sought feedback from other healthcare professionals when implementing improvements in response to our inspection visit.