Interhaze Limited

The Spinney Care Home

Inspection report

Brownshill Green Road
Coundon
Coventry
CV6 2EG
Tel: 02476 337531

Date of inspection visit: 25 June 2015
Date of publication: 03/08/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 25 June 2015 and was unannounced.

The Spinney Care Home provides personal care and accommodation for up to 26 older people who do not require nursing care. The accommodation is over two floors with a communal lounge and dining room on the ground floor. There were 20 people living in the home on the day of our 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. The registered manager had left the service. A new manager had been appointed in November 2014 and was in the process of submitting their application for registration.

People told us they felt safe living at the home and staff understood their responsibilities to keep people safe and report any concerns**.** There were systems and processes in place to protect people from the risk of harm. These included a procedure to identify risks to people's care

Summary of findings

and an effective procedure for managing people's medicines safely. However, some identified risks in the environment had not been addressed in the timescales identified.

There were enough staff to provide the care and support people required during the day. However, at night the provider's own identified staffing levels were not always being met because of staff vacancies. Staff received training in areas considered essential to meet people's needs safely and effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and staff understood the importance of obtaining people's consent before providing care. Where potential restrictions on people's liberty had been identified, the manager had submitted the appropriate applications under the Deprivation of Liberty Safeguards (DoLS) to the local authority. This ensured that people who lacked capacity continued to live their lives safely and in the least restrictive way.

People were supported to access external healthcare professionals although some of the risks around people eating and drinking were not always effectively managed. People were not always offered food choices that met their individual preferences.

Staff were caring and responsive to people's requests for support. Staff were aware of people's needs and demonstrated concern if people looked uncomfortable or needed reassurance. People were supported to make choices about how they spent their day and given opportunities to engage in activities. The manager was keen to give people more opportunities to take trips outside the home and some outings had been arranged.

The service had been through a challenging time, but everyone we spoke with was happy with the positive impact of the new manager within the home. The manager had identified areas where changes needed to be made to improve the quality of service provided. Some changes had already been made to the environment and further improvements were planned. Staff told us they felt more supported and able to discuss their issues and concerns. The manager told us staff were more engaged and happy to make suggestions that were beneficial to the wellbeing of the people who lived at The Spinney Care Home.

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 not consistently safe.

There were enough staff to meet people's needs safely, but the provider's own identified staffing levels were not always maintained at night due to staff vacancies. Staff understood their role in keeping people safe and reporting any concerns they had to the manager. Medicines were managed safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

Staff received an induction to the home and training that supported them to meet the needs of people living in the home. Staff understood the principles of the Mental Capacity Act and the importance of obtaining people's consent before providing care. The risks around eating and drinking were not always managed effectively and people were not always offered food that met their individual preferences.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives told us that staff were kind and caring. Staff showed concern for the people living in the home and were patient and attentive to them. People's family and friends could visit at any time of the day.

Good

Is the service responsive?
The service was responsive.

People told us staff were responsive to their needs and relatives felt involved in making decisions about their family members' care. People felt there was enough to occupy them during the day and could make their own decisions about whether to participate in activities. Improvements had made within the home in response to concerns raised.

Good

Is the service well-led?
The service was well-led.

The service had been through significant changes in staffing and at managerial level. A new manager had been in post for six months and people, relatives and staff spoke positively about the improvements that had been made in that time. Staff felt supported and were given opportunities to suggest how the service could be improved. A new audit system and monthly reports enabled the provider to maintain an overview of the quality of care provided.

Good

The Spinney Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 June 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority contract monitoring officer who had no new information to share with us.

We had asked the provider to complete a provider information form (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had been experiencing difficulties submitting the form. However, they provided us with a copy during our visit and we were able to review the information as part of our evidence when conducting our inspection.

Not all the people living in the home were able to give us their views and opinions about how they were cared for, as some had some levels of memory loss or dementia. We spent time talking to people and observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home, three relatives and a visiting healthcare professional. We also spoke with six care staff and the manager.

