Four Seasons (No 9) Limited

Bon Accord

Inspection report

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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

A comprehensive inspection took place on 6 and 7 November 2018. The inspection was unannounced.

Bon Accord 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.

Bon Accord is a nursing home providing accommodation for people who are living with dementia and who may require support with their nursing and personal care needs. Bon Accord is registered to accommodate 41 people. Some of the rooms were designed as shared rooms; however, rooms had been converted and were now single occupancy. This meant that the home could accommodate a maximum of 33 people. There were 26 people living at the home at the time of the inspection. The home is a large detached property situated in Hove, East Sussex. It has three communal lounges, two dining rooms and communal gardens.

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.

At our last inspection in November 2017, the service was rated requires improvement. This was because the service was not at full occupancy and the provider could not demonstrate that existing staffing levels could be maintained if occupancy increased. We found that the provider was not always working in accordance with legislative requirements in relation to gaining consent. We also found that the provider had not always considered and recorded peoples end of life wishes. At this inspection on 6 and 7 November 2018 we found that the management team had taken steps to improve these areas. The overall rating for the service has improved to Good.

People, their relatives and staff spoke positively of the improvements made to the governance of the service. Quality assurance and information governance systems were in place to monitor the quality and safety of the service. Staff worked well together and were aware of their roles and responsibilities.

People and their relatives told us they had trust in the staff and felt safe and secure living at Bon Accord. Staff showed a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was also aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staff remained kind and caring and had developed good relationships with people. People's privacy was respected and staff supported people to be as independent as possible. People were involved in making decisions about their care.

Risks relating to people's care were reduced as the provider assessed and managed risks effectively. People were encouraged to be as independent as possible. There were effective infection prevention and control measures in place.

People's medicines were managed safely by staff. People were supported by staff who had been assessed as suitable to work with them. Staff had been trained effectively to have the right skills and knowledge to be able to meet people's assessed needs. Staff were supported through observations, supervisions and appraisals to help them understand their role. The provider had ensured that there were enough staff to care for people.

People continued to receive care in line with the Mental Capacity Act 2005 and staff received training on the Act to help them understand their responsibilities in relation to it. People's capacity to make decisions had been carefully assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs continued to be assessed and person-centred care plans were developed, to identify what care and support was required. People received personalised care that was responsive to their needs. People received compassionate support from staff at the end of their lives and staff were proactive in recording people's wishes.

People were encouraged to live healthy lives and received food of their choice. People received support with their day to day healthcare needs and were encouraged to live healthier lives.

People were informed of how to complain and the provider responded to complaints appropriately. The provider communicated openly with people and staff. Staff worked closely with professionals and outside agencies to ensure joined-up support.

Managers and staff learnt from feedback and took action to improve service delivery following incidents, accidents and audits.

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 had improved to Good

People were safeguarded from abuse by staff who were aware of their responsibilities to protect people effectively.

The provider had a robust recruitment process in place to ensure that they were safe to work with people. There were sufficient numbers of staff to keep people safe.

Medicines were managed, stored and administered effectively. This process was audited effectively.

Individual risks to people's safety had been assessed thoroughly and reviewed when needs changed.

Lessons were learned when things went wrong.

Is the service effective?

Good

The service had improved to Good

Carers and workers received the training and support they needed. They understood their responsibilities with regards to seeking consent and the Mental Capacity Act 2005 and supported people to make decisions about their lives.

People were supported to have enough to eat and drink and to access health care services when they needed them.

People's needs had been assessed effectively to achieve the outcomes they wished.

Staff worked well together, and with other professionals, to ensure people received effective care and support.

People's individual needs were met by the design and layout of the service.

Is the service caring?

Good

The service remained Good

People were treated with kindness and compassion by staff who respected them.

People were supported to express their views and involved, as far as possible, in making decisions about their care.

People's independence was promoted and staff respected people's privacy and dignity.

Is the service responsive?

Good

The service had improved to Good

People's care plans were person-centred. People were involved in creating their support plans. People were supported to access activities and maintain relationships that were important to them.

People were supported to complete advanced care plans to ensure that their wishes for end of life support were completed.

Complaints procedures were in place and people told us that they would feel comfortable raising concerns if they had to. Complaints were used by the provider to improve the delivery of care.

Is the service well-led?

Good

The service had improved to Good

Quality assurance and health and safety systems were effective and embedded into practice.

The management promoted an open and transparent service that encouraged feedback and discussion to drive improvement.

People and staff were actively engaged and involved.

The service worked closely in partnership with professionals, agencies and local authority teams to ensure joined up and effective support.

Bon Accord

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.

