

Gloucestershire Old People's Housing Society Limited

Gloucestershire Old Peoples Housing Society

Inspection report

Watermoor House
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Ratings

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

Summary of findings

Overall summary

The inspection took place on 13 and 18 April 2017. This was an unannounced inspection. The service was last inspected in November 2016.

Gloucestershire Old Peoples Housing Society is better known as Watermoor House and will be referred to as such throughout this report. Watermoor House is a residential care home and is registered to provide support for up to 39 people. Nursing care and support is provided by district nurses and local GP's as required. Several people at the home were living with the first stages of dementia. There were 33 people at the home at the time of the inspection.

There was 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 were six breaches of legal requirements at the last inspection in November 2016. At our comprehensive inspection on 13 and 18 April 2017 the provider had followed their action plan which they told us would be completed on 28 February 2017 with regard to meeting the requirements of the regulations.

The service was mostly well-led. Quality checks had been implemented but did not always track where issues had been addressed or were still outstanding. We recommend that the service follows a recognised governance procedure to monitor quality. The provider had put in place a system to drive improvements in daily records through staff meetings and supervision, but we found this had not been fully effective. We recommend the provider implements a system to ensure care records are improved. The registered manager was well liked and respected. Staff morale was good and reflected the positive support from management. The registered manager had informed CQC of the relevant notifications as required by the law.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people at Watermoor House.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular individual meetings called supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was responsive to people's needs. Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained peoples dignity. People had end of life care plans which reflected their needs and preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment to support people.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

The registered manager had carried out the relevant checks to ensure they were employing suitable people.

Is the service effective?

Good ●

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals.

Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The environment had been adapted to meet the needs of people living at Watermoor House.

People were supported to personalise their living spaces.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity

and provided care which maintained people's dignity.

People had end of life care plans which reflected their needs and preferences.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans were person centred and contained sufficient detail to provide quality care and support.

People were supported to engage in a range of activities based on their preferences and interests.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

Quality checks had been implemented but did not always track where issues had been addressed or were still outstanding.

The provider had put in place a system to drive improvements in daily records through staff meetings and supervision, but we found this had not been fully effective.

The registered manager was well liked and respected. Staff morale was good and reflected the positive support from management.

The registered manager had informed CQC of the relevant notifications as required by the law.

Gloucestershire Old Peoples Housing Society

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 13 and 18 April 2017 and was unannounced. The inspection was completed by one adult social care inspector.

The last full inspection of the service was in November 2016. After that inspection the service was placed in 'Special Measures'. The purpose of this was to ensure the provider made the required improvements and then sustained those improvements. During this inspection we checked whether the requirements of the four warning notices and two requirement notices were met and improvements had been made to the service.

Prior to the inspection we looked at the information we had about the service. Before the inspection, we asked the provider to complete 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 planned to make. We also looked at the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and a GP practice.

During the inspection we looked at 10 people's records and those related to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with 12 people who lived at Watermoor House, five relatives, eight members of staff and the registered manager. We made general observations throughout the communal areas and dining rooms. We visited several of the bedrooms with permission from the people living at the home. We observed staff providing care and support throughout the day and how they interacted with the people and also each other.

Is the service safe?

Our findings

At our comprehensive inspection on 2 and 3 November 2016 the service had not ensured everyone had a risk assessment in place or that risk assessments were sufficiently detailed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 13 and 18 April 2017 this requirement had been met. We found people had clear and person centred risk assessments. These identified risks related to the care and support of people as well as environmental risks. For example, people who were at risk of skin breakdown had very little detail to their risk assessments during the last inspections. During this inspection, we found the risk assessments for these people were person centred and provided a clear skin care routine for staff to follow. Where people required assistance to move from one place to another, there were clear plans for their moving and handling needs. The staff we spoke with told us they felt the risk assessments had improved and now contained sufficient detail for them to feel confident they were providing safe care and treatment to people.

At our inspection on 2 and 3 November 2016, the majority of staff and relatives we spoke with told us there had been a high use of agency staff to cover staff shortages. People living at the home also told us they felt the agency staff were not always aware of people's needs and this had made people feel that they were not receiving safe care and treatment. During the inspection on 13 and 18 April 2017 we saw evidence of a decrease in agency staff use. There had been a recruitment programme following the last inspection and we saw evidence through staff rotas, speaking with staff and people living at the home that night shifts were all covered by permanent members of staff. The registered manager told us the recruitment drive would continue to fill the remaining gaps in staffing numbers to ensure day shifts were also filled by permanent members of staff.