We looked at a range of records about people's care and how the home was managed. We looked at care records for four people to see how they were cared for and supported. We looked at other records related to people's care including medication records, the services' quality assurance audits, records of complaints, and incidents and accidents at the home.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with told us they were happy living at The Spinney and felt safe in the home. One person told us, "You can't have the window wide open that is for safety." A relative told us, "I have no concerns at all."

People were protected against the risk of abuse, as staff had a good understanding of their role in keeping people safe. Staff had received training in safeguarding people from harm and told us the safeguarding and whistleblowing policies were readily available in the office. Staff understood that abuse could take many different forms and were watchful for signs that somebody was unhappy or worried. One staff member told us they would be concerned if someone was "withdrawn, not eating or not interested in anything". Another member of staff told us, "If they want to talk you have to listen to them carefully." Staff told us they would not hesitate to report any observed or suspected abuse to the manager. Typical responses were, "I would go straight to the management, tell them what I had seen and then write a statement" and "I would blow the whistle." The manager understood their responsibility for reporting any safeguarding concerns to the local authority and to us.

We asked staff what the procedure was if they saw any marks or bruises on people. They told us they would record them and report it to the senior so it could be investigated further. One staff member explained, "I would talk to the person and check the care plan to see if someone had noticed it before. If not, I would record it in the care plan and inform the senior so they can investigate how they got the bruise."

There were appropriate arrangements to ensure that people's medicines were safely managed. Medicines were securely stored and kept in accordance with manufacturer's guidelines. Records were clear and up to date and confirmed that people had received their medicines as prescribed. The storage, administration and recording of medicines that required extra checks, such as controlled drugs, met safety requirements. Medicines were handled by care staff who were trained in the safe administration of medicines. People we spoke with told us they received their medicines at the same time every day and one person confirmed, "They have special ones to give your tablets out."

People we spoke with and their relatives told us there were enough staff to meet people's needs and deliver the care they wanted. One relative confirmed they were happy with the staffing levels and said, "I have never had a problem with staff." Another relative told us, "There have been times in the past where there have been problems. Everything seems to be running well now." One person told us, "You could always do with more. If you want a carer to take you a walk up the road, it is difficult to spare them."

Staff confirmed there were normally enough staff to meet people's needs safely. One staff member told us it was only a problem "if someone is off sick". We saw that staff were allocated specific responsibilities on each shift. For example, a staff presence was maintained at all times when people were in the lounge or the dining room in order to keep them safe. Some staff told us this could be demanding if people in their bedrooms required the support of two care staff. One staff member told us, "It is hard to manage because we have to watch everyone in the lounge and the dining room. " Another staff member said, "We could do with more (staff), but any place could do with more staff."

The manager told us they had identified three care workers were needed at night in accordance with their assessment of people's dependency. However, they had recently been working with only two care staff on some shifts because of staff vacancies. This meant there was a risk people's needs may not be met. The manager told us that staff had raised this as a concern in staff meetings. The manager told us they would ensure agency staff were used to cover the shift until they had recruited to the vacant positions.

We also saw that on occasions none of the staff on duty at night had received medication training and were therefore unable to administer pain relief if required. One person told us, "They give you paracetamol any time, provided at night there is somebody to give them you. There is always paracetamol during the day." The manager accepted there was a gap on some night shifts and confirmed newly recruited senior staff would receive medication training so they could give medicines as required. In the meantime there was an on-call system and a member of the management team attended the home if a person required pain relief.

We looked at three staff files to ensure there was a system in place to make sure care staff were recruited appropriately and ensure they were safe to work with

Requires improvement

Is the service safe?

people who lived at the home. On one file we looked at we could not be sure the staff member's police check had been completed before they started working in the home. The manager assured us the provider's recruitment process required that police checks and reference checks were completed before staff could start work.

Risk assessment tools identified where people were at risk of falls, malnutrition, pressure areas or transferring, such as from bed to chairs. Where potential risks had been identified with people's care, the correct equipment was in place to reduce the risks such as pressure relieving equipment and mobility aids to safely transfer people.

