

Barchester Healthcare Homes Limited

Wadhurst Manor

Inspection report

Station Road
Wadhurst
East Sussex
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Tel: 01892786700

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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?	Good ●

Summary of findings

Overall summary

About the service:

Wadhurst Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Wadhurst Manor accommodates 65 people in one adapted building. At the time of this inspection 46 people lived at the service. The building was purpose built with well-designed areas for people to enjoy dining experiences. There was access to pleasant outdoor spaces for people.

The home was laid out over three floors. The middle floor was called 'memory lane.' People who lived with dementia were supported there on two 'units' called; 'Topaz' and 'Amber.' On the top floor people were supported with lower level 'residential' assessed needs in five of the rooms.

People's experience of using this service:

People continued to receive a service that provided 'Good' outcomes. People were happy with the care they received and enjoyed living at the service. One person told us, "This place [Wadhurst Manor] has been a saviour to me. I cannot fault them in anyway."

People felt safe and told us that staff supported them to feel safe at Wadhurst Manor. Staff were trained to support people's needs safely and understood how to raise safeguarding outside of the service should they need to. Staff told us they did not have any current concerns for people.

Risks to people and the wider environment were identified and managed to ensure people were safe. Safety measures such as window restrictors were used. Appropriate safety checks were completed to ensure that equipment was well maintained and safe for use.

Medicines continued to be managed safely and people received their medication as prescribed and 'as required.' People were supported to maintain their independence in their daily activities and choices and were facilitated to 'self-medicate' medicines when desired and assessed as safe to do so.

People were supported to have maximum choice and control of their lives. Staff aimed to support people in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that they asked people for their consent before they supported them with any activities of daily living.

Staff understood the principles of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty safeguards [DoLS] procedures. The management team had notified us appropriately when DoLS applications had been

authorised.

People were given enough to eat and drink to meet their nutritional needs, choices and preferences. People's more complex nutritional needs were identified and met appropriately. For example, Malnutrition Universal Screening Tool [MUST] monitoring was used, and professionals were referred to without delay, when people needed support regarding identified risks of choking or malnutrition. Kitchen staff were fully aware of people's individual dietary needs.

Activities were provided as groups or on a one to one basis and people said they enjoyed these and that staff positively encouraged them to join in when appropriate. There were links to the wider community and people and their relatives were invited to attend sessions and talks at the service regarding dementia care to enable this to be more understood and for people and their relatives to feel supported and informed.

Complaints were managed well, and people felt listened to. The new management team were proactively working to address any concerns or complaints raised.

The service was well-led by the new management team who worked well together. People said the management were friendly and approachable. One person said, "The manager is lovely she comes to see me." Another person told us, "The manager is very good to me she comes in to see me." There was an open and transparent approach with the way the service was run. Staff were encouraged to voice their views which were listened to and acted upon by the management team. The new manager had applied to become registered with the Care Quality Commission as they are required to do so.

The management team received positive accessible support from a senior management team and specialist trainers within the organisation to support them to manage the service. There were robust quality monitoring systems to closely monitor the quality and safety of the service people received at Wadhurst Manor.

Rating at last inspection: Good (Report published July 2016)

Why we inspected: We inspected as part of our usual inspection methodology for services rated as 'Good.'

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

Wadhurst Manor

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by three inspectors, an assistant inspector and an expert by experience [ExE]. An expert by experience [ExE] is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Wadhurst Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection a new manager had been appointed in December 2018 and had submitted an application to us to become the registered manager for the home.

Notice of inspection:

This inspection was unannounced. The inspection took place on the 21 February 2019.

What we did:

We reviewed information we had received about the service. This included details about incidents the

provider must notify us about by law. We reviewed the Provider Information Return [PIR]. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to and reviewed the following information:

- We spoke with and observed care and support for 16 people
- We spoke with four relatives and received positive feedback following the inspection from a further relative for one person
- We spoke with staff; including, the deputy manager, visiting deputy manager from sister home, two registered nurses, a senior carer, an activities coordinator, six care staff, the organisations; regional director, a development nurse and a dementia specialist trainer. We were not able to speak with the new manager on the day of this inspection as they were on leave. We spoke with them following this inspection.
- Notifications we received from the service
- Completed CQC surveys from people who used the service
- Ten people's care records and risk assessments
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

During and immediately following this inspection, we received evidence and information from the provider to demonstrate they had taken robust actions to address the feedback we gave to them on the day of the inspection. Action was taken to increase staffing levels, improve records for 'as required' medicines and to review and improve holistic care planning for behaviours that may challenge. This meant that assurances were given so no further action was required from a regulatory perspective at the time.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in April 2016 we rated this key question as 'Good.' At this inspection we found that people continued to receive a safe service with 'Good' outcomes.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management:

