Regal Care (Darlaston) Limited

The Willows Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was unannounced inspection took place on 16 November 2016.

The Willows is a nursing home providing accommodation and personal care for up to 48 older people. At the time of our inspection 41 people lived at the home.

As part of its conditions of registration, this provider is required to have 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. There was no registered manager in place as they had left the providers employment in June 2016. The provider had made arrangements to make sure there was a management structure in place by way of an interim manager pending recruitment of a manager.

At our previous inspection improvements were required to staffing arrangements to make sure people's needs were met in a timely way. At this inspection the interim manager had assessed staffing levels and was increasing staffing levels to ensure people's wellbeing and safety were consistently met in a timely manner. However changes in staffing arrangements were in their infancy at the time of this inspection and needed time to be embedded into practice and assessed for their effectiveness.

Staff were aware of how to reduce risks to people's safety. We saw they used specialist equipment to ensure people's needs were met and the risks of injuries were reduced. The information for staff to follow when monitoring people's needs required strengthening. This was to make sure staff had sufficient information to guide their daily practices when supporting people to consistently reduce risks to their wellbeing.

People were supported by staff who knew how to recognise and report any concerns so people were kept safe from harm. People were helped to take their medicines by staff who knew how to manage these in line with safe principles of practice and were continually supported by the interim manager who regularly sampled medicine administration records.

Staff were appropriately recruited to ensure they were suitable to work with people who lived at the home. They were receiving on-going training and support to deliver a good quality of care to people and more practical style of training was being organised as staff felt this would enhance their learning experiences further.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using a range of communication methods. These included gestures, short phrases or words. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do

this.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty applications had been made to the local authority for authorisation purposes. These actions alongside the interim manager's improvements in having an organised system in relation to DoLS made sure people's liberty was not being unlawfully restricted.

Staff had been supported to assist people in the right way which included helping people to eat and drink enough to stay healthy and well. People had been assessed for any risks associated with eating and drinking and care plans had been created and were being updated for those people who were identified as being at risk. People were supported to access health and social care services to maintain and promote their health and well-being.

Staff cared for people in a kind and friendly way. Staff promoted what people could do and supported people with dignity when they needed assistance. People's right to private space and time to be alone and with their relatives was accepted and respected.

Staff delivered the care which had been planned to meet people's needs and had a high degree of knowledge about their individual choices, decisions and preferences. Staff offered people the opportunity to do things for fun and interest. There were arrangements in place for receiving and resolving complaints which took into account people's individual needs.

The views of people who lived at the home, relatives and staff were sought using different ways to develop the service and quality checks focused upon continuous improvement. The interim manager was aware of their role and responsibilities. They used their knowledge to progress improvements and was aware improvements made needed to be tested for their effectiveness and sustained so people's experiences of care was further enhanced in the longer term.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing arrangements did not ensure staff were consistently available to meet people's needs in a timely way. Changes in staffing arrangements were in progress but time was needed to see how effective these were in consistently meeting people's needs in a timely way.

People were supported to feel safe and staff knew how to recognise signs of potential abuse and how to report any concerns.

People's medicines were available and they were supported to take their medicines by staff who had been trained in line with safe medicine principles.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed which included supporting people with their dietary needs.

People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Is the service caring?

Good

The service was caring.

Care and support was provided in a warm and friendly way which took account of each person's personal preferences.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their changing needs and preferences.

A varied programme was organised so people had a range of fun and interesting things to do.

People who lived at the home and relatives knew how to raise concerns or make a complaint and were confident these would be handled effectively by the interim manager.

Is the service well-led?

Good

The service was well led.

People and their relatives and staff were encouraged to voice their opinions and views about the service provided in different ways.

Staff knew what was expected of them and felt supported to provide good care.

The interim manager had improved the checking systems to assess and monitor the quality of the service and action taken to develop the service further.

The Willows 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 inspection took place on 16 November 2016 and was unannounced. The inspection team consisted of an inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We asked the local authority and the Clinical Commissioning Group [CCG] if they had any information to share with us about the services provided at the agency. The local authority and CCG are responsible for monitoring the quality and funding for people who use the service. Additionally, we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with eight people who lived at the home and four relatives and saw the care and support offered to people at different times. We carried out observations of the support and care people received. 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 requested the views of health and social care professionals who visited the home and received written responses from four professionals and spoke with a fifth professional by telephone.

