

Leonard Cheshire Disability

Hydon Hill - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was carried out on 5 August 2016. Hydon Hill is a care home providing both residential and nursing care to people with physical disabilities and nursing needs. The service is currently registered to accommodate up to 46 people. On the day of our inspection 35 people lived in the service.

There was a registered manager in post on the day of the inspection. 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.

During our last inspection on 9 and 10 November 2015 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service was rated as 'Inadequate'. We carried out this inspection to establish whether the requirements were being met. On this inspection sufficient improvements had been made to meet the Regulations and therefore the service is no longer in 'Special measures.' Where key questions have been previously rated as inadequate we expect any improvements to have been sustained over a period of time. Due to the length of time since the last inspection, although improvements have been made we have been unable to show that the service will maintain these. This is why Safe and Well-led have been rated as requires improvement.

People said that they felt safe. One person said, "I use my emergency bell and I know staff will come." There were enough staff deployed around the service to ensure that people's needs were being met. Staff had knowledge of safeguarding adults procedures and what to do in the event of abuse occurring.

Risk assessment guidance for people was detailed and being followed by staff. Appropriate checks were undertaken on staff before they started work. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

Medicines were stored appropriately and audits of all medicines took place. Medicines Administrations Records (MARs) charts for people were signed for appropriately and all medicine was administered, stored and disposed of safely by staff who were trained to do so.

People's rights were met under the Mental Capacity Act 2005 (MCA). Assessments had been completed specific to the decision that needed to be made. DoLS applications had been submitted to the local authority and were supported by the appropriate mental capacity assessments.

People received care from staff who had received appropriate training and supervisions and appraisals for staff had been undertaken.

People said that they enjoyed the food at the service. People at risk of dehydration and malnutrition had

their needs met and people were supported to remain healthy.

Staff treated with people with kindness and compassion. One person said, "The staff really care and they are patient with me". People were treated with dignity and respect and staff were attentive to people and anticipated their needs. People were involved in the planning of their care and care was provided with around people's preferences.

Care plans for people were detailed around their needs with clear guidance for staff that ensured the appropriate care was provided.

People had access to meaningful and person centred activities. There were times where people in their room were left without much social interaction however the manager started to address this on the day of the inspection.

There was a complaints procedure and complaints were recorded appropriately with information around how there were responded to.

There were effective systems in place to assess and monitor the quality of the service. Audits and surveys had been undertaken with people and had been used to improve the quality of care for people. Incidents and accidents were recorded and there was evidence of any learning from these.

People's records were kept securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of all significant events.

People and staff said that the management of the service had improved and said that they felt supported and listened to.

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 safe.

There were enough staff that were deployed effectively around the service to meet people's needs. Risks of harm to people were being managed.

People told us they felt safe and staff understood their responsibilities in relation to abuse and reporting this to the safeguarding authority.

People were receiving their medicines in a safe way and medicines were stored safely.

Safe recruitment practices were followed.

Is the service effective?

Good ●

The service was effective.

People's human rights were protected because the provider had followed the requirements of the Mental Capacity Act 2005.

Staff received appropriate training to be able to meet people's needs. Staff's competencies were assessed.

People were provided with a choice of nutritious food and drink and people's weight and nutrition was always monitored.

People were able access to healthcare services to maintain good health.

Is the service caring?

Good ●

The service was caring

People's dignity was respected and staff were kind and considerate to people. People were involved in their planning of care.

People's rooms were personalised to them.

Visitors were made welcome in the service.

Is the service responsive?

Good ●

The service was responsive to people's needs.

There was appropriate and up to date information available to staff about people's care needs.

There were activities that suited everybody's individual needs.

Complaints were recorded and there was evidence that complaints had been responded to.

Is the service well-led?

Requires Improvement ●

The service was well-led

There were appropriate systems in place to monitor the safety and quality of the service. Records were kept securely.

Where people and staffs views were gained these were used to improve the quality of the service.

People and staff said that the management of the service was supportive and they felt listened to.

Notifications of significant events in the service had been made appropriately to CQC.

