Springfield Care Services Limited

Springfield

Inspection report

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Date of inspection visit:
12 January 2018
23 January 2018

Date of publication:
12 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 and 23 January 2018, and was unannounced. At the last inspection we found there were breaches of regulations relating to the management of risks and the recruitment of staff and we rated the service as Requires Improvement.

Following the last inspection, we asked the registered provider to complete an action plan to show how they were going to meet these regulations to improve the service. At this inspection we found the registered provider had made improvements to meet the requirements of these regulations but further time was needed to embed these improvements.

Springfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Springfield accommodates up to 69 people, many of whom are living with dementia, in one adapted building that is made up of four separate units. The service is located in a residential area of Garforth on the outskirts of Leeds. All bedrooms are single occupancy and have en-suite toilet facilities. Communal lounges, dining rooms and bathing facilities are provided. At the time of our inspection there were 64 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Appropriate recruitment checks had been completed to ensure staff did not pose a risk to people who used the service. A range of management initiatives had been implemented to ensure people were kept safe from harm. We saw these included improvements in training and development arrangements to ensure staff had the knowledge and skills needed to perform their work. A pharmacy technician had been recently appointed to ensure people received their medicines in a safe way and arrangements for these were regularly checked. The dependencies of people were monitored to ensure there were sufficient numbers of staff available to meet their needs and additional staff were being recruited to cover busy times of the day. People's environment was clean and well maintained and improvements were being made to reduce potential hazards.

Training for staff included courses on mental health and positive behavioural support to ensure they understood their responsibilities to promote people's human rights and were able to manage the behaviours of people whose behaviours may challenge. Staff told us they were listened to by management and felt well supported by them. We observed people were provided with a positive dining experience and that a range of nutritious meals were served to enable their dietary needs to be met.

We observed staff interacted with people in a positive and friendly way and were kind and considerate of their needs. There was evidence staff knew people well and provided gentle encouragement to ensure their independence was promoted. We found people's wishes for privacy were respected and that their personal dignity was maintained.

Staff had information about people's individual needs to help them provide a personalised service, although we saw staff recording on this could be improved. A range of activities were available to give people opportunities for meaningful social interaction. A complaints process was in place to enable people's concerns to be investigated and addressed. Meetings were held to help people to provide feedback about the service, although we were told management did not often attend these.

People told us management were approachable but recent changes had meant they were not always provided with responses to questions that were raised. A range of systems were in place to enable the quality of the service to be monitored, although we saw further time was required to implement improvements and enable these to be fully embedded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

Whilst management action had been taken to ensure safeguarding incidents were safely managed, further time was required to enable these to be fully embedded by staff.

Staff had been safely recruited to ensure they did not pose a risk to people who used the service.

Arrangements were in place to ensure people received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff were provided with a range of training to ensure they knew how to effectively carry out their roles and responsibilities.

People were consulted about decisions. Consent to people's care agreements was obtained to ensure their human rights and best interests were upheld.

People were provided with a range of nutritious meals and were appropriately supported with their health and medical needs.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who were kind and considerate and respected their privacy and dignity.

Staff knew people well and provided encouragement to help maximise their independence.

Details were available that provided information about staff and forthcoming events to help people keep informed about the home.

Is the service responsive?

Requires Improvement

The service was not always fully responsive.

A programme of activities was available to ensure people's health and wellbeing was promoted.

People's care plans contained information about their needs although staff recording in these did not always fully document the frequency of their actions.

People told us they knew how to make a complaint, although some people told us that follow up information about their concerns was not always fully provided.

Is the service well-led?

Requires Improvement

The service was not always well led.

Whilst the provider had systems in place to ensure the quality and safety of the service, some management actions to address shortfalls identified needed further time to be fully implemented.

People were encouraged to express their views in meetings to help improve the service, although people told us management did not always attend these meetings.

Staff told us that management listened to them and had an open approach.

