Longhurst & Havelok Homes Limited

Cranwell Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Cranwell Court is registered to provide personal care for up to 52 older people. The home was purpose built and accommodation is provided over two floors with both stairs and lift access to the first floor. Local facilities and amenities are within walking distance. There is an enhanced dementia unit on the ground floor.

The service did not have a registered manager in post. There had not been a registered manager at the service for 20 months; the service had been managed during this time by a number of senior managers. A new manager had been appointed in February 2016 and was due to commence work at the service at the beginning of May 2016. 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.

This inspection was unannounced and took place over two days. The previous comprehensive inspection of the service took place on 28 January 2014 and was found to be non-compliant with six of the regulations inspected. We undertook follow up inspections on 24 April and 8 September 2014 and found compliance had been achieved.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff followed the correct procedures, they involved relatives and other professionals when important decisions about care had to be made and used least restrictive practice. However, improvements were needed with the recording of decisions about the use of bed rails, physical interventions, covert medicine administration and for decisions about resuscitation.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep the person safe. At the time of the inspection there were six DoLS authorisations in place and the service was waiting for assessments and approval of the remaining applications they had submitted.

Staff had been recruited safely and were deployed in suitable numbers to meet the needs of the people who used the service. Staff had access to a range of training in order to meet people's needs. They also received induction, supervision, support and appraisal in order for them to feel confident when supporting people. There was a system to identify when refresher training was required.

Staff had completed safeguarding training and understood their responsibilities to report any abuse or episodes of poor care they witnessed or became aware of. This helped to ensure the people who used the service were protected from the risk of harm and abuse.

Assessments of people's needs were completed and care was planned and delivered in a person-centred way. Positive behaviour plans directed staff to effectively support people's behaviour that challenged the service. Robust systems to monitor and review all incidents were in place. People we spoke with told us they felt safe living in the home.

We found people's health care needs were met. They had access to a range of community health care professionals when required. When people required closer monitoring due to their nutritional intake or risk of developing sores, this was completed consistently.

People liked the meals provided to them and there was sufficient quantity and choice available. Staff supported people to eat their meals in a sensitive way when required. We saw there was plenty of drinks and snacks available in between meals.

Staffs approach was seen as kind and caring; they took time to speak to people, they respected their privacy and dignity and involved them in day-to-day decisions. Staff had developed positive relationships with people and their families. We saw people were encouraged to participate in activities, to maintain their independence and to access community facilities.

We saw arrangements were in place that made sure people's health needs were met. The service worked closely with community healthcare teams. People received their medicines as prescribed. Medicines were obtained, stored, administered and recorded appropriately.

There was a quality monitoring system in place which included audits and surveys. This helped to identify shortfalls so action could be taken to address them. People told us they felt able to complain and staff had a policy and procedure to provide guidance when complaints or concerns were raised with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service were protected from the risk of harm and abuse. Staff had completed training and knew what to do if they had any concerns. Risk assessments were completed and regularly reviewed.

People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

People were able to make choices about aspects of their lives and when they were assessed as lacking capacity for this, the registered provider acted within the principles of the Mental Capacity Act 2005.

Staff had access to training, supervision and support to help them feel confident when supporting people.

People accessed a range of health professionals to ensure their day-to-day health needs were met. People's nutritional needs were met and they told us they liked the meals.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people who used the service. People were treated in a kind and caring manner and were encouraged to be independent.

People were treated with respect and their dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People received care that was tailored to their specific needs. Assessments were completed and care plans were produced in a person-centred way which helped to guide staff in how to support people in the way they preferred. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People were supported to access community facilities and were encouraged to participate in meaningful activities and occupations within the service. They were enabled to maintain relationships with their friends and family.

A complaints policy and procedure was in place. People were aware of how to make a complaint and told us any concerns would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements were being made to the completion, maintenance and consistency of care records however not all best interest meetings had been recorded.

Comments from visiting health care professionals, staff, people who used the service and their relatives demonstrated that many improvements had been made to the management of the service in recent months. The service had not had a registered manager in post for a significant length of time although a new manager had recently been appointed and was due to commence work at the beginning of May 2016.