- People were supported by safe systems and processes which supported them to be and feel safe living at Wadhurst Manor. There was an open culture which encouraged staff to feel confident to express their views and any concerns they may have through staff meetings and supervisions.
- People told us they felt safe at Wadhurst Manor. One person said, "I am safe because I am in capable hands. They [staff] just weigh up the risks." Another person said, "I feel safe because I have no worries."
- Staff knew about and understood safeguarding policies and procedures and were confident with what action to take under the whistleblowing policy. Staff spoken to felt able to report any poor practise if they saw it and also confirmed that they had not observed any practice of concern. One staff member said, "I haven't seen anything to worry about, which is good."
- Risks to people and the environment were assessed and action taken to mitigate risks when identified. Records showed that risks were closely monitored and responded to as required to reduce risks for people. Records reviewed for ten people had up-to-date and necessary risk assessments. This included risk assessments for falls, moving and handling, pressure ulcers and continence. There were up-to-date and suitable care plans in place correlating to all risks identified for each person.

Staffing and recruitment:

- Staff received the relevant safety training in their roles to enable them to provide safe care and treatment for people. This included moving and handling, medicines management, safeguarding, food safety, fire safety, infection control and supporting people with behaviours that may challenge and 'distress reaction training' through dementia training programmes provided within the organisation by dementia specialists.
- Staff continued to be recruited safely. We reviewed staff recruitment files which contained relevant safety checks to ensure that staff were of good character to work in the service. There were enough staff to meet people's needs. Some people, staff and visitors said that there weren't always enough staff. However, one person said in response to staff responding to them when they used their call bell for assistance, "They

come quite quickly." We asked the deputy manager to review how staff were deployed in the home. They did this during the inspection process which meant there were enough staff to meet people's assessed needs.

- Agency staff were used to cover shifts at the home. Since the last inspection, processes and monitoring systems for agency staff had improved. The deputy manager ensured they provided agency staff with an induction and completed competency checks of their practice at the home. Agency staff had a profile which showed the skills they had for the work they were required to do at Wadhurst Manor. The deputy manager reviewed this.

Using medicines safely:

- Medicines continued to be stored, administered and disposed of safely. There were robust systems and processes to audit and monitor medicines management which the deputy manager reviewed. People received their medicines as prescribed. One person told us, "I get my pills regularly."

Staff were trained, and their competency assessed to give medicines to people. Nurses said they had read the medicine policy and stated they had to sign a form to evidence this. The deputy manager completed medicines competency assessments to ensure staff were able to give medicines safely. We saw examples of medication competency assessments that had been completed for agency staff.

'As required' [PRN] protocols were being improved and developed during this inspection. We saw an example for one person of their 'as required' protocol for medication to relieve symptoms of anxiety. The protocol described they were able to consent to the use of this medicine and reminded staff of their ability to contribute to the decision. This was positive and showed that people were involved in decisions about their medication.

Creams that were kept in people's rooms were signed and recorded in daily records when they had been applied by care staff. Body maps were used to show where cream should be applied and also where patches had been placed, showing that the patches had been appropriately applied to alternate shoulders. 'Homely remedies' were listed for each person and had been signed by a GP to show there were no contraindications for people with their regular prescribed medicines.

- People were supported and enabled to retain their independence and to self-administer their medicines when this was safe for them to do so. One person told us, "I self-administer mine. I shall be doing that when I go home." They also said how they receive appropriate support from nursing staff with other medicines. They said, "I have patches for pain, but they deal with that. The Nurses are excellent."

Preventing and controlling infection:

- People were protected from the risks of infection by safe systems and procedures. Six monthly full infection control audits were completed at the service. Staff had access to personal protective equipment [PPE] as required. We observed staff used this equipment appropriately.

Dedicated housekeeping staff ensured the service remained clean and tidy. A housekeeper told us, "I clean the room every day. On a resident's special day once a month I do a deeper clean. I enjoy my work."

Learning lessons when things go wrong:

- Lessons were learned when things went wrong. The deputy manager described how processes had been

changed at the home regarding catheter care for one person following a complaint they had received. This ensured that catheter care would be managed more safely in future. Records during this inspection confirmed that people who had urinary catheters received the care they required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in April 2016 we rated this key question as 'Good.' At this inspection we found that people continued to receive an effective service with 'Good' outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed in a holistic person-centred way. Relevant information was available in people's care plan records to enable staff to meet their identified needs. Specific specialist needs were identified such as for people who used urinary catheters and colostomies, there were care plan records to show what support was to be provided.
- Individual needs and disabilities such as visual or hearing sensory loss were supported appropriately by staff and people were not discriminated against due to any disabilities they may have or live with. People had fair access to receive the care and treatment they needed with the required levels of staff input, intervention and support. We observed staff interacting positively with people in accordance with their needs.