Springfield

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 comprehensive inspection took place on 12 and 23 January 2018 and both of these dates were unannounced. This meant the registered provider and staff did not know we would be visiting. On the first day of the inspection, the inspection team consisted of an adult social care inspector, a specialist advisor with experience of dementia nursing and an expert-by-experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by an adult social care inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

Some of the people who used the service were unable to tell us about their experience of living at Springfield because of the different ways they communicated. We therefore observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal rooms.

During our visit we spoke with four people who used the service, four visiting relatives, four members of care staff, three senior staff, a pharmacy technician employed by the provider, a catering manager, an activities coordinator, a human relations manager, a maintenance and estates manager and an acting manager, as the registered manager was not available at the time of the inspection. We also spoke with the regional

manager, a quality and compliance manager, a training and development manager and the head of operations and business development who were visiting the home.

We looked at five care files belonging to people who used the service, five staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in January 2017 we found the provider had not always followed robust recruitment checks of staff. At this inspection we found the registered provider had taken action to meet the shortfalls identified above. We saw that audits had been carried out to ensure staff files contained the required information. We looked at the files of the five most recently recruited members of staff and saw evidence that appropriate pre- employment checks had been satisfactorily completed. The staff files contained evidence of proof of identity, professional references, completed application forms, together with interview questions and notes. We saw that checks had been made with the Disclosure and Barring service (DBS) for staff employed by the service. The DBS carry out criminal records checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Staff files included occupational health checks and supervision notes to ensure professional issues were followed up, together with evidence that disciplinary measures were implemented when required.

At the last inspection in January 2017 we found that risks to people's health and safety had not always been managed in a safe way. At this inspection we found the registered provider had implemented a range of strategies to ensure the above shortfalls were met, although we judged further time was needed to enable these to be fully embedded.

We found the provider's senior management team had been closely working on a day to day basis with the home, including a head of operations and business development manager, a regional manager and a quality and compliance manager. Additional management staff had been put in place to provide staff support, including a training manager, a clinical lead and a pharmacy technician who had been recently employed.

People who used the service and their relatives told us overall they felt safe. One person said they would talk to the carers if they had any concerns and they confirmed that they received their medication and pain relief when it was needed. They told us some people did sometimes shout at each other but did not feel threatened by this. A relative spoke positively about how their member of family had settled since moving into the home. They commented, "They seem happy in themselves and are calm here, whereas formerly they were aggressive. We have no concerns." Other relatives expressed reservations concerning the availability of staff at times.

At the last inspection we found a number of staff had not received training on the management of behaviours that may challenge the service. At this inspection we found an external mental health nurse had delivered initial training on this, and that plans were in place for an additional programme of courses on positive behavioural support and mental health. This helped ensure staff were equipped with the skills needed to effectively manage this aspect of their work and understood the underlying reasons for people's complex behaviours.

At the last inspection we found shortfalls in the auditing process of people's care records and management plans to ensure reoccurrence of incidents were minimised. At this inspection we found people's care files contained assessments about known risks, together with guidance for staff on how these were managed to ensure people were kept safe from harm. We saw people's care records covered a range of issues such as risks of falls, malnutrition, mobility, pressure area care, personal safety and behaviours that may challenge the service or put people at risk of harm.

Where accidents or incidents occurred, there was evidence of management action. This included referrals and liaison with external professionals to ensure lessons could be learned and improvements made. We found people's risk assessments were audited and regularly reviewed and staff had a good understanding of how to keep people safe from potential harm. We observed staff monitored the behaviours of people who may challenge the service. We saw reassurance and sensitive support was provided to ensure their wellbeing was safety managed.

Since the last inspection there had been a number of whistleblowing allegations that had been raised with the local authority as safeguarding concerns. The provider had cooperated with the local authority safeguarding team to investigate the concerns. The regional manager told us that following this, the provider had found issues of under reporting of safeguarding issues and errors, that resulted in further safeguarding concerns being raised by the service. We saw the provider had subsequently taken appropriate disciplinary action to address issues that were found.