There was a quality monitoring system in place which helped to identify areas of concern so issues could be addressed. Surveys were carried out and there was an open culture to encourage people who used the service, their relatives and staff to seek out management and express their views.

Accidents and incidents were monitored weekly by the interim management and registered provider to ensure any trends were identified and appropriate action to reduce further incidents had been taken.

Cranwell Court

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 registered 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 19 and 20 April 2016 and was unannounced. The inspection was led by an adult social care inspector who was accompanied on the first day of the inspection by a specialist professional advisor in dementia care.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information within the required timescale. We spoke with the local authority safeguarding team, contracts and commissioning team and NHS community mental health staff for their views of the service. The commissioning team provided us with information from their recent monitoring visit and community mental health teams commented on their involvement with the service.

At the time of our inspection visit there were 40 people living at Cranwell Court .We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with ten people who used the service and eight relatives. We spoke with two senior managers, the training officer, two team leaders, one senior care worker, three care workers, the cook, activity co-ordinator, domestic and laundry person. We also spoke with four visiting health care professionals and attended a multi- disciplinary team meeting to discuss the care of some people who resided on the enhanced dementia unit.

We looked at seven people's care records. We looked at 20 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as

lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf. We looked at a selection of documents relating to the management and running of the service. These included three staff recruitment files, the training record, the staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits and maintenance of equipment records. We completed a tour of the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living in Cranwell Court. They said staff answered call bells quickly and treated them with courtesy. Comments included, "It is safer for me to live here, I was having some falls at home and needed more help", "They come round and check we are all okay on a regular basis", "Staff are all kind and treat us right, they are very patient and never rush you, I trust them" and "The staff are a busy at certain times of the day but try and accommodate everyone's requests for assistance. We don't usually have to wait very long."

Relatives commented positively about the safety of the service. The majority of people we spoke with considered the staffing levels were satisfactory. Comments included, "It's a lovely family environment, yet still secure", "It provides a quieter environment than previously experienced. I feel he is safe here", "Usually enough staff, but a recent extra intake has put a lot of stress on existing staff. They all work incredibly hard", "All the times we have visited we have found adequate staff on", "There are enough staff on duty supplemented by agency staff" and "The residents needs are high and there always seems to be plenty of staff on."

We found medicines were managed safely. Records showed staff were trained to manage and administer medicines in a safe way; the interim managers and training officer had completed competency assessments on staff practice. Medicines were mainly stored in the clinic room on the ground floor, the room was clean and organised and the room temperature well managed. Controlled medicines were stored on each unit and checks showed these were managed safely.

We saw staff administering medicines to people individually and completing administration records appropriately. They explained to people what medicines they were taking and offered extra prescribed medicines where appropriate, such as pain relief. They wore a tabard which reminded other staff not to disturb them during the medicines round. Records showed people's medicines were reviewed regularly by their GP or psychiatrist; for example medicines to manage people's mood and behaviour were reviewed every three months.

There was a policy and procedure to guide staff in how to safeguard people from the risk of harm and abuse. Staff completed safeguarding training and in discussions were familiar with the different types of abuse, the signs and symptoms which may alert them to concerns and how to refer an allegation to the appropriate agencies.

Assessments were in place which identified a number of risks such as behaviour management, falls, weight loss, mobility, pressure damage and choking. This meant information was available to direct staff of the actions needed to be taken to minimise risks and avoid harm. Records showed where there were concerns about individual's risk management; the service had involved appropriate agencies for advice and support. For example, some people's mobility and transfers using equipment had been assessed by the occupational therapist and their records contained clear guidance to support people safely.

We found there were systems in place for dealing with emergencies. One person experienced a fall during the inspection and the paramedics attended the service. When we checked the person's records we found they had been updated and staff were directed to monitor the person more frequently and an alarm sensor had been provided in their room to alert staff when they moved position.

Records showed equipment used in the home was serviced at regular intervals to make sure it was safe to use. Some staff told us that they considered there should be an additional hoist provided on the first floor unit. We mentioned this to the training officer who completed an assessment of people's mobility needs on this unit and it was determined that there was satisfactory provision. The interim managers confirmed they would keep this under review.