Hydon Hill - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on the 5 August 2016. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information provided to us on the 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. The provider has also been sending in weekly action plans to inform us of the improvements that they were making.

We looked through notifications that had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. This included safeguarding concerns, accidents and incidents and notifications about important events that had occurred.

The inspection team consisted of three inspectors, one specialist nurse 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. During our inspection we spoke with the registered manager, 14 members of staff, 13 people who used the service and one volunteer.

We looked at four care plans, three staff recruitment files, medicine administration records, staff supervision records, mental capacity assessments and deprivation of liberty applications for people who used the service. We looked at records that related to the management of the service. This included minutes of resident and staff meetings and audits of the service. We observed care being provided throughout the day including during a meal time.

We last inspected Hydon Hill on the 9 and 10 November 2015 where several breaches were identified.

Is the service safe?

Our findings

People told us that there were now enough staff at the service. Comments included, "We are getting more permanent staff", "I don't have to wait to be helped (by staff)", "They've got a lot more staff here now, if you ask for something they (staff) do it quickly", "I just ring the bell and they (staff) are here", "People can't get in to hurt me and the carers here are very good, they do look after us" and "I don't get threatened by anyone.. so there's no reason to feel unsafe."

On the previous inspection in November 2015 there was not enough staff to meet the needs of people. We found at this inspection that this had improved and the staffing levels were now sufficient.

People's needs were met because there were enough staff deployed around the service. One person said, "I do think they have enough staff yes. They are now all faces I know and, because of that, I feel far more secure." During the inspection when people needed assistance from staff this was provided without people having to wait. People told us that they had personal care in the morning at the time they preferred as a result of the increase in staff and were not left in bed for longer than they wanted to be. The manager told us that staffing levels had increased and that they used a more comprehensive dependency tool to assess staffing levels based on the needs of people. When we reviewed the rotas there was always the correct numbers of staff on duty. Staff told us that the staffing levels were better. Comments included, "Staffing had been an issue but (the manager) has sorted this out now" and "Most of the time there is enough staff" but went on to say that any gaps were filled with agency". When asked what impact more staff had on the care people received staff comments included, "We can respond to the bell more quickly, people don't have to wait" and "We are not rushing, the bell is answered more quickly." Hydon Hill had a team of volunteers that would assist with meal times and activities with people which had a positive impact on the people and staff.

On the previous inspection in November 2015 not all risks to people had not been identified and appropriately managed. On this inspection we found sufficient improvements had been made.

People's safety was assured because identified risks of harm were appropriately managed. Care plans contained risk assessments to identify any risks to people and measures to reduce these. Risks to people around epilepsy (and other health care conditions), choking, falls, pressure ulcers and inadequate nutrition or hydration had been assessed and actions taken to reduce these risks. Risk assessments had been reviewed each month to take account of any changes in need. Where people required moving there was detailed guidance for staff on how best to support the person to reduce the risk of injury. One person said, "I feel so totally safe, it never occurs to me about the risks (of being moved by staff)." Another person said "I am careful so the staff are quite happy to let me wander around." Appropriate equipment was used to prevent risks to people including pressure mattresses, hoists and walking aids. Where risks had been identified in relation to people's behaviour towards others there was clear guidance for staff on how best to approach this. Staff understood these risks and we saw that putting this into practice. Accidents and incidents were recorded and we could see what action was going to be taken to reduce further occurrence. Examples included the use of walking aids for people had been introduced where needed.

Appropriate checks were carried out on staff to ensure that they were suitable to work at the service. We reviewed the records of staff that had started working at the service since the last inspection and found that recruitment files contained a check list of documents that had been obtained before each person started work. Documents included records of any cautions or convictions, evidence of their conduct in their previous employment, the person's identity, nurse's professional registration and full employment history. Staff and volunteers confirmed that before they started work all the appropriate checks were undertaken.

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible. Staff were aware of where to access people's information in the event of an emergency.