Staff support: induction, training, skills and experience:

- Staff continued to be well trained to meet the needs of people who lived at the service. The organisations development nurse was developing additional 'condition specific' training in subjects which included diabetes and Parkinson's disease for staff.

People said that staff were well trained and had the correct skills to support people effectively. One person told us, "I think they are well trained. They always have two carers to hoist my husband on to his chair."

Staff told us that training opportunities were good at the service. One member of staff told us that it's, "all about upskilling staff here" and another said training was, "good here."

- New staff were supported with robust induction programmes appropriate to their roles and responsibilities. This included completion of the 'Care Certificate' which is a nationally recognised set of 15 standards that care staff are expected to complete to be competent. The newly appointed deputy manager confirmed they had been supported with leadership training as part of their induction to their role which they had found beneficial.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies

to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were supported to eat and drink enough to maintain a balanced diet. We observed a relaxed atmosphere on the ground floor. Lunchtime was sociable time for people in the dining room and people sat with their friends. A small purpose designed café with fresh cakes and pastries and access to use the coffee area was enjoyed by people and their relatives.

We observed drinks being given to people in the morning. People were asked for their choice of drink and provided with a drink which met their identified needs. For example, one person had a beaker and straw which matched with their nutritional and hydration care plan which a staff member described.

People were happy with the food choices provided and stated these met their preferences. One person said that the, "Food is very good. We can have what we want really. I Can have something else if I don't like what is offered, can't fault them."

People with more complex eating and drinking needs were appropriately supported. We observed people who required assistance to eat their meals. We saw one staff member spoke in a friendly manner and encouraged them to eat their meal. They did not rush them.

People at risk of malnutrition were supported appropriately with prompt referrals to relevant healthcare professionals. Their nutritional care plans include appropriate guidance from professional that staff had followed. Kitchen staff had been provided with up-to-date nutritional information for each person identified at risk of malnutrition and meals were being prepared accordingly.

For people who may have been at risk of choking, the staff daily 'handover' sheet detailed information against people's names which showed if they were at risk of choking and why. There were notices about, "The management of choking" which provided staff with guidance displayed in the service.

The provider had a 'choking policy'. There was a flowchart in the policy which outlined the management of choking and referenced up-to-date UK Resuscitation Council guidelines and a recent National Patient Safety Alert.

- Referrals were made to health professionals when needed. Regular referrals to speech and language therapy [SaLT], chiropody, dentists and opticians were made as required. GP visits happened regularly on a weekly basis. Staff sent a list of people for the GP to see during the regular visit. People were seen by a doctor at other times as well as needed.

Adapting service, design, decoration to meet people's needs:

- The service was purpose built and provided a safe and pleasant environment for people who lived there. There were well maintained outdoor spaces for people to access.
- People were supported to personalise their bedrooms with their own belongings. One person had been able to bring their grandfather clock with them. One person's relative told us, "We insisted on having a lovely garden room. She is very happy here."
- The 'memory lane' units had been redecorated and included items that staff told us were "dementia friendly." Within the units there were opportunities for people to walk the space freely and safely with

equipment to engage their interest. There were 'props' and different materials for people to touch for a sensory experience. Toilets were labelled with clear pictures to show people where these were. This supported people to orientate around the unit.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider was working to the principles of the MCA and DoLS applications and authorisations processes.

- Staff could clearly tell us what was meant by MCA and DoLS. They also confirmed that they were up-to-date with their annual training for these subjects. A member of staff responsible for training delivery told me that MCA and DoLS training was mandatory for all staff and delivered through a combination of e-learning and face-to-face sessions.

One senior member of staff told us that people had a mental capacity assessment completed by a manager [when required] and that people who lived on Amber unit had either a DoLS authorised or the provider had applied for one. We reviewed the care records for six people and all had mental capacity assessments and DoLS applications, with one DoLS authorisation in place.

People had appropriate decision makers identified when they may not be able to make specific decisions. For people who had lasting power of attorneys [LPAs] agreed in law, there was information held about who these identified people were and what their decisions were in relation to for the person. E.g. health and welfare and / or finance and property affairs.

We reviewed the policy in place titled, 'Mental Capacity and Deprivation of Liberty Safeguards.' This policy outlined staff's responsibility in relation to MCA and DoLS with reference to relevant legislation including The Mental Capacity Act (2005).