We found there was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. During the inspection the interim managers confirmed they had recently recruited a number of new staff on the enhanced unit prior to the transfer of four people from another unit in the area. Recruitment for both units continued.

Staffing rotas showed there were usually seven care workers on the enhanced unit during the day and three care workers at night. On the residential unit there were five care workers during the day and two on night duty. Both units had a team leader who worked supernumerary hours to provide both care and administrative support. Staff told us the staffing levels were sufficient if all staff turned up to work, but there had been problems with staff sickness. Discussions with the interim managers and records showed agency and bank staff were used where possible to cover any shortfalls, but they had experienced difficulties at times covering short notice sickness. The interim managers confirmed flexible working was in place to support staffing shortfalls, such as staff from the previous shift working longer or starting work earlier, to provide additional support. They also confirmed they had changed the shift patterns and staff no longer worked 12 hour shifts. They had changed the on- call arrangements so staff could report sick leave at an earlier stage which gave them more time to arrange replacement staff. They also confirmed they had introduced more robust sickness monitoring systems where staff had return to work interviews and all absenteeism was formally followed up if it exceeded certain levels.

We observed staff were not rushed and routines during both days were calm and paced. Observations during the first day of inspection showed organisation of staff needed improving in relation to providing a more positive mealtime experience for some people in the dining room and effective monitoring of the corridor areas on the enhanced unit. We found improvements had been made on the second day; staff were spending more time at the staff station where they could observe people better and interact with them. We also found on the second day of the inspection that enough staff had been deployed to support all persons who required assistance with their meals and no-one was waiting for support.

Good

Is the service effective?

Our findings

People told us their health needs were met and they were able to access health professionals when required. The majority of people also told us they liked the meals provided. Comments included, "The food is very good here, I'm always offered a choice and there is always something on the menu I like", "Meals are alright, I miss my wife's cooking though", "Mealtimes are quite jolly, I enjoy going to the dining room" and "The meals are always hot and tasty, I like that they don't put too much on my plate."

Comments from relatives indicated they were satisfied with the quality of the meals and considered the staff were well trained. One person told us that staff kept a close eye on the amount of food and fluid their relative consumed and had contacted the dietician when their weight dropped and arranged for some supplements. Other comments from relatives included, "The meals seem well balanced, but [name of person] is difficult to feed and they are doing well", "The food appears to be nutritious and staff gave us the menus for the week. [Name of person] can be fussy and they are always given a choice", "We have found the staff to be very well trained with lots of empathy and fast, professional action after her fall" and "The staff are all well trained and want to work with the families to get the care right."

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. Throughout the inspection we witnessed staff gaining people's consent before care and support was provided.

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 saw the registered provider was working within the principles of the MCA and DoLS. At the time of the inspection there were six DoLS authorisations in place and the service was waiting for assessments and approval of the remaining applications they had submitted.

Care files showed people who used the service had access to a range of health and social care professionals. We sat in on a weekly multi- disciplinary review meeting on the enhanced unit attended by members of the community mental health team. This provided a comprehensive review of individuals care and treatment and demonstrated a collaborative approach to care. When we spoke with the visiting professionals they reported the standards of care had improved but they considered some areas agreed in reviews didn't always get followed up and sometimes they saw inconsistencies or varying opinions on patient status between different care staff in the meetings. We discussed the issues raised with the interim managers who confirmed they were working with staff to improve consistency in relation to communication and recording.

The interim managers and training officer described how they had reviewed the training plan in recent months to ensure all outstanding training and refresher courses had been provided to staff. The training

officer had developed a new induction pack which incorporated the care certificate which all new staff completed. Records indicated staff had completed training considered as essential by the registered provider. This included: fire safety, moving and handling, food hygiene, nutrition, health and safety, dignity and equality / diversity, infection prevention and control, pressure care, Mental Capacity Act 2005 and safeguarding people from abuse. Staff who administered medicines had completed training and most staff had completed a two day dementia awareness course. All staff in the enhanced dementia unit had completed training in behaviours that could be challenging which included physical interventions and this course was now being rolled out to all staff on the residential unit.