Policies and procedures were available to guide staff when reporting issues concerning the protection of vulnerable adults. We found staff were provided with safeguarding training to ensure they could recognise signs of potential abuse and were familiar with their roles and responsibilities for reporting abuse. Speaking about this a member of staff told us, "Yes I would feel fine about reporting something that I saw, whether it was physical, mental, emotional or financial. I know I would be taken seriously too. If it was a manager, there is always someone above them and CQC."

Systems were in place to ensure the safe use of people's medicines. Following the whistle blowing concerns, the senior management team had highlighted shortfalls in people's medicine support arrangements. We found, as a result, a member of clinical nursing staff was undertaking assessments of staff skills to ensure they were competent with this aspect of their role. The regional manager told us a pharmacy technician had been appointed to oversee medicines support arrangements and provide face to face practical training to build staff confidence and skills. Speaking about this a member of staff told us, "It's great to have [Name of pharmacy technician] here as she is teaching us all new ways which we understand. Yesterday, we had a resident discharged from hospital and the information was confusing regarding the medication. [Name of pharmacy technician] reviewed it and contacted the hospital for us and sorted it out. The information we had received from the hospital stated that the person didn't have any allergies, when in fact she did."

We looked at a random sample of people's medicines administration records and the systems used for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We found satisfactory arrangements were in place and that the acting manager was carrying out regular audits of these. We observed staff administered medicines to people with sensitivity and provided explanations of what their medication was for and checked they had taken it, before moving on. Instructions about people's preferences for their medicines support arrangements were included in their medicines administration records and protocols, to ensure staff administered these in a person centred way For example, 'When [Name] asks for their pain relief, they like staff to snap the paracetamol in half, as they struggle to swallow them whole.'

We found people's dependencies were assessed and monitored by the acting manager to ensure there were sufficient numbers of staff to meet their needs. The acting manager told us an updated tool for this was due to be implemented, to ensure an appropriate level of skill mix and staff was available. Whilst we overheard call bells were answered in a timely manner, some relatives told us about concerns regarding the deployment of staff and times when people were left unsupervised due to staff having to answer the front door. The regional manager told us they were aware this was an area for improvement and had recently introduced additional shifts to cover busy periods for which they were currently recruiting. They told us staff had been issued with two way radios to enable senior staff to be contacted when needed and they were planning to recruit a member of staff to cover the reception and entrance area for the service.

We observed people were provided with an environment that was comfortable and well maintained. There was evidence of investment in the building, we saw work was being carried out to upgrade the building and reduce potential trip hazards, with the provision of additional space. The provider's maintenance and estates manager showed us a series of up to date checks that were completed to ensure the environment and equipment was safe. We saw a risk assessment for the building, together with appropriate arrangements concerning the potential outbreak of fire, were also in place.

The environment was clean, bright and free from offensive smells. We observed ancillary staff followed regular schedules to enable them to minimise potential cross infection. Staff told us they were provided with ample supplies of gloves and aprons and confirmed these were appropriately stored. Speaking about the cleanliness of the building one person told us, "They are always cleaning round, constantly wiping tables, I see them doing the stairs and wiping the banisters."

Good

Is the service effective?

Our findings

People who used the service, and their relatives, told us staff helped improve the quality of their lives and treated them with consideration. They told us staff supported them to make decisions and choices. They told us staff were well trained and ensured their health and wellbeing was promoted. One person told us, "Staff give people lots of reassurance and make them feel wanted and that they are a person, not just a room number." Confirming the approach adopted by staff a visiting relative told us, "They create a friendly atmosphere and are very good with [Name of relative]."

There was an induction programme in place for newly recruited staff, to ensure they were provided with the necessary abilities to effectively carry out their roles. We found this was based around the requirements of the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. Where agency staff were used, we saw checks were carried out to ensure they were aware of their roles and responsibilities.