Our observations and staff rotas confirmed there were sufficient numbers of staff to ensure people received safe care and treatment at Watermoor House. The registered manager told us they used agency staff from a regular agency to ensure staff continuity and minimise the impact of new agency staff members on people living at the home. The registered manager told us agency staff would not work alone and would be supported by permanent members of staff. The staff we spoke with confirmed this.

People told us they felt safe living at Watermoor House. People used comments such as, "I feel safe here", "I like it here, this is home" and, "I feel safe around the staff here." Relatives told us they felt their relative was safe and comfortable at the home. We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to

check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. The registered manager informed us how each member of staff had a recruitment checklist in their file to ensure all of the relevant documents had been seen prior to the person commencing their role.

The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people who used the service were kept safe.

Medicine policies and procedures were available to ensure they were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Their competency was checked and updated annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

The provider had implemented safeguarding procedures. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams were available.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

The premises were clean and tidy and free from malodour. The registered manager informed us housekeepers were employed who covered cleaning duties at the home seven days per week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Is the service effective?

Our findings

At our comprehensive inspection on 2 and 3 November 2016 we found the service was not working within the principles of the Mental Capacity Act 2005 (MCA). There were a number of people who were described by the registered manager as having more complex needs. These people lived in a secure wing of the home which could only be entered or exited via a key code. Although people had access to a garden, they could not leave the wing unless they exited using a key code or walked through the garden and grounds to the front door. At our last inspection, we found there was no documentation evidencing any of these people had been assessed as to whether they had the mental capacity to make the decision to live in this part of the home. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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 are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection on 13 and 18 April 2017, this requirement had been met we found there had been significant improvements. We found that all of the people living in the secure wing had capacity had consented to live in this part of the home and this was clearly documented in their care records. Where there were concerns around a person's levels of capacity to consent to particular decisions, a Mental Capacity Assessment had taken place. Where people were lacking capacity, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests. We saw evidence of how the registered manager had worked closely with the local authority to determine whether people were being deprived of their liberty under DoLS legislation. For example, one person had been assessed as lacking capacity and the service had consulted with the local authority on whether the interventions from staff could be considered as a deprivation of liberty. The registered manager had liaised with the local authority DoLS team to determine the interventions were not depriving this person of their liberty and a DoLS application was not required.

At our comprehensive inspection on 2 and 3 November 2016 we found the nutritional needs of people had not always been accurately recorded. We found inconsistencies in people's care files and it wasn't always clear what their dietary needs were. We also found that there were large gaps in monitoring the weight of people who required regular weight monitoring as they were at risk of malnutrition. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During the inspection on 13 and 18 April 2017, this requirement had been met and we saw evidence of significant improvements in this area. People's nutritional needs were clearly recorded in their care files. Care plans also included information around the support people needed at mealtimes. Where people

required weight monitoring, we found these had been monitored and recorded as detailed by a health professional.

We continued to receive mixed feedback regarding the quality of meals being provided at Watermoor House. The majority of people told us they felt the meals were of good quality using comments such as "It is good", "The food is good" and "The meals are excellent and there is always enough" to describe the food at Watermoor House. A small number of people told us they felt the meals were not of a good quality. One person said "I don't always like the food." The registered manager told us they continued to use resident meetings to discuss the menus to ensure the meals provided were chosen by the people living at Watermoor House. We looked at the records of the 'resident meetings' and saw that the menu was consistently discussed as an agenda item. One person told us they felt they were listened to and menus had been updated following meetings.

We observed positive interactions between people and staff. One person was being assisted with their meal by a staff member who provided this support in a kind and caring way. They took their time and did not rush the person. There was a positive atmosphere during lunch and there was lots of conversation between the staff and people during lunch.

People living at the home told us they felt they received an effective service from well trained staff. One person said "They are very good at their job. They definitely know what they are doing". The relatives we spoke with told us they felt staff were well skilled.

Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Training was targeted around people's presenting conditions such as, stroke awareness and dementia training. The registered manager informed us the majority of training provided to staff was through distance learning using an external training provider. This was training which staff completed through studying workbooks and completing competency assessments at the end of each module. The registered manager told us all new staff were required to complete the Care Certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff we spoke with told us they felt training provision had improved since the last inspection in November 2016. Staff told us they now had access to more face to face learning. Staff told us that although they still used workbooks from a distance learning provider, they received an increase level of support from management to discuss the learning from training. One member of staff said "I feel I can approach the manager and seniors a lot more now to discuss any questions I have about my training". Another member of staff commented how staff learning was also regularly discussed during supervision.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff informed us they had found the shadow shifts a 'good learning experience'. The registered manager told us new staff would also be mentored by a senior member of staff who they could approach if they had any questions or concerns. Staff told us they had found the mentoring experience to be positive and it gave them confidence there was somebody always available if they had questions during their induction.

Staff had received regular individual meetings with the registered or deputy manager called supervision.

These were recorded and kept in staff files. The staff we spoke with confirmed they had received supervision from the registered manager, deputy manager or senior carers. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded. One health professional told us staff listened to advice and implemented any suggested actions quickly. The care records we looked at confirmed relevant health and social care professionals were involved with people's care.

The building and gardens were maintained to a good standard. Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I really like the staff. They are very friendly." Another person said, "The staff are kind and caring." Relatives also said staff were caring. One told us, "X (name of family member) is very happy at the home." Care plans were regularly reviewed and attempts had been made to involve people and their families in the care planning process.

Staff said they felt the service provided was caring. A number of staff we spoke with said they would be happy for a relative of theirs to use the service. One member of staff said, "I love working here. All of the people here are fantastic."

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. People using the service told us they felt the staff were caring. Relatives we spoke to informed us they felt the staff were caring. People used statements such as, "The staff are caring" and "They (staff) are very good" to describe the staff at the home.

People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with stated they felt the staff knew their relative's needs well and were able to respond accordingly.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, the kitchen staff we spoke with were clear as to how they would meet a person's specific dietary requirements as a result of their cultural or religious background. People also had access to religious services if they indicated a preference to do so. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative said "There have never been any restrictions on visiting."

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. Where relevant, people had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files.

Is the service responsive?

Our findings

At our comprehensive inspection on 2 and 3 November 2016 the service had not ensured people's care plans were person centred or contained sufficient information to enable staff to provide person centred care to people. For example, the majority of the personal care plans we saw did not contain any information from the people receiving the support as to how they wanted their personal care to be provided. Where people required support with mobility and transfers, the care plans advised staff to use 'suitable aids' but did not go on to say what mobility aids the person required or what actual support they needed with their mobility. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The staff we spoke with at the last inspection told us they did not have sufficient access to computer systems to always be able to update people's care plans and daily records. Staff told us this had resulted in poor quality care plans and daily records.

During the inspection on 13 and April 2017, we saw a significant improvement in the overall quality of people's care plans. The registered manager told us the provider had invested in additional computers and tablet computers following the last inspection so that staff could have greater access to IT systems. The registered manager told us this was done to ensure records were person centred and up to date. Staff we spoke with told us this had made a positive impact and they now felt they had the appropriate structure to enable them to use the care planning and recording system appropriately. We found the care plans were person centred and provided a good level of detail to support staff to care for people. For example, personal care plans included details around what support people needed and also what aspects of their personal care routine they were able to manage independently. Individual care plans also detailed what people's likes and dislikes were in relation to their personal care routine. Where people required support with mobility, the care plans detailed what support was required from staff to support the person to mobilise safely. If a person had any equipment, such as a hoist, to support them, we found the care plans were detailed and contained clear instructions for staff to follow.

The staff we spoke with told us they felt care plans were more detailed and person centred and there had been many positive changes since the last inspection. One member of staff who had recently started in their post told us they had found the care plans to be detailed and a good reflection of the needs of the people living at the home. Another member of staff said, "The care plans are so much better now, they give us all of the information we need to help people." The majority of the relatives we spoke with told us they felt their relatives care plan had improved. People living at the home and their relatives told us they had been involved when staff were reviewing and updating their care plans.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, care staff would use the 'Key information' document in the care file to send to the hospital with the person. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. There was a full time activities coordinator employed at the home. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. A number of the people we spoke with praised the activities co-ordinator. One person said "She is great. She always has something planned." Another person said "She puts so much effort into her job. We are lucky to have her." Relatives we spoke with told us they felt there were enough activities.