We looked at records of accidents and incidents. We found the amount of information on some forms was not consistent and lacked detail. Accidents and incidents were reviewed monthly to identify trends at individual and service level to manage any emerging risks.

During our tour of the premises we identified one bedroom where the carpet was frayed and presented a trip hazard. This had been identified during environmental checks but timescales to replace the carpet had not been met. The manager told us they would ensure the flooring was replaced as a priority and appropriate action taken to manage the risk in the meantime.

Staff we spoke with knew how to evacuate the building and the procedure for keeping people safe. Personal evacuation plans were available for each person so staff and emergency services knew what support they required to assist them to leave the building in an emergency. There were regular checks of emergency equipment and fire drill practices. At a recent fire drill, one person had left the building unsupervised when the fire exit doors automatically opened. The manager told us they would discuss the incident with the local fire officer to ensure this identified risk did not occur again.

Requires improvement

Is the service effective?

Our findings

People told us staff had the necessary skills and knowledge to support them with their care. One person said, "They are very good to you. They look after you well." Other comments included, "They are all trained in first aid" and "Invariably they are good."

Staff told us they had an induction when they started working at the home. This included working alongside an experienced member of staff and training courses in all the areas considered essential to meet people's needs effectively. One staff member had recently returned to work after a period of absence. They told us all their training had been refreshed before they started work again. Another staff member working nights told us, "My first two weeks I was on days. I got everything I needed to know - first aid, manual handling, medication, COSHH, food hygiene. It was good."

Staff told us the manager encouraged them to keep their training and skills up to date. One staff member told us, "It's fine. We had a week's training last week." Another said, "We get training every year. I can tell my manager what I need to learn and they are very helpful."

Records showed there was further training planned through the year tailored to meet the needs of the people living in the home. This included caring for people with challenging behaviour, communication and person centred approaches. Most of the staff were also enrolled on a course to gain a qualification in caring for people with a diagnosis of dementia. This training would support staff in understanding the needs and preferences of the people they were providing caring for.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

Staff had completed training in the MCA and understood the reasons for gaining people's consent. One staff member explained, "We have to ask them (people). They can make their own decisions. If not, we have to discuss with their family and the social worker. People have to make a decision as what they like and what they want, we can't force them."

The manager was aware of the criteria for applying for a DoLS and where potential restrictions on people's liberty had been identified, applications had been submitted to the supervisory body (the local authority) for their consideration.

People had mixed feelings about the food as sometimes they enjoyed it and other times they did not. One person told us, "You have plenty to eat. I don't like curry at all but other than that I eat nearly everything. You can have a second choice. I've put on weight since I have been here. " Another person said, "You get very good days and a few off days. There are usually two meals at lunch time and two different sandwiches at tea time. The only thing I don't like is the desserts. You get a lot of stuff with cream on."

The manager explained that food was prepared off the premises and then reheated in the home. At lunch time we saw people had a choice of chicken curry or a cheese pasty which was served from a heated food trolley. One member of staff noticed that someone had not eaten their meal and said, "Did you not like that? Do you want me to make you some soup?" People who had finished their meals were asked if they wanted more. People were offered drinks and snacks though the day. One person told us, "It is eating and drinking all the time. The trolley comes round at 11.00am and on it is crisps and biscuits." We saw there were plenty of side tables so people could have their drinks in easy reach.

We looked at the menus people had been offered in the previous three weeks and saw that on 10 days it appeared people had not been given a choice at lunch time. We also saw there was very little variety with mashed potato served at every meal. One person told us they would really like some fruit sometimes. A staff member told us, "It (food) could be better. They need more choices." We could not be sure people were always provided with a nutritionally balanced diet that met their individual needs and preferences. We raised this with the manager who told us they had already identified it as an issue. They had a meeting planned with the provider to discuss how the choice of foods offered to people could be improved.

Requires improvement

Is the service effective?