People's medicines were managed safely. One person said, "I am on medication three times daily. They do watch me take them down, and they come at the same time and on time every day." We spoke with the nurse in charge who advised they were responsible for medicines management. The nurse told us that all staff responsible for administering medicines received training in this area and had their competency assessed before being authorised to do so. We confirmed this from the records. Weekly audits of medicine took place to ensure that systems were working effectively and regular medicine training was provided to staff to reduce the risks of any errors. One person had their medicines given to them through a percutaneous endoscopic gastrostomy (PEG); we found that staff were knowledgeable about the management of this. We did feed back to the manager that a signature list for staff that are competent to administer medicines should be included. They told us that they would address this.

Medicines were stored securely and in an appropriate environment. Medicines were stored in a locked room and dispensed from a drugs trolley. Each person had an individual, named, drawer within the trolley to store their medications. There were appropriate arrangements for the ordering and disposal of medicines. We checked medicines administration records and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There were individual protocols in place for the administration of as required (PRN) medicines. We observed that staff waited until the person has taken the medicine before they signed the medicine chart.

People told us that they felt safe. One person said, "I use my emergency bell and I know staff will come", "I feel safe because of the staff" and "I feel very safe here, they (staff) have helped me put a bedrail on that makes me feel safer." We saw that people were comfortable and relaxed with staff. Systems and processes were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff said that they would refer any concerns they had to the manager or to the local authority if needed. There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices on each floor to guide staff and people about what they needed to do if they suspected abuse. Staff were aware of the whistleblowing policy and all of them said they would use this if they needed to report any concerns they had.

Is the service effective?

Our findings

At our inspection in November 2015 we found that there were lack mental capacity assessments and staff did not have an understanding of the Mental Capacity Act 2005 (MCA) regulations. At this inspection we found that staff knowledge had improved and MCA assessments were completed appropriately.

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.

The risk to people having decisions made for them without their consent had reduced on this inspection as appropriate assessments of their mental capacity had been completed. The assessments were detailed and specific to the particular decision that needed to be made. For example where people had bed rails and lacked capacity there were MCA assessments specific to this and evidence of best interest meetings to support why having a bed rail would be in their best interest. Staff were able to describe the principles of the MCA to us. One said, "You assume that people have capacity" whilst another said, "A person can decide for themselves and if necessary (if they don't have capacity) we need to make decisions in conjunction with the GP and the family."

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 and hospitals 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. Applications had been appropriately submitted to the local authority. These were around the use of bed rails, constant supervision by staff and lap belts being used on wheelchairs.

People told us that staff asked their consent before providing care. One said, "They do tend to explain what they want to do and then ask for permission to carry on which is normally given."

At our inspection in November 2015 we found that the staff had not had appropriate training, support or supervisions. At this inspection we found there had been sufficient improvements around this.

People felt that they were being cared for by competent staff. One told us, "Staff manage my catheter well; it's been years since I had an infection, the clinical care is managed really well." Another person said, "They (staff) are trained well and know what they are doing" whilst another said, "I think they are correctly trained and I don't feel apprehensive with them at all."

Staff were provided with the most up to date guidance in relation to their role and were effective when undertaking their role. There was a detailed induction for staff before they started work. One member of staff said, "I think the induction is enough, It made me feel confident that I could do the job." There was training in place that was specific to the needs of people including epilepsy, challenging behaviour and Multiple

Sclerosis (MS). In addition to this staff had undertaken other mandatory training including moving and handling and fire safety training. Nurses were kept up to date with clinical training. Staff said that if they wanted additional training then this was provided. One said, "Training is really good, it's given me more knowledge."

People were cared by staff whose competency was assessed in relation to the work that they carried out. The clinical lead undertook the clinical supervision to assess the nurse's competencies. Care staff had undertaken one to one supervision with their manager and all staff had undergone an appraisal if appropriate to discuss their performance and additional training needs they may have. One member of staff said, "I feel supported, you ask a question and you get an answer." Another told us, "The support has been incredible, team leaders are outstanding in helping me."

People liked the food at the service. Comments included, "The food is excellent, it tastes nice and there is a good variety, the salads are too die for", "I like the food, I get a good choice here", "The food is excellent and I like the fact that the menu is written down" and "The Chef has come around, he talks to people to find out what they want. People give their preferences and (the chef) tries to accommodate them." Everyone said that they were given choices and that they could have something different if they wanted to.