The majority of staff had either completed a recognised health and social care qualification or were working to achieve this. In discussions, staff told us they had good access to training and the training officer would arrange courses on subjects when requested, such as courses on Parkinson's disease, stroke and end of life were due to be provided soon.

Records showed staff received regular formal supervision with their line manager. A small number of staff had received an appraisal the previous year and a new programme was now in place with a completion date for all the staff of the end of June 2016. Staff told us they felt more supported since the interim managers had commenced working at the service and there were regular meetings where they received information and updates. A senior staff meeting was held during the inspection which the new manager attended to introduce herself to the staff team.

People had a good choice of options for each meal and we observed the cook spoke with individuals about their food choices. Information in relation to people's dietary requirements including likes and dislikes was also held in the kitchen. The cook explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. We observed people were offered a good range of drinks and snacks. We spoke with the dietician during the inspection who had completed three assessments following referrals from staff. They considered the management of weight loss was positive and action had been taken to address this where necessary.

On the enhanced unit we observed people supported to take meals on their terms, some having their meal in their own room or sitting at a table away from the main dining area and others being returned to and offered meals after they initially declined them. We observed one person being calmly and very gently assisted to sit at a dining table by two members of staff who appeared skilled in the process, giving ample reassurance and advising of the position of chairs prior to sitting.

We found the building was suitably adapted for people who used the service. There was signage throughout the service and memory boxes, pictures or photos were provided on people's doors. There was also a good use of colour contrast on doors and bathroom fittings to support orientation for people living with dementia.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them well and respected their dignity and privacy. Comments included, "They treat us very well and try hard to get the little things right. I've had a difficult time in recent months and the staff have been exceptionally kind" and "We have door bells they can ring, but usually staff knock on the door, they never just barge in."

People's relatives told us staff were caring and compassionate with their family member. One person said, "All these qualities are demonstrated together with a light hearted touch from time to time. Makes for a pleasant environment", "Full of empathy toward our relative and other residents", "Discreet handling of pressure care, the staff always promote his privacy and dignity", "All the contact with the staff has been kind, sensitive and caring", "Her health care needs are always met in her room and her clothes are well looked after and always put away", "Yes, the staff are lovely, they treat people in the right way."

There was a relaxed atmosphere throughout the building and we saw visitors freely coming and going as they wanted during our inspection. Relatives we spoke with said they could visit without restriction and they were always made welcome and offered refreshments.

We spent time observing how care and treatment was provided. Staff took the time to sit and talk with people about different aspects of their lives; they shared jokes and laughed together. We saw numerous positive interactions between staff and the people who used the service. Relationships appeared open and friendly and staff showed a genuine fondness for the people they cared for.

We observed staff communicated with people effectively, they positioned themselves well and used positive body language such as smiling, good eye contact, holding people's hands, stroking their arm and kneeling to speak with people who were sitting down. Staff spoke with people in a kind, reassuring and patient manner. We watched how staff gently supported people who became disorientated, encouraging them to move to the lounge areas or their rooms. We observed how one person's anxiety was diffused with a gentle hug from a member of staff and another person's agitation was dealt with in a calm and reassuring manner by staff who provided effective distraction techniques.

Staff understood the importance of treating people with dignity and respect at all times. One member of staff said, "It's not hard. I just treat residents like I'd want to be treated and spoken to how I would like to be spoken to." Another member of staff told us, "We always ask people about their care, we want to get it right. We close curtains, cover people up, talk quietly about private matters and where possible give them time on their own in the toilet and bathroom to support their privacy."

We observed staff supported people to make choices about their care and maintain their independence where possible. At mealtimes people were offered clothes protectors and some people had equipment such as slip mats, adapted cutlery and plate guards to assist them. Condiments, gravy boats and jugs of sauce were provided on the dining tables and we saw some people serving themselves.

We saw there were designated dignity champions and these included people who used the service and a relative. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. Quarterly meetings were held to provide direction to staff and discuss and review any outcomes from the initiatives in place. For example, new clothing protectors, in a plainer style were provided for males to support their dignity.