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in April 2016 we rated this key question as 'Good.' At this inspection we found that people continued to receive a caring service with 'Good' outcomes.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care:

- People were treated with kindness and compassion and their protected characteristics were protected by well-trained understanding staff.

The deputy manager told us that staff had Equality, Diversity and Human Rights [EDHR] training and that there were no people living at the home who required support for diverse cultural needs. They confirmed that they personally checked all referrals from people to the service and that the provider, "Welcomes everyone." They also told us that the provider and managers of the service would challenge anyone acting in a discriminating way immediately.

For example, the deputy manager had challenged an allegation of racist behaviour from an agency staff member. This was dealt with immediately and thoroughly. The staff member was investigated by the agency and did not return to the service.

- People said that they were treated with dignity and respect and that staff cared about their individual needs and preferences. One person said, "They always treat me with dignity and respect, especially when dealing with personal care. They ask and cover you discreetly." Another person said, "The carers are excellent they know all about my likes and dislikes."

- We observed that people were well presented. Some people had manicures and wore jewellery and others were shaved and smartly dressed in a casual wear.

- People were supported to maintain their independence where possible. Some people were facilitated to 'self-medicate' when safe to do so and were enabled by the nursing staff to make these independent decisions. One person said, "I attend to all my personal care. I shave shower whenever I want. I need to keep my independence for when I go home."

Another person told us how they enjoyed sitting independently in their car which the provider had permitted them to keep in the service car park. A further person said they were supported to enjoy their hobbies and

preferences independently. They said they liked to, "Stay in my own room. I don't want anyone to read to me. I can read myself."

- People's confidential records were held securely. This ensured their privacy was maintained in line with legislation and best practice guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At our last inspection in April 2016 we rated this key question as 'Good.' At this inspection people continued to receive a responsive service with 'Good' outcomes.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The service responded to people's individually assessed needs appropriately and people's care needs were reviewed regularly. For example, we reviewed the care records for one person who had a urinary catheter. Their continence needs had been assessed upon their admission to the service and there was an up-to-date care plan for continence care which had been regularly reviewed. Records showed that the catheter had been changed monthly in line with manufacturers recommendation and that necessary manufacture information, such as serial number of product had been recorded at each change.
- People were responded to appropriately depending upon their identified communication needs. The provider was developing their systems in relation to the Accessible Information Standard [AIS] at the time of this inspection. Despite this not yet being clearly identified, we observed staff communicated positively with people. The deputy manager said they would ensure that people's records clearly reflected their communication needs to support them to move between services more easily. For example, if they needed to go into hospital or other service, professionals would be able to support them because they had information about their communication needs and how to address these individually for people.
- People were involved in decisions about their care as appropriate and others with authority to act on their behalf were consulted about people's care. One person told us, "My daughter has PoA [Power of Attorney] I expect they discuss it [care plan] with her."
- People enjoyed leisure activities that were important to them. The provider facilitated and permitted people to have access to technology that supported these interests. For example, one person said, "I like to have sport on my TV and was not happy with BT Sports, so I had a Sky 'Q' Box installed." Two other people confirmed they had computers although he no longer used theirs. One person said, "I use mine for playing games and information."
- Activities coordinators supported people to engage in meaningful activities. We observed one person on 'memory lane' engaged on a one to one basis with a staff member reminiscing over their favourite chocolate products with a book of photographs used to aid the conversation.

People were happy with the choices of activities. One person said, "The activities are excellent." Another

person told us, "They [staff] knock on your door and encourage you to take part."

We spoke with the activities coordinator who told us, "I have had excellent support from the regional training manager and support for my budget. I bring in entertainers and pets (last week we had two goats) I have a programme for adopting an animal at Port Lympe and making visits which has been given the 'go ahead'."

- People were supported to live good ordinary lives at the service and were encouraged to complete daily activities of their choosing. One person went outside to use a smoking area and another ordered drinks and additional food online. There was access to the internet if people wished to use this. People used their own mobile phones and staff said they gave them the main phone if relatives or friends rang them. People's free movement was not restricted on the ground floor of the service. People living on the middle floor had key code access to the units so that people were able to be supported safely when living with dementia. Staff said that people were brought downstairs to join in with activities from the 'memory lane' units on occasion.

There were positive links to the wider community. The organisation had a 'community engagement officer' who the deputy manager told us, came into the service to provide "dementia friendly sessions" for people and their relatives. We saw that two sessions had already been held.

The deputy manager also told us that they, "have a dementia café every last Wednesday of the month. We have regular relatives who come in for that which we hold on the ground floor." These sessions supported relatives to receive information about the disease progression of dementia. The deputy manager confirmed that "people attend as well."