We observed that lunch time was a positive experience for people. Tables were nicely laid and volunteers and staff were encouraged to sit and chat with people whilst they ate their meals. People were offered choices of the food regardless of their dietary need. All meals were very well presented and inviting. People in their rooms were also offered meals in the same way. Those that needed assistance were supported by staff to eat their meal in a calm and unhurried way. There was adapted cutlery to enable people to eat independently. During the night there was food pre prepared for example sandwiches, yoghurts and biscuits if people were hungry. There was also a microwave for people to use if they wanted.

The chef was given information about people's dietary needs by care staff. Information about allergies, texture-modified diets and dietary requirements for people with diabetes was displayed in the kitchen. The chef said, "I try to give people what they want and I meet with the head of the residents group for feedback in relation to the food." The chef told us that regardless of the person's dietary needs they would ensure that there were things on the menu that the person liked. People's preferences about their meals and drinks were also recorded, such as how they preferred their hot drinks and how they liked their meals to be served. There was a system in place to monitor food and fluid intake where necessary. Records had been completed accurately and reflected what people had eaten and drank. People were weighed regularly and where there was a concern guidance was sought from, for example, the speech and language therapist (SaLT) or GP. There were drinks available for people through the inspection including in people's rooms.

People were supported to remain healthy. One person said, "The staff would arrange for me to see a doctor or optician if I wanted." People told us that they were able to access health care professionals when they wanted and we saw that this was the case. People had access to a range of health care professionals in-house and externally. There was an in-house physiotherapist (physio) and external professionals visited such as the GP, SaLT, Epilepsy nurse and MS nurse. Where necessary multi-disciplinary teams of health care professionals supported people with their needs. The manager told us that for people were unable to go to the physiotherapist department at the service the physio would visit them in their rooms. Staff followed guidance provided by the health care professionals.

Is the service caring?

Our findings

People were very complimentary about the staff at the service. Comments included, "The staff really care and they are patient with me", "The care staff are fantastic", "They (staff) are so friendly", "When I get up in the morning they (staff) look after me so nicely", "I am well cared for and feel lucky to have this lovely room", "Excellent staff here" and "The staff are absolutely brilliant, they're helpful time & time again, can't do enough for you." One volunteer told us "The staff are so dedicated, I would be happy to live here."

Throughout the inspection we found staff to be caring and attentive to people. During activities staff encouraged people to participate and spent time with them supporting them in the games that were being played. Staff were seen to be tactile with people (where appropriate) and putting people at ease when they became anxious. One member of staff said that they needed to make sure they were patient with people as they may not always understand what was being asked of them the first time you ask. We saw examples of this on the day. Staff said that they liked caring for people at the service, one said, "I like it here, I feel people's emotions, this job requires a person (staff) who has the feeling in their heart for people." Another member of staff said, "Once you leave a room and you leave people with a smile, that makes me happy."

People felt involved in their care planning. One person said, "I have an annual care review, as a result of that small changes can be made to my care" whilst another said, "I did help set up my care plan, they do update it as they go along. I am involved when they plan out what's right for me." They gave an example of asking for additional support during the night. They said this was a "Great improvement" to their care and was appreciative of being involved in making that decision. People said that staff were aware of the things that they wanted in relation to their care and felt that staff knew and understood them. There was evidence in the care plans that people and relatives were involved and asked about what their preferences were. The care plans detailed the persons' likes and dislikes. Staff showed knowledge of people and what was important to them. One person liked to go out in the grounds of the service and staff supported them to do this.

People were treated with dignity and respect. One person said, "Staff really do treat me with dignity, I don't mind if a man gives me personal care but they always make sure that I am covered up when they are providing personal care." Another person said, "They are very respectful and they do very much preserve my privacy and respect my dignity." We observed staff knocking on people's doors before entering. One person said, "They will always knock, as you have just seen and they never enter until I tell them to." Staff said that they would ask how people wanted something done rather than just assume. Staff were seen to give choices to people and respect their wishes. People confirmed that they were able to get up when they wanted, have meals when they wanted and go to bed at night at a time that was chosen by them.