There was evidence training considered mandatory by the provider, was provided to enable staff to develop their knowledge and update their skills when required. We found uptake for this was monitored and was overall satisfactory. Since the last inspection the provider had developed staff training opportunities and appointed a new training and development manager. We saw the training and development manager had implemented a programme of practical classroom based sessions, to ensure staff had the skills needed to effectively carry out their work. A development programme for senior staff had been created to enable them to provide more effective leadership and direction. On the second day of our inspection we saw a group of staff attending fire training. We also saw courses arranged in areas such as pressure area care management, falls prevention, first aid, accurate record keeping, safeguarding and mental health issues.

Staff confirmed there was a programme in place to ensure they had regular opportunities for supervision and their skills were appraised. The regional manager told us they had identified areas of improvement regarding the effectiveness and content of the supervision process, as supervision discussions were not always documented effectively. We found a new system had been subsequently introduced for documenting staff supervision to enable a more accurate and verifiable record to be maintained. Staff confirmed they were able to speak to management about concerns and felt supported and positive about the changes being currently introduced. Their comments included, "There has been a massive improvement, I feel more supported by management now, and feel more professional", and "There have been a lot changes and things are now better organised."

People who used the service appeared comfortable with staff who interacted with them in a sensitive and friendly way. People, and their relatives, told us staff obtained their consent prior to carrying out interventions with them to ensure they were in agreement with how their care was delivered.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the acting manager understood their responsibilities in relation to DoLS and applications had been submitted to the local authority when this was required. We found people's care records contained information about their ability to make informed decisions about their support, together with evidence of best interest decisions that had been taken. The regional manager told us they had identified inconsistencies surrounding some people's mental capacity assessments, in relation to decisions about locked doors. We found they had subsequently taken action to ensure people's best interests had been properly considered and that people were only deprived of their liberty in line with current legislation. The regional manager confirmed training planned for staff on mental health issues would include an update on the MCA.

People's care records contained assessments and care plans in relation to their health and medical conditions to ensure these were effectively supported. People told us staff obtained medical attention and referred them to primary healthcare professionals when needed. We saw evidence of liaison and involvement with a range of community healthcare staff and relatives confirmed staff contacted them promptly following changes in people's needs.

People were provided with a range of cooked meals that looked appealing and well presented. We found the provider had undertaken a 'making meals marvellous' initiative, to ensure people were provided with a pleasant dining experience that was not rushed. We saw staff provided support and encouragement to people with eating where needed. We observed dining tables were arranged with placemats, napkins and cloths and that supplies of drinks were provided. We saw further improvements could still be made as we noted the condiment containers were uniformly white, which is not an easy colour to be recognised by people with dementia. We noted people were offered wipes to clean their hands prior to their lunch. Two relatives, however, told us that whilst they knew this happened in the main building, this did not occur on one of the other units in the home.

People told us they enjoyed their meals. One person told us, "The food is fine, the menu is varied and we get a choice. For supper we have tea, coffee, biscuits and toast." Relatives were positive about the provision of meals. One relative told us, "The food is good and the cakes are gorgeous. We cannot fault the food and presentation. They don't just get a bit of cheese and a couple of crackers but have a variety of cheeses with grapes, all beautifully prepared."

We saw people's weight and nutritional status was monitored with referrals made for professional support; such as dieticians, where required. People who experienced difficulties with swallowing were catered for with the provision of a range of pureed meals. We found that people's skin integrity was assessed to ensure they were not at risk of developing pressure sores.

