Care Quality Commission

Caring Homes Healthcare Group Limited

Cedar House Nursing and Residential Home

Inspection report

Church Road,
Yelverton,
Norfolk
NR14 7PB
Tel: 01206 224100
Website: www.caringhomes.org

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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**

Overall summary

The inspection took place on 12 May 2015 and was unannounced.

The home provides support and care, including nursing care, for up to 26 older people, some of whom may be living with dementia. At the time of our inspection, there were 21 people living in the home.

The provider is required to have a registered manager in post. 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 an interim manager in post who had started to

Summary of findings

gather information in preparation for registration. Efforts were being made to recruit someone to a permanent position but without success at the time of this inspection.

At the last full inspection of this service in September 2014 there were breaches of regulations affecting people's welfare. These concerned infection control measures, systems for monitoring the quality of the service, and for delivering care safely in line with people's plans of care. These were followed up at this inspection and improvements had been made.

Refurbishment of the laundry reduced the risks of cross contaminating clean laundry from soiled linen. The cleanliness and décor of the building had improved with further work planned. Staff delivered care safely and in accordance with people's plans of care. Systems for monitoring the quality of the service identified where improvements where needed and took into account people's views. However, some hazards and risks were not always recognised. This included the practice of wedging open fire doors on the top floor of the service. Remedial action was not always taken in a timely way, for example, to remove lime-scale from taps to ensure they did not harbour germs.

Staff understood the importance of supporting people to make decisions and choices about their care but the legal authority of next of kin to consent to care and welfare on behalf of people who used the service was not always included in records. The manager understood when an application to deprive someone of their liberty under the Deprivation of Liberty Safeguards should be made to ensure their rights were protected.

Staff knew the importance of recognising and responding to any indications which might suggest a person had been abused or harmed in some way. People's medicines were managed safely although there were some gaps in records for this. People were supported by enough competent staff who had been properly recruited to ensure they were suitable to work in care.

People had enough to eat and drink but did not always feel that the quality of the food was good enough. Staff ensured that people were referred to their doctor or other health professionals (for example the dietician) when this was needed to ensure their health and well-being.

Staff responded to people in a kind and caring manner and intervened promptly to provide people with support or reassurance if it was needed. They were respectful of people's privacy and dignity.

Staff recognised how they should support people with their personal or health care. They also knew about people's likes and dislikes including what interested them. People had opportunities to join in activities which they enjoyed, including occasional outings.

People and their family members felt their complaints would be listened to and were confident that there concerns would be properly addressed by the new manager. The interim manager had taken up her post in December 2014 and had made significant improvements in the quality of the service and in staff morale. People and staff found her accessible and approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Improvements had been made to reduce the risk of infection with further improvements planned.

Medicines were stored and administered safely.

People were supported by sufficient numbers of staff to ensure their safety and staff appointed were checked properly to ensure their suitability to work in care.

Good

Is the service effective?
The service was effective.

Staff understood the basic principles of supporting people who were not able to make their own decisions. The manager was aware when an application to deprive a person of their liberty might be necessary.

People were supported to eat and drink enough for their needs although the quality of the food was of concern to some. People saw health professionals such as their doctor or a dietician when this was necessary.

Good

Is the service caring?
The service was caring.

People were supported by staff who were kind and respectful of them as individuals. People's dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

People received care that took into account their needs and preferences and staff knew about what was important to them.

People felt their complaints were listened to and addressed and that this had improved.

Good

Is the service well-led?
The service was not consistently well-led.

There were regular checks on the quality and safety of the service. However, risks were not always recognised so that action was taken promptly when it was needed.

The interim manager had worked hard to improve standards of care and the morale of the staff team.

Requires Improvement

Cedar House Nursing and Residential 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.

The inspection took place on 12 May 2015 and was unannounced. It was carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us on 6 March 2015 and we reviewed the information it contained before visiting the service.

We also reviewed the information we hold on file, including information about events the provider is obliged to tell us about by law. These are known as notifications. We reviewed the provider's action plan submitted to us after the inspection in September 2014. This told us about the improvements they intended to make to ensure they addressed breaches in regulations identified at that inspection and which were followed up at this inspection.