There was a complaints policy in place which detailed a procedure for managing complaints. Where complaints had been made, there was evidence these had been addressed. The majority of the relatives we spoke with told us they felt issues were listened to by the provider and registered manager. The majority of the relatives told us they felt their complaints were resolved to a satisfactory outcome.

Is the service well-led?

Our findings

At our comprehensive inspection on 2 and 3 November 2016 we found that there were no quality assurance systems at Watermoor House. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During our inspection of the service on 13 and April 2017 we found some improvements had been made since the last inspection and systems had been implemented to check on the standards within the service. These consisted of a schedule of monthly audits and a monthly visit from one of the directors. The audits looked at; health and safety, infection control, care plans, medicines and the monthly completion of a care home audit tool. These audits were carried out as scheduled and it was evident from our observations corrective action had been taken when identified. For example, it was identified during one audit that a number of staff needed to update their first aid training. We saw from the training records that this had been actioned. One shortfall of the audit system was that although issues identified had been addressed this had not been recorded anywhere on the audit tool.

At our inspection in November 2016, we found that although daily recordings of people's care were kept, these were not detailed and did not give an individualised report of their care. The provider had put in place a system to drive improvements in daily records through staff meetings and supervision, but we found this had not been fully effective. When we looked at the daily records, we found there were still inconsistencies in the recordings. Although most of the records we looked at contained good levels of detail and were person centred, we found some of the records were still very brief and did not give a good report of the support provided to people. We could not be satisfied that the records would enable the provider to be assured that care was being delivered to meet people's needs and preferences.

At our inspection in November 2016, we found the registered manager had not submitted any statutory notifications to us. The provider has a legal duty to report certain events that affect the well-being of a person or affects the whole service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

During the inspection on 13 and 18 April and our monitoring of the service this requirement had been met. We found there had been improvements and the registered manager was now reporting incidents appropriately to CQC.

The registered manager had also failed to notify CQC of the deaths that had occurred at the home. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. Notification of death of service user.

During the inspection on 13 and 18 April and our monitoring of the service this requirement had been met. We found there had been improvements and the registered was now reporting death of a service user appropriately to CQC.

Staff told us communication between management and the staff had improved. Staff told us there were regular scheduled team meetings and there was an openness so staff could discuss any concerns they had. The staff we spoke with told us the team meetings were used to address staff learning as well as updates from the registered manager regarding the running of the home. The registered manager told us they will be introducing a staff questionnaire to further empower the staff to voice their opinions regarding their role and the care provided at the home.

People we spoke with told us they had 'resident' meetings approximately every two months. This was confirmed by the registered manager. People told us they felt these meetings were 'good' as it allowed them to express their views in relation to the running of the service. A number of people told us how the menu was a regular agenda in these meetings and they felt that their opinions were taken into account when developing future menus following these meetings.

Staff and relatives told us there was an increased management presence around the home from the registered manager. Staff said they had benefitted from this and told us how the registered manager and senior staff were available to answer questions and offer support. During our visit we saw the registered manager spending time with people living in the home offering drinks and giving other offers of support. Staff commented how the registered manager was more 'hands on' and involved in care matters throughout the home.

We discussed the value base of the service with the registered manager and staff. It was clear the values and visions of the service were shared across the staffing group. The registered manager told us how Watermoor House was the home of the people living there and the aim of the service was to provide high quality person centred care.

Staff morale had improved since the last inspection. All of the staff we spoke with felt morale amongst the staff group was good. One member of staff said, "The last inspection report really hit us hard but we worked together as a team and I feel the whole home is in a better place. We all worked together and are proud of the changes. It has brought us together." The registered manager told us that although the last inspection report had raised a number of issues, the staff had all come together and worked hard to improve the service. The registered manager said, "We've all worked very hard and want to make Watermoor House the best it can be for the people living here."

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

The manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

Following our inspection of the service, we recommend that the service follows a recognised governance procedure to monitor quality.