We spoke with the interim manager, deputy manager and five staff which included the cook and the activities co-ordinator. We looked at a range of documents and written records including sampling three people's care records and two staff recruitment files. We also looked at information relating to the administration of medicines, managing complaints and monitoring the quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

We found improvements were required at our previous inspection on 7 and 8 October 2015 because people's care needs were not always met in a timely manner. At this inspection people who lived at the home and relatives had mixed views about how timely staff were in meeting their needs. One person told us, "I was scared I'd do something in my chair" because staff were not available to meet their needs. Another person said, "Mostly (enough staff), but sometimes no." One relative told us, "Sometimes we do feel they're a little bit understaffed." Another relative said, "They (staff) come as quick as they can. If you ask, they will come. They're pretty quick."

Staff we spoke with were consistently positive in how the interim manager had listened to their views about staffing levels and was taking action to ensure there were sufficient staff on each shift. One staff member told us, "[Interim manager's name] is making changes to staffing which is good, she does listen to us and wants what's best for the residents, as we all do." Another staff member said, "It will be good to have additional staff, mornings are busy times, [interim manager's name] has taken this on board."

We saw staff responded to people when they summons for assistance by using their call bells and a staff member was available in the lounge area on the ground floor to provide support to people. However, we also saw examples where staff did not consistently meet people's needs in a timely way. For example there was a delay in staff assisting a person who wanted to return to their room. We saw this impacted upon the person's wellbeing as a staff member struggled at times to reassure the person two staff members would be coming to assist them.

We spoke with the interim manager about the delays in responding to people's needs and how staff were deployed to make sure staff's skills were taken into account. The interim manager told us following our previous inspection visit they had taken action to assess people's individual care and support needs. By taking this action the interim manager was able to calculate how many staff were required on each shift. They told us previously staffing arrangements had not been assessed upon people's individual needs but on, "One care staff to five people." The interim manager had increased staffing numbers across each of the shifts which were planned on the rotas to begin following this inspection visit. This meant the interim manager was unable to show us how successful and effective the increase in staffing numbers had been in consistently meeting people's needs in a timely way at this inspection visit.

Staff showed us they were aware of the risks and guidance for each person they were supporting. One staff member said, "I always use the care plan to understand individual risks and any changes are noted. We also have daily handovers." Staff showed us people's care and risk plans were being updated on an on-going basis. However, the instructions on the monitoring records for people who were at risk from not drinking enough to meet their needs did not confirm how much a person needed to drink on a daily basis to manage the risk. There was no evidence anyone had come to any harm as a result of the monitoring records not having clear instructions to guide staff's daily practices and the interim manager undertook to take steps to improve the system for the future.

People we spoke with told us they felt safe when staff provided care and supported them. For example, one person told us about the equipment two staff supported them with so any risks of falling were reduced. We saw and heard how this person's care and support needs were met with their lifestyle and safety in mind. Additionally, we saw how staff put their training in practice when using equipment to assist people in moving so risks were reduced.

Staff we spoke with understood their responsibilities in making sure people were safe from the risk of potential harm and abuse. This was because the training they had received enhanced their knowledge in how to recognise and report potential harm and abuse. They also had access to the provider's procedures to guide them in their practice in this area. Staff believed they knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. They were clear about whom they would report any concerns to and were confident these would be fully investigated by the interim manager or the provider. Staff said, where required, they would escalate concerns to external organisations. This included the Care Quality Commission [CQC].

Additionally, staff we spoke with understood the importance of reporting accidents and incidents. The interim manager had taken action following our previous inspection to ensure there were procedures in place for all accidents and incidents to be analysed. This practice assisted the interim manager to identify any trends and investigations had taken place to help prevent accidents and incidents from happening again. For example, one person had experienced some falls and a referral to the specialist falls team had been made to assist in reducing this person's falls.

People we spoke with told us staff had a good attitude towards their caring roles and conducted themselves in a professional way. In the staff recruitment files we looked at application forms had been completed by potential staff and references had been obtained to reflect whether staff were of good character. Disclosure and Barring Service (DBS) checks had also been carried out to ensure only suitable people were employed to work with people who lived at the home. Staff spoken with confirmed they had all undergone an interview, completed application forms and DBS checks before they started their induction to work at the home.

People we spoke with told us their medicines were available when they needed them and they were appreciative of the support they received to take their medicines. One person told us, "They [staff] help me with my tablets; it takes away the worry of having to remember to take these." We saw there was a sufficient supply of medicines so they were available when people needed them. Medicines were stored securely and there were arrangements to ensure they were disposed in line with national and local guidance. The interim manager told us all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicines to meet their needs. For example, when people were in pain and or needed their medicines for their emotional wellbeing. Staff told us people's medicines were reviewed in consultation with their doctors to make sure these continued to be effective. We saw where people's medicines needed to be adjusted action had been taken so risks to people's wellbeing continued to be reduced. The interim manager had recognised improvements to medicine administration were needed. They were checking samples of medicines on a regular basis so any shortfalls in medicine administration were rectified in a timely way to reduce any risks to people's safety and wellbeing.