During the inspection we spoke with seven people living at the home and three of their relatives. For a short period of time 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 also spoke with the manager, regional manager, five members of the care team and a member of the domestic staff team. We observed the way that staff supported people and how they interacted with them and we toured the home. We reviewed records of care relating to three people and medication records for 12 people. We also looked at cleaning schedules, training records, staff meeting minutes and a sample of quality audits as well as other records associated with the management of the home. We reviewed information given to us by the clinical commissioning team. This was the team who funded placements and had recently completed a visit to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

At our inspection in September 2014 and at a visit by the local authority's infection prevention and control nurse in October 2014, risks of infection were not adequately managed. The provider told us what they were going to do to improve. At this inspection, we found that action had been taken to make significant improvements and there was a plan in place to ensure that outstanding work was completed.

People living in the home were satisfied with the standard of cleanliness. For example, one person told us, "My room is always clean. They clean it every day." A relative commented, "I have never smelt urine in this care home. It always smells clean." They felt that staff did a good job keeping the home clean and tidy. Another regular visitor to the home told us there had been a big improvement in this area. They said, "The place is a lot cleaner than it used to be."

There were records in place relating to the cleaning schedule for hoists, slings, wheelchairs, bedrails and mattresses. Audits had been introduced and carried out every three months to ensure that systems were being maintained. We found that staff had completed relevant training. We noted that considerable investment had been made to improve laundry arrangements and so to reduce the risks that clean linen could be cross-contaminated by dirty linen.

However, we noted that three 'colour coded' mop buckets had been left in the area used for hairdressing. Two had been left with water in them. One of these was the red bucket that would normally be used for cleaning toilet and bathroom floors. The mop was left in it and was touching a linen basket with clean handtowels on top, risking contamination. The manager and operations manager were made aware of this so that remedial action could be taken promptly.

At our inspection in September 2014 we also found that staff were not always supporting people safely and ensuring they followed guidance about risk in people's plans of care. The provider told us what they were going to do to improve. At this inspection, we found that action had been taken.

We saw that staff supported people safely when they were using moving and handling equipment. They explained to the person what they were doing and used the correct equipment for the person concerned. This was consistent with what we saw in the person's plan of care. Staff were able to tell us which people were at risk of choking and so needed their drinks to be thickened. Minutes from a recent staff meeting showed that concerns for the safety of one person being assisted to eat had been addressed with the staff team. We saw that people who were assessed as at risk of choking or of poor nutrition were supported by staff when they were eating and drinking. The risks to people from falls and of developing pressure ulcers were also assessed. Staff were able to tell us what care people needed to minimise these risks.

We found that there were omissions from the medication administration record (MAR) charts for three people when their charts did not show they were given their medicines as prescribed at 9pm on 10 May. A further signature was missing for another person's medicine due at 6am on 11 May. A member of the nursing staff told us they had been responsible for administration at those times. They confirmed that the medicines had been given but that it was an oversight in recording.

People told us how their medicines were managed. One person said, "I look after my nebuliser." They said that they liked having some of their independence with that medicine and went on to tell us, "I don't know what all my tablets are for." They said that staff explained this when they gave the person their tablets so that they did not get mixed up. Another person liked staff to manage their medicines. They told us, "I have tablets 3 or 4 times a day, they're good with my tablets."

Liquids, eye drops and creams were dated when they were opened so that staff could be sure they remained safe and effective to use. Staff had access to clear guidance about the management of medicines prescribed for occasional use (such as pain relief) which had been agreed with the GP. Systems for managing controlled medicines, requiring additional precautions in their storage, recording and administration, were safe. There were appropriate checks in place so that concerns for the management of these medicines could be identified and investigated promptly.

We observed the process for administering medicines and saw that the medication trolley was always locked when it was unattended. The staff member responsible explained

Good

Is the service safe?

medicines to people and ensured they had a drink of their choice with which to take it. We concluded that systems for managing medicines, with minor oversights in recording, were safe.