There was evidence the provider had considered the needs of people living with dementia in the design and layout of the building. Tactile objects, signage and the provision of contrasting colours were in place to help people living with dementia orientate themselves around the home. We were told about a forthcoming 'dementia tour' training initiative, open to both staff and relatives to help them gain an insight into the

experience of people living with this condition.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff showed consideration for their needs and ensured their privacy and dignity were respected. One person told us, "They are lovely and have got time for people. Sometimes you have to wait to speak to them, but they treat you as a person. They respect my independence and encourage you to keep your mind active." A relative commented, "They encourage people when they are able and respect their privacy. When we arrived today, [Name of person] was on the toilet, so they knocked on the door, they didn't just barge in."

We observed staff demonstrated an open and caring approach and provided comfort and gentle reassurance to people when this was required. Staff offered to get a blanket for a person who complained they were cold, and we saw them checking and sitting with another person who had said they were feeling unwell. Staff communicated with people in a friendly and open way and showed compassion and sensitivity for their individual needs.

Information in people's care records detailed their individual preferences to help staff meet their personal wishes and aspirations. People and their relatives told us staff listened and involved them in making decisions about their support. We saw staff spoke positively with people and bent down or knelt at people's eye level, to ensure they were understood.

We observed staff engaged with people with warmth and humanity. We found staff demonstrated consideration for what was important to people and that people appeared comfortable with them and were well groomed. We saw staff provided sensitive encouragement to promote people's independence and that personal care was delivered in the privacy of people's rooms, to ensure their dignity was respected. A relative told us staff encouraged their family member's independence and helped them to wash up and set dining tables.

Staff carried out their roles in a professional and caring manner and maintained people's confidentiality. We found staff did not discuss issues in public or disclose information to people who did not need to know. Personal information about people was passed on in private and details about them were securely maintained.

People told us they were able to spend time in their own rooms to ensure their privacy was upheld. We saw people's bedrooms were personalised with items of furniture and equipment they had brought with them to help them feel at home. We found details about the service were available to enable people to identify staff. Information about advocacy services was on display to ensure people had access to independent advice or support. Relatives confirmed they were encouraged to visit and participate in meetings about the service, although one relative told us they wished management would attend these meetings more frequently to enable them to provide direct feedback to them.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives confirmed staff listened to them about their views, to ensure their support was personalised to meet their needs. People told us they were able to participate in a variety of social activities and overall they were happy with these.

There was evidence the provider had developed and improved the availability of activities since the last inspection to ensure people had opportunities for meaningful social interaction. We observed staff interacting with people and encouraging them to take part in activities. One member of staff told us, "We love to motivate the residents as they can sometimes just sit and not want to do anything. We know we haven't to be too loud, but can put music on the electronic tablet (IPad) and ask the residents their favourite song. They love it and then join in; it helps some of the more quiet residents. I find that a resident will be more likely to do a jigsaw, if there's music they like playing in the background."

We found a good supply of activity resources were available, including use of sensory boxes and reminiscence displays to help provide people with opportunities for stimulation. There were themed snug areas such as a knitting area and a garden area. The service employed two activity coordinators who we saw provided both individual and group sessions for people. The activity coordinators told us they were keen to develop their role and had linked with the Alzheimer's Society 'digital angels' to help people get involved with technology to communicate with family and friends. They told us they had recently started a group to meet with people from other local care homes to help develop and promote people's friendships.

People were assessed as part of the admission process to ensure the service was able to meet their needs. Information and a range of care plans had been developed from people's assessments, together with details of individual strengths and diverse needs to ensure support was delivered in accordance with their wishes and preferences. We found this included details of their likes, dislikes and past histories to help staff understand people and ensure their aspirations were upheld. Relatives confirmed staff were prompt in obtaining medical support when people's needs changed. People's files contained evidence of decisions about their wishes concerning the end of their lives.

Supplementary records for people were available for areas such as nutritional and fluid input, weight monitoring and pressure area care, together with risk assessments on various issues including falls, skin integrity, behaviour management and potential infection. We found staff recording in people's supplementary records was of a variable quality. There were inconsistencies in the information that was available about people. For example one person's care file indicated they were allergic to plasters and penicillin, but the front sheet of their file recorded nil to any known allergies. One person's progress notes documented 'regular checks in place' but failed to identify the frequency for this. The regional manager advised they were aware of this shortfall and that staff recording was an area for improvement. We saw staff training for this was due to take place.