Good

Is the service effective?

Our findings

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.

We found improvements had been made since our previous inspection to support staff in putting into practice the principles of The Mental Capacity Act [MCA] [2005] when obtaining the consent of people who were unable to verbally express this. People we spoke with confirmed staff had involved them in the decisions about their care. Throughout this inspection staff showed they understood the importance of establishing proper consent before providing care or support. For example, we saw staff taking the time to explain to people who needed support to understand their choices. Staff used people's preferred styles of communication when they explained to people how they were going to support them, such as, using gestures, pictures and reassuring words. People responded to this approach and exercised their own choices as far as they possibly could whether it was around a choice of meal or what they were interested in doing. Where people were unable to make specific decisions staff told us these were done in their best interests and recorded in people's care records.

Staff we spoke with were able to tell us about the basic principles of the Mental Capacity Act (MCA) 2005 and how it impacted upon their caring roles. One staff member told us, "Everyone has capacity to some extent. Even if they can't make the bigger decisions we still support them to make everyday choices such as what to wear, when to get up and what to eat and drink." Another staff member said, "It's so important not to take people's independence away. We encourage people to do whatever they are able to do."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The interim manager and staff we spoke with showed they had awareness about the DoLS and where an application had been sent to the local authority for authorisation purposes. This was an improvement as at our previous inspection we found some staff were not aware of people who lived at the home who had restrictions in place so they could continue to receive the care and support they needed. The interim manager had made sure there were organised systems in place to follow up all DoLS applications which had been sent to the local authority and to review one person's DoLS which had been authorised so far.

People told us that the staff were skilled in meeting their needs. One person said, "When I have to go to the toilet and they (staff) use the hoist….They do look after you good. I couldn't wish for a better place." Another person told us, "The staff are good." One relative told us, "[Family member] been here since April and [family member] hasn't had any falls. They look after [family member] here." Another relative said, "Yes [staff were knowledgeable], they know what [family member] got to have done."

Staff told us when they had started work at the home they received an induction which helped people who lived at the home to become familiar with them. One staff member said their induction alongside the training they received helped them to learn about their roles and responsibilities. Another staff member told us, "I think we have had the right induction. I feel confident when providing care and feedback from people tells me I am doing a good job."

Staff we spoke with were confident in their ability to meet the individual needs of people who lived at the home. We consistently heard from staff they were positive the interim manager listened to how their knowledge and skills could be enhanced further from more opportunities to do practical style training. One staff member described to us how training had been organised in subjects such as, skin care and end of life care where healthcare professionals came into the home to facilitate training in aspects of people's care.

Throughout our inspection we saw examples of how staff used their knowledge and skills to effectively meet people's individual needs. For example, staff were aware of how important it was for some people to follow their particular chosen routines which helped them to avoid potentially stressful situations. Another example we saw was the way in which staff used their knowledge in making sure people's health needs were met, such as noticing when a person had a wound infection so they received effective care and treatment.

Staff we spoke with told us they felt supported in their roles. One staff member told us, "I am fully supported and can ask [interim manager's name] questions if I need to check anything. I can also request any training I would like to do. All staff are very supportive here." Comments we received from staff were consistent in confirming they had confidence in the interim manager and felt happy and well informed so they could provide effective care and support. We saw there was a strong sense of support amongst the staff by way of mutual support or team discussion.

People we spoke with told us they liked the meals provided at the home. One person said the food was," "Lovely – I've had ham and peas today." Another person said, "It has been very good." A relative told us the meals, "Look nice. They (staff) help (family member) to eat." People told us staff brought round the menu a day in advance, to assist them to make their choices. However, if people didn't want either of the two main options kitchen staff were happy to prepare alternatives. Staff tactfully checked how much people were eating and drinking to make sure they had enough nutrition and hydration to support their good health.

Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences which they shared with the kitchen staff. At the time of this inspection the interim manager was in the process of recruiting a permanent cook as the previous cook's had left the provider's employment.

Records reflected people had an assessment to identify what food they needed to keep them well and what they liked to eat. Care plans showed people received support from other health professionals such as, speech and language therapists when necessary in order to assess their nutritional needs. We spoke with a healthcare professional who visited people at the home on a regular basis. They held positive views about how staff supported people in maintaining their nutritional needs.