People told us that there had been staffing issues in the past but they felt that staffing levels had improved. One person said, “They [staff] come quickly during the night if you ring the call bell." Another commented, "The nurses come quickly, you don't have to wait long even when they are busy." Relatives also told us that they felt staffing levels had improved. One said, “There are good numbers of staff now.” We observed that call bells were responded to promptly and staff were calm and unflustered. Staff told us that there were sufficient of them to meet people’s needs safely. They said that ‘allocations’ made at staff hand-over meant they were clear about what they were expected to do and who they were expected to support on each shift.

The manager gave us a clear account of recruiting practices and the checks that were made to ensure applicants were not barred from working in care services. The manager confirmed that the night nurse post had been filled and they were waiting the results of recruitment checks before the staff member took up their duties. We found that there were monthly reassessments of people’s dependency levels to determine how many staff were needed. We concluded that that there were enough suitable staff deployed to meet people’s needs in a safe way.

People told us that they felt safe at the home and that they had no concerns about the way staff treated them. One person said they had never had any concerns about the way staff responded to them. They added that they had never heard staff raise their voices to each other or the people living at the home. People also commented that they felt they were treated fairly and could raise any concerns if they had any. One person said, "We are all treated as equals here." However, another person commented that they felt the building was not always properly secured at night and that anybody could walk in. They went on to say that they thought this had improved and staff had reassured them about their safety. They told us that sometimes they would help staff to close the conservatory windows to improve security.

Staff spoken with confirmed that they had received training to help them recognise and respond to any suspected abuse. They were able to tell us what they would do if they were told, saw or suspected that someone was being abused and were clear about how they would report it. One staff member went on to say that if the manager or provider did not respond properly, “I would tell the local authority or CQC [Care Quality Commission].” All of the staff spoken with were aware of the whistleblowing policy and how to raise concerns about poor practice or standards of care. There was a range of information about protecting people and reporting suspected abuse displayed in the staff room for reference.

Good

Is the service effective?

Our findings

We found that one person's care plan contained a form indicating that the person's next of kin could sign to agree to their care because the person was living with dementia. The person's record did not contain evidence that the relative had the necessary legal authority to make decisions about the person's care and health.

One person told us, "They [staff] always ask…" when any help or care was needed. This was consistent with the views of other people we spoke with. Staff we spoke with confirmed that they had training in the MCA and recognised that sometimes people's abilities to understand their care could fluctuate, depending on their health. Throughout our inspection we saw that staff asked people for their consent before offering support. The manager understood when an application needed to be made to the local authority under the Deprivation of Liberty Safeguards (DoLS) and had made one application. This helped to ensure people's rights were protected and that restrictions on their freedom for reasons of safety were properly authorised.

People told us that they felt staff knew how to meet their needs. One person told us, "Some of the nurses here are trained to take blood." They commented that this was a good thing staff could do this as they needed regular tests. Another person said, "The nurses know me reasonably well." They told us how they needed help when they were washing and dressing and staff knew how to do this properly. Another person told us that they used a "strap" to help them with exercises and that staff knew how to assist them with this.

Staff told us that they felt well supported by the manager and that training relevant to their roles was provided. Care staff said that they had completed induction and practical training in the delivery of care. This included promoting privacy and dignity, consent issues, safe moving and handling of people and use of equipment such as hoists. A more senior member of staff told us how new staff would shadow those who were more experienced until they became confident in their roles. They said that new staff wore grey uniforms while they were undergoing induction so that others would be aware they may need additional guidance about supporting people. A member of the nursing team told us how they researched items and arranged some of their own training to ensure their clinical skills were up to date.

Recent staff meeting minutes showed that not all staff had received refresher training when this was due. This was discussed with the staff team and the notes showed that the manager had informed staff they would be arranging for updates to training where this was necessary. Our discussions with the manager showed that they were aware of the importance of supporting staff through supervision and appraisal and were aware that this had not always been consistent. There was a schedule in place to ensure that improvements were made.

We concluded that people received care from staff who were competent to meet their needs.

People we spoke with told us they had enough to eat and drink but expressed consistent concerns about the quality and variety of food. One person said, "The food is disappointing, I think they are trying to improve it." We heard two people ask who was cooking before they made their choice of meal. One person said, "Good, it's one of the carers today, the food should be better." Another person told us they had suggested their own favourite meal. "Pan haggie, a mixture of vegetables you cook like bubble and squeak. I have given them the recipe and I hope they make it one day." A relative told us that they felt that the quality of food could be improved. The manager was aware of this issue and had plans to consult with people further about it.