People were supported to be independent. One person said, "I am trying to do more and more for myself and they let me do it keeping an eye on me to make sure I'm ok." Another person said, "If they thought I could actually deal with something I wanted to do, they would encourage me to do so whilst watching me all the time." The environment was easy to navigate for people who were wheelchairs users or used walking aids. This allowed people to access all areas of the service without the need of constant staff support. There

was equipment in use to support people to be independent for example 'mechanical arm' so that people could eat independently and a television device so that people could change the channel when they wanted. One person told us that had access to their own computer that staff helped them set up so that they could contact family by email when they wanted. The laundry room was set up to allow people to bring their laundry to be cleaned to encourage independence. We saw one person taking responsibility of filling up the coffee, tea and sugar pots from the small kitchen. Staff said that they would encourage and support people to do as much as they could for themselves.

Staff understood people's individual way of communicating and supported those that were unable to communicate verbally. Staff purchased an electronic tablet for someone to help them to communicate. One member of staff said, "They (the person) now has a voice." In people's care plans there was information about how people best communicated and staff were seen to know and understand this.

Family and friends were welcomed into the service to see their family members. One relative said, "People (visitors) are always welcome, we have lots of volunteers here and they are like my friends."

Is the service responsive?

Our findings

At the previous inspection in November 2015 care plans were not detailed around the needs of people and there was not sufficient information to guide staff. At this inspection we found there were sufficient improvements.

People told us that they received responsive care. One told us, "I asked if I could use the exercise bike more and they (staff) accommodated me." They said that this had helped them to be more mobile.

People received care and support that met their needs. Before people moved in there was a detailed assessment of their needs to ensure that staff were able to provide the most appropriate care. The care plans detailed needs around their medical history, moving and handling, skin care and sleep routine and how people needed and wanted to be supported. Care plans were reviewed monthly and sooner if required. Where there had been a change to people's needs this was discussed at the clinical meetings each day and at staff handover. One member of staff said, "I would also look (in the care plans) to see if there were any changes, I wouldn't just rely on staff telling me, I need to check for myself." We observed the clinical meetings and handovers taking place when all aspects of people's care and any changes were discussed and passed on to the staff team. .

Care plans provided guidance for staff so that the most appropriate care was given. Where specific conditions had been identified there was detailed guidance for staff on how best to provide the care. Examples of this included the care for people with epilepsy and MS. There was detail around the signs for staff to look out for should the person become unwell and what staff needed to do. There were detailed manual handling information that had photographs showing how best to position the person in bed, in the hoist and in their wheelchair. There were photos of knee braces to show staff the position they needed to be worn in.

We asked people about activities and whether they felt there was enough for them to do. One person said, "There is always enough for me to do" whilst another said, "In the afternoon we do things like scrabble, there is lots to do here."

There were a variety of activities for people to participate in and where possible activities were specific to the person's interests and hobbies. One person liked to go to the nearby pub and staff supported them to do this twice a week. On the day of the inspection there was a large group of people playing a game of monopoly, other people were making scones and others were painting. There was a newly built garden area with fish pond at the service and one person took responsibility to feed the fish there each day. There were regular outside activities which were supported by staff and volunteers at the service. Trips out included visiting the pub, cinema, shopping and garden centres which people said they enjoyed. There were seasonal activities and events at the service that people were involved in. There were people at the service that arranged their own activities; one person visited their family member each week. There were occasions where people who were being cared for in their rooms did not have much one to one interaction. We discussed this with the manager, they told us that a volunteer would normally go to people in their rooms

but the volunteer had been off. They said that they would ensure that staff increased the visits to people's rooms in the absence of volunteers.

There was a complaints procedure in place which was displayed in reception. People told us that they would make a complaint if they needed to. One person said, "I haven't had to complain, if I needed to I would just speak to someone (staff)" whilst another said, "I had a small moan at one point and took it to (the manager) and it was sorted immediately, I was pleased at that." Staff understood the complaints process and supported people if they wanted to complain. One member of staff said, "I've helped someone before to make a complaint" whilst another said, "I would ask them, are you happy to tell me what the complaint is about?" They said that they would support someone to raise the complaint formally if needed. Complaints were recorded and included a response from the manager and apology if needed and ensuring that were aware of the complaint and any learning from them. We saw that there had been two complaints since the last inspection; these had both been concluded to the person's satisfaction.