We consistently heard from people who lived at the home and relatives how staff supported people with their healthcare needs. One person told us, "I've kept my own dentist and chiropodist." Another person said, "I saw the chiropodist a week ago. I see them every six weeks." Staff showed a detailed knowledge of the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly. For example, a staff member explained they had been worried about one person's health and had called the local surgery and arranged for the person's doctor to come out that morning to make sure the person was receiving the right care. From speaking with healthcare professionals, staff and looking at

people's care records, we could see people's healthcare needs were supported through the involvement of a broad range of professionals. This included speech and language therapists, dieticians and district nurses.

Good

Is the service caring?

Our findings

People we spoke with made positive comments about the care provided at the home and the kindness of staff. One person told us, "They are so kind to me and help me without making me feel I am a nuisance." Another person said, "I like all the staff here, they are never unkind when they help me with anything." One or two are very kind." Relatives we spoke with were reassured by the caring conversations they saw between their family members and staff. One relative told us, "I've got no faults with any of them [staff]."

Throughout this inspection we saw people were treated with respect and in a caring way. Staff were friendly, patient and discreet when providing support to people. Staff spoke with people as they supported them. We saw positive communications and saw these supported people's wellbeing. For example, a staff member spent time reassuring someone who was feeling a little unsettled. The staff member spoke with the person about the different places they had been to in their lives to try to distract the person and support them to feel better. The person showed they enjoyed the staff member's company and had moments of laughter with them.

Staff were knowledgeable about the care people required and the things which were important to them in their lives. They were able to describe how different individuals liked to dress and we saw people had their wishes respected. People who lived at the home and relatives confirmed the staff knew the support people needed and their preferences about their care. For example, we saw some people were supported to dine in their rooms because they preferred to be in their own private space. Another example was of how staff supported people to go the local shop as they enjoyed doing this and it enhanced their feelings of wellbeing.

We saw staff gave people as much choice and control over their lives. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. Some people lived with dementia, had reduced comprehension skills and needed some support to communicate their feelings. For example, we noted how staff had learnt to understand what a person wanted to say and were able to use techniques to communicate.

People we spoke with were positive about how staff supported them in ways which took account of their individual needs and helped maintained their privacy and dignity. One person told us, "If we have visitors, or if you want to talk to them we can go to our bedroom. When you go to the toilet, they say I'll leave you for ten minutes." Another person said, "They [staff] close the curtains and the doors." We saw staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. A staff member told us, "I keep people covered and dignified at all times." We heard staff spoke with a person who lived at the home about an important person in their life which showed staff valued people's own beliefs and identity. Regular services were held in the home to help people to maintain their diverse religious and spiritual needs. One person told us, "I'm a very religious person" and they were supported to attend religious services. Another person said they were supported to attend a service in the community.

Relatives were positive about how staff at the home always welcomed them. One person's relative said there had never been any restriction on visiting. They gave us an example: "I can turn up at the home at any time and staff welcome me. It is like a family there." Another former relative had been encouraged to visit the home on a regular basis for companionship, have their hair done and a meal to continue the friendship they had developed with staff. We saw the person felt at home and was complimentary about the caring nature of staff. They told us, "All the staff are wonderful to me."

Staff knew about the local advocacy services and would use this to support people if they required independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People we spoke with told us about their experiences of how staff responded to their care and support needs. One person told us, "They (staff) always help me in the mornings with my hair and know exactly how I like it to be done. This is important to me." Another person said, "They help me with buttons which I find awkward to do on my own, which is a godsend to me."

Throughout this inspection we saw examples of how staff supported people with all the practical everyday support they needed. Staff practices reflected how they attended to people's individual needs and considered each person's preferences. For example, one person liked to look at books and they were supported by staff to do this. Another person liked to have their lunchtime meal in a certain part of the home and staff knew this as we saw the person sat there on the day of this inspection.

People's individual needs had been assessed before they moved into the home to help ensure people's needs; wishes and expectations were able to be met. We saw there was ongoing work to improve people's care records to make sure information about people's individual care and support needs was accurately described. This was to help to make sure people were not at risk from receiving care which was not responsive to their needs. We saw people's needs were responded to by staff who had grown to know each person's individual ways over the years. For example, we saw in one person's care records and heard from staff how they responded to the needs of the person with their unique physical abilities. We saw all the equipment staff needed was in place to ensure the person's needs were responded to. For another person where their room was positioned had been considered to make sure their particular needs were met in the most appropriate way for them.

Staff we spoke with told us they learnt about people's changes in needs through staff meetings held daily between shifts to handover information about people's needs and by reading people's care plans. We attended a handover meeting where staff showed they had a detailed knowledge of the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly. For example, staff shared where a person's needs had changed and/or when the doctor for a person was required.