One person said, "You can have what you like for breakfast." They went on to tell us that there was a wide variety from cooked breakfast to cereals. We saw that people who needed assistance to eat and drink were given it. We observed that one person living with dementia was adamant that they did not want to eat any more of their main meal. The staff member assisting them later told us that they knew the person had a sweet tooth and offered them a larger pudding which they accepted. After lunch, a member of staff checked with their colleagues and recorded what people had eaten and drank to ensure they could follow this up if there were any concerns. We checked the records and found that one person had not eaten anything. Staff assured us that they would be offered food again later on and we saw that this happened. They described this as the usual pattern for the person who would have occasional days when they did not eat or drink well but would "…make up for it..." the following day. Their relative was also aware that this happened from time to time and was satisfied that the person was supported properly.

Good

Is the service effective?

However, this was not experienced by everyone. One relative told us how the person they visited had a poor appetite. They said that staff tried to encourage them but sometimes, at breakfast, they offered the person scrambled eggs to increase their calorie intake. They told us that the person had never enjoyed scrambled eggs. We found that this was not reflected in their plan of care and addressed this with the manager and regional manager so that it could be rectified and staff could be updated. The relative also told us, “[Person] does not like drinking from a beaker with a spout. With patience a new carer has given her drink to her from a cup. That should be done by everyone.” They went on to say that they felt the provision of drinks had improved. We saw that hot and cold drinks were offered to people regularly throughout the day and were left within reach at all times.

People told us that staff would ensure they saw the doctor if they were unwell. One person said, "The nurses sort me out and the doctor comes to see me." Another person told us, "I wasn't very well the last few days, they nursed me in bed and said they would have the doctor look at me.” One relative told us they were impressed with care and said, "Any concerns medically with my [relative] they (the staff) are on it." Care records showed that people also received support from other health professionals to keep them well, for example the dietician, optician or chiropodist.

Good

Is the service caring?

Our findings

People said that they were asked about their care. One went on to explain that they had been asked "…loads of questions when I first arrived, which got me all confused." This confirmed that the person had been consulted but suggested this was at a faster pace than they were comfortable with. Relatives confirmed they were involved in discussions about people's care. Only one felt this was not as often as they would like, having gone through the person's care plan in January 2015, but not since. Other relatives were very satisfied with how they were involved. For example, one visitor told us, "We now have regular care plan reviews, as often as I like." They told us that this had improved over the past few months.

People felt that the staff were caring and kind towards them. One person told us, "The nurses know me very well. I can talk to them about anything." They went on to say, "The staff lift my spirits up when I am down." A second person told us, "The staff are good, I couldn't wish for better." Another person commented, "Nothing is too much of a problem for the staff here. You never feel a nuisance to them." Relatives spoken with were also positive about the way staff approached people. For example, one visitor said, "Staff do speak to [person] nicely and call [person] by name." Two other visitors told us that they thought things had improved over the last few months. One felt that the care that staff delivered was, "…100% better."

One person was able to contrast this home with others. They told us, "I like this place, I have been in a few homes and this is the best." People liked the home not being too large. One said, "I like the home, it's very quiet." A relative described the atmosphere in the home as happy and said that, if they had need for a care home for a family member in the future, "…I would seriously consider coming back here."

Our inspection team observed that staff showed kindness to people, offering reassurance when this was needed and taking time to listen to people. They offered people choices about where they would like to spend their time and about their meals and allowed people time to respond. One person wished to eat on the decking outside. Staff respected their choice and ensured they received their meal, dessert and drink promptly. Where appropriate, staff got down to the same level as people, for example those who were using wheelchairs, to make eye contact when they were conversing. Staff paid attention to detail for people who were going out during the afternoon. We saw that one person had been assisted with their hair and make-up. The staff member responsible told us that they knew the person liked to look their best when they were going out.