Improving care quality in response to complaints or concerns:

- There was an open and transparent culture regarding the management of complaints. People felt listened to and were responded to appropriately when they or their relatives raised any concerns or complaints about the service. People said they were confident to raise concerns / complaints. One person said, "If I had to make a complaint I would speak to the Nurses."

- People said they didn't often need to raise any complaints. One person said, "No complaints. Usually do what I want, which is good."

- The providers PIR stated that they had made some service improvements by listening to a complaint that a person had raised. They said that concerns had been raised about the, "quality of the food" and that there had been a meeting with the Chef." As a result, "there was a change of menu."

- People and their relatives had completed a survey since our last inspection, called 'Your Care Rating [2017/18].' Within this it had been identified that people may not always be satisfied with the way their complaint or concern was dealt with by some staff. This survey had been completed before the new manager and new deputy manager had been appointed. At this inspection, the deputy manager provided assurances that people were now listened to. People told us that they had spoken with the management about concerns or complaints they had and did not raise concerns with us that their complaints were not managed appropriately.

End of life care and support:

- People were supported appropriately at the end of their lives. Staff received first aid training to enable them to respond to people's need to be resuscitated as required. Further training for staff to attend regarding end of life care was being sourced by the development nurse and management of the home at the times of this inspection.

Clear systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people could die with dignity. This is known as a 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPRs so that people's wishes were known and respected.

The daily 'handover' sheet detailed those people with DNACPR's which reminded staff which service users were not to be resuscitated and those that were.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in April 2016, we rated this key question as 'Requires improvement.' We found the leadership of the service was not always effective in all areas. For example, records regarding agency staff induction and competencies for medicines management were not always completed appropriately.

At this inspection we found the deputy manager had acted to implement robust processes that addressed this. Records showed thorough checks and competencies were now completed. The deputy manager said, "I also observe the agency staff for about half an hour to make sure they [agency staff] are doing things right." Records stated this was the case.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- There was a positive, open and transparent culture across the service. The management team understood their roles and took responsibility to lead the service well. Candour was evident across the service. Clear accountability and actions were taken when service shortfalls were identified. We received notifications of events and incidents that providers are required to tell us about in law.
- There was a new management team at the service. The manager had been in post for two months and the deputy manager for six months at the time of this inspection. The new manager had submitted their application to become the registered manager.
- The organisations regional director told us that the newly appointed manager was, "A very knowledgeable professional who has taken a grasp of the home." They also said, "I think the home is going from strength to strength. We have an amazing deputy manager and are full of confidence with their ability. The home is a calm home."
- Staff took pride in their work and said that they were supported by the management team. All staff said they enjoyed working at the service. Some staff raised concerns that there may not be enough staff on duty at times. This was immediately addressed and responded to by the deputy manager and regional director. One staff member said, "We all work as a team. Management has supported me. I am very pleased with [manager]. I've been to them with issues and they have dealt with them and resolved them."

- The management team were supported by a strong organisational leadership. Systems and processes provided clear, robust oversight to the day to day running of the service. The regional director completed monthly audits with quality improvement reviews [QIR] completed three times a year by other senior management representatives.
- People were positive about the management and staffing at the home. One person told us, "Staff are excellent, they are around if I need anything." One person's relative told us, "Staff are very good, we have no concerns. There is a new manager who seems very nice and [deputy manager] is always around if I need to check or ask anything."
- Staff success was valued and positively recognised. There was an "Employee of the month" systems where nominations for staff were completed by staff, relatives or people who lived at the service. At the end of the month staff were selected who had received the most positive feedback across the board. The reasons why staff had been recognised were also recorded. This enabled other staff to learn from their colleagues' successes and to be able to replicate and achieve in their roles. The deputy manager told us that the "employee of the month was given a voucher and gifts. We saw that the staff member of the month was displayed in the main foyer of the home with their photograph.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- People were provided with opportunities to be involved and to voice their views of the service provided. People and their relatives were asked to complete surveys on an annual basis about various aspects of the service received. We reviewed the feedback from people and their relatives in this survey and found that some areas had been identified by the organisation to improve. The new management team were starting to address this feedback proactively.
- Staff were encouraged to speak honestly and openly during staff meetings to communicate ways of improving the service. The management team acknowledged staff views of the service. We saw minutes of a staff meeting at the time of the inspection where staff had asked for better organisations of staffing to the 'memory lane' units. This had been acted upon by the management team.
- The management team worked proactively with external agencies including social services and multidisciplinary health professionals to ensure people received joined up care.