During our visit we found risks were not always managed effectively in terms of eating and drinking. Some people were on fluid charts because they were at risk of not taking sufficient fluids. We looked at a selection of charts and saw there was no indication of how much fluid people required. Although staff were recording what people had to drink, they were not totalling this up. This meant they were unable to identify when people required encouragement to drink more to stop them becoming dehydrated or developing urinary tract infections (UTI's). For example, one person who was at risk of UTI's only had 400 mls to drink on one day and 600 mls the day before our visit. The manager confirmed they would expect this person to be drinking around 1,500 mls. This had not been identified and handed over to staff coming on duty so they could prompt the person to drink more to maintain their health and wellbeing. When we arrived a person who was identified as being of a low weight was not able to eat their breakfast independently because their fingers were sore. The night staff on duty had not noticed. It was only when a member of day staff coming on duty mentioned it, that the person was assisted to eat.

Staff made sure people received appropriate healthcare support and could access external healthcare professionals. We saw staff recorded when health professionals, such as opticians, dentists, occupational therapists and their General Practitioner (GPs) had visited the person. The GP visited the home once a week and a staff member explained, "The relationship we have with the GP practice is really good and I have not seen in many care homes where they come out once a week. We also get a weekly phone call from the nurse practitioner which is invaluable. I would talk to her about the same things I would speak to the GP about. She is able to dispense medication." We spoke with a visiting healthcare professional on the day of our visit. They confirmed that staff were "very good" about calling them in and following their professional advice.

Good

Is the service caring?

Our findings

People and their relatives confirmed that staff were kind, friendly and caring. One person told us, “They are wonderful, they are so patient.” Comments from relatives included, “I think they (staff) are very friendly and caring” and “They are all very caring staff. As far as I am concerned I am very happy with them.” One person spoke particularly about a member of staff and said, “[Staff member] is very easy to talk to, very helpful. They are so kind and patient, I have never heard them raise their voice.” One relative told us, “They give her a little kiss now and again. I like to see it. I do think they are caring staff.”

We asked the manager how they provided a caring environment for the people who lived at The Spinney. They responded, “By making them feel at home. Not just giving them personal care, but sitting down with the service user, finding out what their interests are, doing what they used to do at home puts a smile on their face. Treating them as individuals and keeping them stimulated.” We asked staff the same question. One staff member answered, “We need to make the person feel they are staying at home. We have to meet their needs and we have to ask them what they want. We need to understand them.” One relative told us that when their family member moved into the home they were told, “This is her home and what she did at home she can do here.” They went on to say, “[Person] sees staff as her friends.”

During our visit we observed some very kind interactions with staff showing concern for the people living in the home. One person was sitting in the corridor and said they felt cold. A member of care staff suggested they may want a thicker cardigan and went to get them one. Another person had to visit the bathroom during their meal. When they returned they were given a fresh meal as theirs had gone cold. During lunch one person became agitated with another person who accidently took their drink and the other person became distressed. Staff were quick to respond and in a pleasant manner explained it was an accident and provided reassurance to both people. Through the day we saw staff being patient, attentive and caring towards people.

We saw staff talking with people while providing care. In particular, the member of care staff who gave people their medicines took the opportunity to chat with them and ask how they were. Another member of staff chatted with people when doing their nails. One person enjoyed talking with a member of domestic staff about holidays and their family. However, there were a couple of occasions where staff missed opportunities to talk with people, such as when supporting people to eat.

People told us they could make their own choices about how they spent their day. One person told us, “I have my food up here (in their bedroom) because I like it up here. I go to the lounge at times but I don’t go to the dining room. I like my own TV.” Another person said, “I put myself to bed. I get myself up.” They went on to say they were also able to do some of their own washing. At lunch time staff supported people to make their own choices by showing them plates of what food was available so they had a visual prompt. People were listened to and staff understood people’s preferences and choices. For example, staff addressed people by their preferred names.

People and their relatives told us that staff respected their privacy and dignity when providing support. One person had a ground floor bedroom overlooking the entrance to the home. They spent a large part of their day in bed or sitting in their room and liked the curtains open so they could see people coming and going. Staff told us they ensured the curtains were drawn every time they provided personal care in order to maintain the person’s privacy. One person told us, “They knock on the door always, mind you they don’t give you much time to say come in.” This person confirmed they were able to lock their bedroom door if they wished to.