One person told us that staff respected their wish to spend time on their own. They said, "I like my own company." They went on to say that staff did ask them what they wanted to do but respected their choice if they wanted to spend time privately in their room. Relatives told us that they had noticed that staff knocked on people's doors before going into people's rooms. Our inspection team observed this and that staff announced who they were, waiting for a response before entering.

Where people needed assistance to promote continence we saw that staff discreetly and sensitively asked them if they wished to use the toilet. Where people needed staff to assist them with personal care in their rooms, we observed that staff closed the door before beginning any care tasks. We concluded that people's privacy and dignity was respected.

People told us that staff supported them to do what they could for themselves. One person told us,

"I want to do things but I can't with my condition." They felt that staff encouraged them to do as much as they could. Another person told us how staff were supporting them to regain some skills. They said, "Over all the staff are very good. They are helping me get my confidence back." They went on to explain how staff provided them with encouragement and support to move about with their walking frame.

During the course of our inspection we saw that relatives visited the home regularly. One person told us they had a big family and so, "I have loads of visitors." One relative told us that they came five times a week. Another said that there were no restrictions on visiting and, "I come here every day. My son comes twice a week." People were able to receive visitors in the communal areas if they wanted to but most saw their relatives in private in their rooms.

Good

Is the service responsive?

Our findings

One person told us how staff had visited them in hospital before they came to the home. “They came to the hospital to see me and asked what I needed before I arrived here." Another person commented that previously staffing levels had compromised their choice about what time they could go to bed because they needed assistance and also needed medicines before they went to sleep. They went on to say that there had been some improvements recently so their preferred routine could be met.

One person told us how much they liked being outside and said, "The nurses always bring me outside if the weather is good." They went on to tell us about their interest in the outdoors. They spent most of the morning in the garden by their choice and ate their meal out there.

Staff were able to tell us about people’s physical care needs and the support they required. They explained to us who required extra assistance with mobility, managing their personal hygiene and continence. They told us how their responsibilities were allocated at the beginning of the shift, taking into account whether people needed one or two staff to assist in delivering their care. Staff were also able to tell us who needed assistance with repositioning so that the risks of developing pressure ulcers were minimised. Staff recorded this to show the person was assisted to change position regularly and in line with their plan of care. There were regular audits of care plans to ensure that they were kept up to date.

In addition to understanding individual physical care needs, staff were able to tell us about people’s backgrounds and interests. Care plans we reviewed contained this information so that staff could deliver care that was focused on each individual. We saw an example of this in practice when a staff member brought in a DVD of their own about bird life for one person to look at, because they knew this was of particular interest to the person.

The majority of relatives felt that staff took into account people’s likes and dislikes and were aware of these when delivering care. They told us they had been asked about people’s preferences and one said that staff would always contact them if they needed information that the person was not able to provide or recall. Only one commented that sometimes staff did not know the person’s preferences. We found that this person’s care records contained conflicting information about their preferred radio station which had given rise to a complaint when it was tuned wrongly by staff. Despite the inconsistency in the care plan, we saw that this had been addressed during discussions at a staff meeting so that staff knew what was expected of them. We also found that the radio was correctly tuned to the person’s preferred programme when we checked later during our inspection.

When we visited people in their rooms, we saw that the activity programme was provided for them to refer to. This showed what was on offer and at what time so they could decide whether they wished to join in. People told us they enjoyed the activities but could choose not to join in if they did not want to. One person told us, "They have activities and quizzes." Another said, "The armchair exercises are very good, very popular." All of the people spoken with mentioned this as something they really enjoyed. Three people told us about musical entertainment they had enjoyed. "We have had some musical nights, a singer with a guitar, she is very good." The person was hoping that the singer would come back to entertain them soon. Other people told us that they just liked watching TV but one commented that they also followed other hobbies. "I watch TV, I have my colouring books, and we do quizzes."

People also told us about the opportunity to go out on trips from time to time, which they clearly enjoyed. On the day of our inspection, a group of people was supported by family and volunteer staff to go to the seaside for the afternoon. We also saw a staff member reading to one person as they looked at the pictures in a book.