People were happy overall with the service and they knew how to raise a complaint if this was required.

There was a complaints policy available to ensure people's concerns could be addressed. We saw people's complaints were investigated and wherever possible resolved. One relative however told us they had raised concerns in the past, but were not sure how effectively these had been responded to. They said this was because their complaints had not always been formally documented and because sometimes staff did not get back to them with an outcome for these. The acting manager told us they were aware of this issue and were currently taking action to address this shortfall.

Requires Improvement

Is the service well-led?

Our findings

People who used the service, and their relatives, told us they had confidence in management and felt that overall the service was well run. A relative said there had been a lot of recent management changes which had left them feeling passed from 'pillar to post.'

Speaking about the home, a person who used the service told us, "It's clean, the carers are good and the meals are decent. You have your own room and you can have your personal things in your room." A relative commented, "There is a nice, friendly atmosphere, people are looked after, I can tell by my relative that it's alright, because they are well here."

Following recent concerns, there was a senior management team for the provider working closely with the service on a day to day basis. The senior management team had introduced a number of changes to develop the effectiveness of the service and make improvements; however, we judged these needed more time to be fully embedded.

We saw a number of management checks were carried out to enable the quality of the service delivered was monitored. We found these included audits of people's care records, incidents and accidents, complaints management, medicines support and staff training and development arrangements. Where shortfalls and emerging themes were found, we saw action had been taken to address these in a timely way.

The regional manager told us recent audits had highlighted a number of issues that were needed to develop and improve the culture of the home. They told us they had identified incidents and accidents had not always previously been thoroughly investigated to enable action to be taken to minimise their reoccurrence. We found the provider was however meeting their registration requirements and correctly submitting notifications to the CQC as required.

A new training and development programme was in the process of being implemented to ensure staff had the skills needed to carry out their roles. The regional manager told us improvements had been needed to ensure staff were competent in their work and that the process of their supervision was to be developed, to enable staff performance to be more effectively monitored. The regional manager told us a senior leadership programme was to be introduced, together with the creation of new senior coordinator posts and the recruitment of additional staff, to improve their deployment and availability around the home. Inconsistencies in the information about people in some of the care files we inspected meant people were potentially placed at risk of harm. We saw training on report writing was to be delivered to ensure staff documented their actions in an accurate way.

Staff told us they were happy with the changes being introduced. They told us they felt supported by management and able to speak with them and felt listened to. One staff member said, "Management are excellent and actually listen to you, they are making positive changes." Another commented, "We can come with anything to them and they are really helpful and nice." Speaking about their impressions of the service

a recently recruited member of staff told us, "Here it's all about the residents; you have constant support from the management, seniors, colleagues and even the residents. People don't live where I work, I work where they live."

We found that regular updates, including weekly staff briefs and memos, had been introduced to provide clear communication and support to staff. There was evidence that regular staff meetings were held to enable leadership and direction to be provided. A member of staff commented, "We have very regular training and meetings, I previously did not feel able to raise issues, but with this management I am definitely able to talk."

There was evidence the service worked in partnership with the local authority and training initiatives to encourage staff to develop their skills. We found the service had developed links with other local care homes and voluntary groups to help develop opportunities for people's engagement with the community.

There was evidence the views of people who used the service, and their relatives, were welcomed by the service and a recent questionnaire had been circulated to them. We saw that meetings were held with people and their relatives to enable them to provide feedback and help the service to develop. Whilst relatives told us they felt that management were approachable, some told us communication about management changes was poor and they were not always sure who management were. A relative told us management needed to attend relatives meetings more often and be available to answer their queries. Speaking about the service they commented, "The staff are lovely and the food is good, but some improvements are needed."