Is the service well-led?

Our findings

At our previous inspection in November 2015 there was not always consistent and visible leadership around the service. At this inspection we found that there had been sufficient improvement in this area.

People said that the management of the service had improved since the last inspection. Comments from people included, "If you ever ask (the manager) for an opinion on something you get a reply, we all like him, he is very approachable, his door is always open", "(The manager) is lovely, I really like him", "The manager is great quite a breath of fresh air" and "(The manager) is succeeding which is good to see. I do think he's leading the carers in the right direction which is good; I would definitely recommend this place to anyone else." Staff were also complimentary about the management of the service. One member of staff said, "The new manager is incredible" whilst another said, "Things are much better here now (since the new manager arrived); I can see it in the residents." Another member of staff said, "(The manager) is the manager this place needs, it's the way he acts and he does care, you can see the changes in people, he takes the time to talk to me." The manager had only been in place for a short time at the service but in that time it was clear that they had a positive impact on people and the staff that worked there.

On the previous inspection there were not effective systems in place to quality assure the care that was provided. We found on this inspection there had been consistent improvements in this area. The provider had been sending in weekly action plans to show how they were meeting the warning notices that were issued in November 2015. The action plan detailed timescales to make improvements and we saw that the timescales were being met.

People's views had been sought and used to improve the quality of care. One person said, "I am asked for my views, we have regular meetings." Another person said, "I do go to the residents meetings when they're held. The residents actually control these meetings and staff can only come by invitation." They said that they knew that the manager would take their views on board and look at ways of changing things. There were regular residents meetings where views were gained from people. We saw from minutes of meetings that people had asked for condiments to be placed on the dining room tables and this was now being done. People had asked for a cappuccino machine and this had been bought and people had asked for salads to be prepared for night snacks and this was in place. Each meeting resulted in an action plan that the manager ensured was completed. People were also asked to complete surveys to gain their views on the service, at the time of the inspection a survey had just been completed by people for the manager to analyse.

Effective management systems were in place to assess, monitor and improve the quality of service people received. This was done in a variety of ways. An audit took place by the service quality assurance team in June 2016. This covered all aspects of the care that was being provided. Detailed actions plans had been developed with deadlines for these actions to be completed. We saw that as a result of the audit staffing levels had increased, care plans had been updated and additional training has been given to staff. There were additional audits that took place including unannounced spot checks on staff at the weekends, health and safety checks by the maintenance team, infection control audits and care plan audits. Each audit had

an action plan and we saw that any areas of concern had been addressed.

Staff views had been sought and used to improve the care that was provided. One member of staff said, "(The manager) has allowed me to make changes and improve things." One member of staff told us that they felt more empowered to make decisions and as a result had improved the menus for people. There were regular staff meetings and we saw from the minutes that staff were asked their opinions on changes that could be made. Meetings also included staff being given more defined roles and we could see on the day that staff understood what the jobs were and it was clear that they worked well within their teams. One member of staff said, "(The manager) gets staff to do things without getting their backs up." They said that they understood the job they have to do and what's important to do first. Staff had just completed a survey to gain their views that the manager was going to review on the day of the inspection.

Staff told us that they felt valued and supported. Comments included, "I ask a question and you get an answer (from the manager), it's a happier place to be in, there is no atmosphere and there isn't as much pressure", "I was asked how I feel (by the manager), the manager listened and he was very supportive of me", "Morale has gone up, it's just like a fresh start, we all communicate really well." Staff said that they were regularly thanked by the manager and senior teams for doing their jobs. One said, "I do feel very valued".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events in a timely way so we could monitor what was happening in the service.

No continued or new breaches of the regulations were found at this inspection and many improvements had taken place. However, the rating is requires improvement because we need to be assured that changes and improvements are embedded in practice and sustained over time before we can give a rating of good.