The provider employed an activities coordinator who worked alongside the staff team to deliver a varied programme of fun and interesting things for people to choose to participate in. People we spoke with told us how they appreciated the support they received to be able to enjoy recreational activities. One person told us, "We have some good entertainment" organised by the activities co-ordinator. The person went on to say, "There's a big ball. There was a gazebo in the garden in the summer and we played with the big ball and had a really good afternoon. I wish there was more for our involvement than there is." Another person said changes had been made to the recreational activities offered based on people's views. They told us, "We painted some pottery and we found out that one lady worked in the pottery industry and she was good at it." Relatives we spoke with were also positive about the recreational activities provided at the home. A relative told us, "[Activities co-ordinator] gets them [people who lived at the home] doing exercises, and there's entertainment and they all seem to appreciate it." During the day of this inspection we saw people

were supported to play a quiz type game and an interactive game using a big ball. Additionally we saw the activities co-ordinator assisting some people on a more one to one basis with their knitting.

People we spoke with told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. A person said, "I can talk to them, any of them (staff)." There was a complaints procedure available to people and their relatives. The interim manager and staff told us they would use complaints as a learning opportunity and to, 'Put things right for people.' For example, a relative had raised their concerns about a piece of equipment and this was listened with action taken to repair the equipment without any delays.

Good

Is the service well-led?

Our findings

At the time of this inspection visit there was no registered manager in post. The registered manager had left the provider's employment in June 2016. An interim manager who was a registered manager at one of the provider's other homes was working at the home for three days per week while the provider recruited another registered manager. The provider has also recruited a deputy manager to assist in making sure there was a clear management structure at the home pending recruitment to the post of a permanent manager.

At our previous inspection we found the arrangements in place to formally assess and monitor the quality of care were not always effective. This was because the arrangements in place had not identified some areas of concerns which we had found at the time of our previous inspection. At this inspection the interim manager confirmed they had identified many aspects of the running of the home which required improvement since they had started to work there. They were able to show us how they were developing improved quality checking systems to identify any shortfalls so improvements were made and tested for their effectiveness. We found the interim manager and her staff team had started to use the quality checking systems to make improvements following our previous inspection. For example, there were no strong odours of urine and people's own personal rooms were not unnecessarily cluttered with medical supplies. The interim manager acknowledged the improvements they were making now needed to be sustained and described methods they would use to do this. One example was to make sure the next registered manager had support from a direct line manager as the interim manager had found this beneficial in her role as registered manager.

People told us they liked living at the home and overall had good support from staff they knew well. One person told us, "I think it is fine here and we have some laughs, they all make sure it is run well from what I can tell." Another person said, "It seems to be well run." One relative told us the atmosphere in the home was, "Nice. You can get a laugh out of the staff. There are things going on, singing and bingo, I think that's lovely." Another relative said, "I think it's [the home] lovely. Everyone's pleasant."

The provider used different ways of gaining the views of people who lived at the home and their relatives. For example, they held meetings for people, their relatives and friends. One person told us, "There have been meetings, we can attend and tell them if we feel something is not working and they'll put it right." We saw at a recent meeting a relative had asked about equipment to support their family member's physical needs. The interim manager assured the person their family member's needs would be reassessed. We also saw the interim manager had used the meeting to engage with people about the thinking around any suggestions for changes and/or improvements. For instance, the proposed changes to people having their main meal in the evening as opposed to lunchtime as a solution to assisting people with meeting their nutritional needs. The interim manager assured people they would have the opportunity of stating their preferences before the meals changed.

Throughout this inspection visit, the interim manager showed a responsive and reflective management style. She was quick to acknowledge the changes in staffing levels needed to be reviewed for their effectiveness in meeting people's needs in a timely way once they had been in place for a period of time. The

interim manager also took responsibility for focusing upon the deployment of staff to see if there were any further improvements which could be made so people's individual needs were consistently met with reduced risks to their safety. The interim manager's open and accountable leadership provided a positive role model for other staff and set the cultural tone within the home. For example, one member of staff told us if they ever made a mistake, they would not be afraid to tell the interim manager who they felt assured would give them support to resolve the issue.

We saw staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here. I would recommend it to others." Another staff member told us, "We are like a family." There were regular staff meetings and staff confirmed these were a good forum for sharing their views. A staff member told us, "We are encouraged to air any issues openly in the staff meeting." Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about the running of the home, which could not be addressed internally.

We saw the interim manager led by example which reflected a supportive approach to their staff team. We noted the interim manager knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete. This level of knowledge helped the interim manager to run the home effectively so people could be supported in the right way.