We saw a good range of information was provided in the entrance hall and on notice boards in corridors for people who used the service and visitors. This included information on how to keep safe, dignity awareness, menus, activities, staff photos and how to make a complaint. There were meetings for people who used the service and relatives.

If people wished to have additional support to make a decision they were able to access an advocate. The registered manager confirmed advocacy services were accessed for people where necessary.

Staff kept information and records secure. Staff described how they ensured people's private information remained confidential. Confidential information was stored in the interim managers' office and in the team leaders' offices on both units. The registered provider had a confidentiality policy in place to refer to as required.

Good

Is the service responsive?

Our findings

People we spoke with said they were happy with the care provided and complimented the staff for the way they delivered care and support. One person told us, "I can't fault anything here. The staff have been very good and there are activities we can join in with." Relatives commented, "All the staff have listened to what I have to say about [name of person's] care", "We are consulted at all times and have regular review meetings", "Always very caring and considerate, the staff keep me well informed" and "This place is marvellous. My wife has come on loads since she has moved here so I'm really pleased."

Relatives told us their concerns and complaints were dealt with effectively. They said, "We have only raised minor concerns in the past about clothing and footwear which was rectified promptly", "Hygiene of fingernails has been the only issue so far and efforts have been made to address this concern" and "We have had no concerns whatsoever, very happy with everything."

We looked at seven care files. Care records showed needs assessments had been carried out before people had moved into the home and further developed on admission. Staff told us information collated had been used to help formulate the person's care plan. The service utilised a recognised dementia related assessment tool which provided a detailed personal history record. We found the personal history section of the document had not always been completed which the interim managers confirmed they were in the process of addressing.

Care files generally contained detailed information about the areas the person needed support with and any risks associated with their care. We found some minor inconsistencies with scoring on some risk assessments and one person had a 'respite' care plan in place which had not been updated to reflect all the person's current needs. The interim managers confirmed they had identified these issues on a recent audit and were working with staff to make the necessary improvements.

The care plans were person centred and included what was important to the person, how best to support them, likes, dislikes and preferences. For example, one care plan specified the person preferred to wear trousers and tops which we saw they were wearing. Daily records were maintained and we saw records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them.

We looked at the positive behaviour support plans in place for three people on the enhanced dementia unit and found they included clear proactive and reactive strategies to support effective communication, support independence, delivery of personal care and keep the person and those around them safe whilst using the least restrictive option. We found the plans were detailed and gave staff a good level of information and direction about what interventions worked well. The team leader described how the level of incidents for one person had significantly decreased since the person had been provided with a new adjustable style bed and in the mornings staff now supported the person with their personal care whilst they remained in bed. The care plan had been updated to reflect this change in care support.

We saw staff used distraction techniques and their knowledge of people's family lives or their hobbies and interests to re-direct people and successfully avert any potentially challenging situations. We observed one person who was anxious and agitated settled when staff walked with them in the garden and other people settled when staff sat with them and gave them reassurance. Some people were provided with one-to-one observation and we found staff provided this support well without placing additional restrictions on them.

Review meetings were held regularly with people's relatives and relevant health and social care professionals. Records showed the cook had been involved in a review meeting for one person and had worked with the person's relative to provide a greater range of specialist menu choices.

People were encouraged to follow their interests and take part in a diverse range of activities. We saw photo collages of people enjoying activities in the gardens, visiting local places of interest and enjoying celebrations such as birthdays. These included photos of people participating in ice skating, a 1940's celebration day, visiting a transport café and experiencing a flight in an aeroplane.

The home employed activities co-ordinators on both units to facilitate social activities and stimulation; additional hours had recently been provided at weekends to increase the programme. Some people also had the opportunity to attend sessions in the 'day care unit' on site if they chose. During the inspection we observed people were supported with a range of individual or small group activities such as looking through books, reminiscence, listening to music, dominoes, crafts, gardening and candle making. One person who liked watching James Bond films was supported to do this. Records showed entertainment was arranged monthly and there were regular outings in the home's minibus for lunch, coffee and ice cream.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. This included letters for acknowledgement and forms to record the details of the complaint, investigation and outcome. During discussions with one person's relative they described how they had recently had concerns about their relatives care and had spoken with the staff on the enhanced unit and this had been dealt with to their satisfaction. When we spoke with the interim managers about the concerns raised they confirmed they had not been informed about these and would follow this up with staff to ensure all appropriate action had been taken and reported to senior management in future.