There was no restrictions on times for relatives and friends to visit people living at The Spinney. During our visit we saw people come and go through the day.

Good

Is the service responsive?

Our findings

People and their relatives told us staff involved them in their care. Relatives told us they were kept informed of any changes in their relative's needs and had been invited to attend review meetings. One relative told us, "There is an annual review. I can always suggest, I don't feel I can't suggest anything." Another said, "They keep me fully informed what is going on. They always get in touch with me if there is a problem. They take me through it (family member's care plan) once a year." They went on to explain that the care plan had also been reviewed following a recent incident involving their family member and said, "I went through it the night of the incident."

One person told us they were very independent and able to complete most of their personal care themselves. However, they confirmed that when they did request a little bit more support, staff were responsive. We observed one person was having difficulties with an inhaler they were able to use independently. Staff prompted the person how to use it effectively. Another person said their hearing aid was not working. A member of staff immediately replaced the batteries in the aid to see if that would help. A relative also confirmed that staff were responsive to their requests and said, "If there is anything, you mention it and it is picked up." We asked another relative if staff acted on their family member's requests, and they responded, "I think so, to be honest, they anticipate her needs. They know her better than we do. She is very happy here."

We looked at four people's care files. Care plans and assessments contained information that enabled staff to meet people's needs. Plans contained personal preferences. For example, what products people liked to use in the bath or shower and preferences for what they liked to wear. We looked at the care plan for a person with a diagnosis of angina. There was good information about the signs of an episode so staff knew how to respond. However, there was a lack of person centred information in the care plan for one person with a diagnosis of dementia so staff would know how to support them. One member of staff told us they had done some work with people finding out about their background, interests and hobbies, but this had not been put in their care plans. The manager agreed this would be useful information and provide discussion points for staff so they could have meaningful conversations with people.

There were things for people to do during the day. One person told us, "A lot of them (other people living in the home) don't want to do anything. There are skittles, balls, paints and books and every kind of music you can imagine. You are as busy as you want to be. If you want to sit and do nothing you can." Another person told us, "They do exercises downstairs," but told us they chose not to participate. The service employed an activities co-ordinator, but they were on sick leave at the time of our visit. Staff told us they were providing activities to cover this staff member's absence. During the afternoon we saw some people playing bingo and those who needed assistance were supported to join in. We also saw staff spent time engaging in activities with people on an individual basis. One staff member played dominoes with a person and another encouraged a person to dance with them. One person was accompanied into the front garden where they happily did some gardening. During the day we saw a staff member giving people manicures and foot massages. Records showed the manager was keen for people to be given more opportunities to go on trips outside the home and one staff member confirmed, "We take them shopping and for coffee." One member of staff told us they were arranging a trip to a local motor museum and a relative told us, "They are going on holiday to Blackpool and they asked if [person] can go."

We looked at how complaints were managed by the home. We saw complaints information was available in the entrance area. None of the people we spoke with had ever raised a complaint but told us they would feel able to do so. One person told us, "I would tell the boss" and another said, "The manager, I would always go to the top." Both were able to tell us the name of the manager. We asked staff what they would do if someone brought a complaint to them. A typical response was, "I would listen and if I can't deal with the situation I would have to go to management."

The PIR told us the home had received three complaints which had been managed under the provider's formal complaints procedure in the previous twelve months. The manager told us the complaints had related to the quality of care people received. As a result of the complaints, improvements had been made to the environment, some staffing changes had been implemented and a new audit system introduced to identify any areas where improvements were required. The manager told us there had been no further complaints since they started at the home in November 2014.

Good

Is the service well-led?

Our findings

The service had been through a number of changes in both staff and managers and there had been concerns about the environment and the level of care provided within the home. One relative told us, “Before Tina (the new manager) came, they had gone through a few managers. There was a period of discord. We said we were not happy.” The new manager had been in post since November 2014 and staff, people and their relatives spoke positively about the improvements that had been made in the last six months. One person told us, “She (manager) is very laid back. She is very approachable and very helpful.” A relative said, “It has been very good under Tina. The team seems to be working well.” The manager was in the process of submitting their application to become the registered manager.