People or their relatives, felt that complaints had not always been listened to and handled properly in the past. One visitor highlighted what they felt was an ‘off hand’ manner when dealing with the provider’s head office. However, people felt that the manager and staff were approachable with their concerns and complaints and both people living in the home and their relatives considered that this had improved. One visitor commented, "They definitely listen now and act on [person’s] care." They went on to explain that they felt the service was more proactive than reactive in identifying what might present a concern and said, "The staff come to me now when there is a concern." Another relative was also able to tell us how staff responded to their worries and offered reassurance, even before their family member came to the home. They told us that they had been concerned about the width of corridors

Good

Is the service responsive?

because the person used a wheelchair. They said, "They [staff] physically pushed an empty wheelchair through the home to show me that the care home was wheelchair friendly. I was reassured before my relative came here."

We found that where one visitor had raised concerns recently, staff were made aware of them at a staff meeting. Minutes showed that staff had been clearly informed about any action they needed to take to ensure the complaint was properly responded to.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in September 2014, we identified that systems for assessing and monitoring the quality of the service were not effective. The provider told us how they would make improvements. At this inspection, we found that action had been taken and the provider was no longer in breach of this regulation. However, there were further areas in need of some improvement to ensure the quality assurance system remained effective.

We noted that there was a programme of regular 'rolling' checks on aspects of the quality and safety of the service. The manager developed action plans to address shortfalls that were identified in these and kept track of when improvements had been made. We discussed with the manager and operations manager our concerns about previous delays in making improvements. The operations manager advised us that the management arrangements in the area and region had been restructured so that they did not have so many services to cover. They said that this meant that they would have more time to directly support the manager of the home and to liaise with the provider to ensure improvements were identified and made in a timely way.

However, we noted that the provider had not always taken action promptly when remedial action was necessary. For example, the food safety inspection a month before our inspection took place identified that taps in the kitchen were badly affected by lime-scale. This meant they could not be properly cleaned and presented a risk of bacteria accruing. They remained affected by lime-scale at our inspection. Repairs to the kitchen floor covering, also identified at the food safety inspection, had not been made. The management team told us that there were plans to replace this in full as part of the continuing refurbishment programme.

We identified concerns for routine 'housekeeping' which presented hazards, which had been neither identified nor addressed. We noted that office doors on the top floor, including the manager's office, were wedged open and the staff room door was held open with string. Although people living in the home were not accommodated in that area, all of these doors were labelled as fire doors and fitted with intumescent strips designed to seal the doors and to help contain a fire should one break out. The practice had not been identified as a potential risk to safety and was not addressed until after we raised it at this inspection.

Systems had not identified that the assessment of people's capacity to make informed decisions about their care did not always properly accord with relevant guidance. The omissions from the medicines administration record charts had also not been identified and reported so that they could be addressed promptly.

People who lived at the home and their family members recognised that systems for consulting them for their views and responding to concerns had improved. People were aware that there was a new manager. Only one person told us they did not really know who the manager was. This contrasted with the views of others who were aware of the manager, her role, and the improvements they had seen within the home. One person told us, "I can't speak highly enough of them [the manager]." Everyone spoken with was aware that there were meetings for them and their relatives at which they could raise issues and express their views for improvement. One person said, "I sometimes go to the meetings but not always as I can't hear very well." Another person told us, "My daughter has been to the residential meetings."

A peripatetic manager was appointed to assist in running the home in December 2014, because the previous registered manager was due to retire. Our review of staff meeting minutes and discussions showed that the management arrangements were temporary, to ensure that failures identified at our previous inspections were addressed. The provider had not been successful in recruiting and retaining a permanent replacement at the time of our visit but was making efforts to do so.

A relative told us, "There's a happy working relationship with the staff and residents too. [The manager] will always listen and is appreciative, asking for new ideas and improvements." They went on to tell us that they thought they were more informed about what was going on in the home and said, "With the new management here I have seen a big improvement."

All of the staff spoken with told us that they felt well supported by the manager. They described the manager as approachable and all were clear about the standard of care they were expected to deliver. Two staff members

Requires Improvement

Is the service well-led?

specifically commented to us about the improvement in staff morale since the appointment of the manager and felt that part of the change was as a result of them more often being asked for their views. They said that they felt confident to make suggestions as to how the service could be improved at staff meetings and through ad hoc discussions with the manager.