Requires Improvement

Is the service well-led?

Our findings

People who used the service considered the service was well managed. One person said, "The managers come round and see us all the time, they listen to what you have to say. We also have meetings we can go to" and "I definitely think they run the place well. It's always clean and comfortable, I'm very happy here."

Relatives we spoke with told us they had seen some improvements in the organisation and management of the service in recent times. One person told us, "I feel the running of the home has improved in the last six months, there have been more meetings and we are kept informed about things, like the new manager starting soon. It's also calmer; they seem to have a few more staff about."

The registered provider had taken the decision in 2015 to put the service on the market. A buyer was found and the sale and transfer of the service was due to be completed in the summer of 2015, which fell through at a late stage. People who used the service, their relatives and staff had all been informed about the sale and were kept informed of the change in arrangements. Throughout this time the service was managed by a number of different senior managers. Since the registered provider had taken the decision to retain and develop the service, two senior managers from the registered providers other services were appointed to oversee the day-to-day management of Cranwell Court, providing a more consistent approach until a new manager was appointed. The new manager was appointed in February 2016 and due to start at the service at the beginning of May 2016.

Most of the staff we spoke with told us staff morale had improved, the interim managers were approachable and they felt more supported. Comments included, "The service has improved, it's not the best yet but we have a good team and everyone on the unit cares and gives 100%", "The managers have made such a difference and things have really improved" and "We get much more support now and looking forward to the new manager." One member of staff said they felt their work wasn't always valued which we advised they discussed in their meeting with their line manager.

The interim managers confirmed they inherited a backlog of work when they took over as some of the administration systems had not been effectively maintained. They described how they had made improvements in areas such as staff supervision, staff training, rota management, care records, medicines management, activities, organisation of shifts, roles and responsibilities of staff and communication. They described how they now ensured staff practice was in line with the registered provider's values, policies and procedures. They acknowledged that some of the new systems and approaches required time to embed and improvements were being made with the consistency and quality of care and standards of recording which they felt the new manager would continue to develop and address.

Checks on people's care files showed capacity assessments had been completed for the use of specialist equipment, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions, covert medicine and use of physical interventions. However, we found records of best interest meetings were not always completed. Evidence from discussions with health care professionals and relatives during the inspection supported discussions around these areas of care had taken place and the interim managers confirmed they would

ensure the appropriate records were completed and put in place.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. A weekly analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. The senior managers and team leaders were aware of their responsibilities in notifying the Care Quality Commission of any accidents or incident that affected the safety and welfare of people who used the service.

There were systems in place to assess and monitor aspects of the quality of the service provided. We saw an audit programme was in place and regular audits were carried out for areas such as: care plans and monitoring records, the environment, training, medication, weights, incidents/ accidents, infection prevention and control. We saw action plans were developed to address shortfalls identified. For example, we found the renewal programme detailed new flooring was to be provided in the enhanced dementia unit and the majority of the service was to be redecorated. The interim managers had also developed a service improvement plan which was mapped to the five key questions about quality and safety CQC ask. They confirmed the organisation had recognised the need to put in place a more robust audit programme for their care services and this would be developed with the new manager and implemented.

The views of people who used the service and their relatives were sought at meetings and through regular surveys. The findings from recent surveys showed relatives had identified improvements were needed with the garden areas and we found these were being addressed with better maintenance and improved gardening activities. Relatives had also raised issues about delays in waiting for staff to respond to the doorbell. A visiting health professional had also mentioned this during the inspection. The interim managers confirmed they had recently recruited a member of staff to work in the reception area in the hall and they were looking to change the doorbell arrangement so it could also be heard and responded to by the administration staff.

We saw the registered provider and interim managers were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service. We received these notifications in a timely way.