The manager told us that one of the issues she had identified on taking up her role was a lack of team working within the home. Records showed the manager had addressed this with staff in team meetings and stressed the importance of staff supporting each other. Staff told us there had been improvements. They felt more supported and received regular supervisions where they could discuss any issues they had. We saw that where there had been concerns raised around poor practice, disciplinary action had been taken to manage and support the staff member concerned. One staff member told us they found the staff meetings useful to share information and said, “Everyone, even the kitchen assistants, the laundry lady and the domestics can come to the meetings.” The manager explained, “There is a good friendly atmosphere now. Families feel that. I have employed more and more new staff and they are very positive.”

Staff told us they found the management team approachable and felt able to go the manager with any concerns. One staff member told us, “I think she is very nice. She is there if you have got a problem. I think the atmosphere is really good. If we have got any issues she is always there to help.” The manager worked varying shifts which included working from 3.00pm to 9.00pm on three days a week. We asked the manager how they felt this benefited the service. They told us it enabled them to have a better overview of the home and said, “I work with the day staff, the evening staff and the night staff for an hour. I also get to see the relatives who work during the day.” A member of staff told us, “Now there is Tina, I think it has changed a lot. She does funny shifts and when she is not here, (the team leader) is here. There is a manager here all the time.” Another staff member told us, “She (the manager) is very nice, very talkative and very caring.” They went on to tell us about a person who had recently moved in to the home and was anxious. They explained, “Tina just sat down on her bed and sat with her for an hour.” Another said, “Tina stops everything she is doing to listen. It makes you feel more comfortable coming in.”

Action had been begun to address the concerns about the environment of the home. The lounge area had been decorated and refurbished and improvements were underway to improve people’s access to the gardens. Carpets in some areas had been replaced and there was a programme of further improvements. One relative told us, “There have been a lot of physical improvements since Tina came. They are spending money on the place. I am surprised at the standard of it. The maintenance man is brilliant, sport on with what he has done. he is excellent.”

We asked people if they were given the opportunity to give their views about the home. A relative responded, “We did have a couple of residents meetings. These were around the discord and problems that triggered the meetings more than to give any feedback. If I want to say something I will say it.” The manager explained they had recently sent out quality surveys to staff and relatives and once they had been analysed, a meeting would be arranged to discuss the results. Staff were also in the process of completing the surveys with the people living in the home. One person confirmed they had been asked to complete a questionnaire and said, “Someone came to me a few days ago, one of the carers. They said every so often we have to do this. You have to put it in writing and sign it.”

The manager explained that in 2014 there had been very few checks of the quality of service provided. Since January 2015 a new audit system had been introduced by the managing director of the provider company which the manager was working through. These included medication audits, observations of staff practice to ensure they were putting their training into practice, and nutritional audits. The manager was also responsible for providing quality monitoring information about all aspects of the business to the provider on a monthly basis. This meant the provider played an active role in quality assurance and ensured the service continuously improved.

Good

Is the service well-led?

The manager understood their responsibilities to let us know about any significant incidents within the home and submitted the necessary notifications as required.

We asked the manager how they viewed the previous six months. They replied, “Staff needed a lot of training and a lot of guidance and someone they could approach. Staff needed a manager that was confident to say no, let’s not do this, let’s do that. Things are progressing and things are getting better. I am now confident to go home and know the home is being run the way I want it to be run.” The manager told us that concerns around staffing levels were still being addressed so they could have fully trained staff at night. There had been a recent recruitment drive and new staff were waiting their pre-employment checks to be completed before starting work. The manager also spoke about how staff were now making suggestions to improve the quality of care for the people in the home. One staff member had suggested a car boot sale which had raised funds to purchase a foot spa and beauty box. Other staff had suggested a summer fete which the home was busily preparing for. The manager explained, “All the staff want to be involved. Their attitudes have changed.”