A comprehensive inspection was carried out on 6 and 7 November 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, on 27 November 2017, we looked at information we held, as well as feedback we had received about the home. Following the last inspection, we did not ask the provider to send us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we spoke with seven people and eleven members of staff. These included the registered manager, regional manager, two registered nurses, five care workers, the activities coordinator and the chef. We also spoke to four relatives. During the inspection we spoke to two healthcare professionals about their experiences of the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, records of medicine management, recruitment records for staff, quality assurance audits, complaints management, training programme, incident reports and records relating to the management of the service. We spent time observing care and support in the communal lounges and observed the lunchtime experience that people had. We observed the administration of medicines and activities that were taking part in the service.

Good

Is the service safe?

Our findings

At the previous inspection on the 27 November 2017, it was identified that there was an area of practice that needed to improve. The service's occupancy level was reduced and, although staffing levels were sufficient to meet people's needs and ensure their safety, we were unable to determine whether the service provision could be sustained over time, should the number of people living at the home have increased. At this inspection, we found that the occupancy level had marginally increased and that the service had sufficient staff to meet the current provision.

People were protected from harm and kept safe by a skilled and knowledgeable staff team. Staff had received training, and demonstrated that they understood their responsibilities, with regard to safeguarding people. The provider had a comprehensive safeguarding policy in place and had a consistent and open approach to dealing with safeguarding issues when they occurred. All staff had undertaken raising concerns and whistleblowing training so that they were supported to confidently raise concerns about people's safety should they need to. One staff member told us, "If I felt the service user wasn't safe or was vulnerable I would discuss it with the manager."

People and their relatives told us that they felt safe and that measures were in place to ensure their safety. One relative told us, "My husband is safe. They have things in place to warn them if he moves, like a sensor mat by his bed." Risk assessments for people's health and social care needs were in place and regularly reviewed. People were involved in the development of their risk assessments. Risk assessments were detailed in identifying specific risks to people and what actions and measures were required to reduce that risk. For example, one person's mobility risk assessment identified that they were at risk when seated in a chair due to the risks linked to low blood pressure. The assessment then guided carers on the appropriate level of observation to mitigate this risk. Another person had an assessment to determine the risks associated with the use of bed rails which they had required to remain safe. The assessment provided good guidance for staff in using the bed rails to maintain the person's safety in line with the provider's bed rail policy. The assessment had considered the person's capacity to consent to this restrictive practice

When people were supported with other activities by professionals they were protected by staff and professionals who worked closely together. We observed people, some living with dementia, being supported in one of the lounges by a visiting hairdresser. The hairdresser told us, "We try to avoid all risks. All residents are guided to us by carers. We never leave anyone unsupervised. We keep all wires behind clients, never in front. We make sure there are no trip hazards. It is our duty of safe care."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Actions identified in fire risk assessments had been completed within agreed timescales to ensure continued compliance. Personal Emergency Evacuation Plans (PEEPs) were in place for each person, detailing the support they would need in the event of an emergency. Staff undertook fire response training and we saw evidence of regular fire drills that had been carried out successfully.

People continued to receive medicines in a safe and timely manner. People told us that they were provided with medicines when they needed them. Staff were trained to administer medicines and recording was consistent and accurate. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. Medicine policies were available for reference within the medicine record books, while staff had access to medicine lists that detailed what they were used for and their side effects. Protocols for the administration of auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed. People had individual guidance for receiving medicines 'as and when required' (PRN). This provided clear guidance for staff as to how to recognise when someone might require the medicines. It detailed the name of the medicine, the purpose, when the medicines should be administered, the duration of time required in-between doses and when to seek further advice from a healthcare professional. No one was receiving covert medicines at the service although the providers care planning ensured that this would be managed when necessary. People were assessed to determine the level of support they needed with their medicines and medication care plans, together with people's dependency were reviewed monthly.

People were protected by the prevention and control of infection. People were cared for in a clean, hygienic environment and control measures were in place to minimise risks of cross infection. We observed staff using protective equipment such as gloves and aprons to reduce cross infection risks. Staff had a firm understanding of infection control procedures. Records confirmed that a regular cleaning regime was in place. Staff had undertaken infection control training and infection control audits were carried out to ensure that standards were maintained and any improvements made.

Incidents and accidents were recorded and reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. Issues were identified and both immediate and ongoing changes were made to prevent further incidents occurring.

Good

Is the service effective?

Our findings

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.

At the previous inspection on the 27 November 2017, it was identified that there was an area of practice that needed to improve with respect to DoLS (Deprivation of Liberty Safeguards). Applications for DoLS had been submitted to the local authority when staff had recognised that people's freedom was being restricted. Where DoLS had been authorised, some conditions were imposed and staff were required to ensure that these were being met. At the previous inspection we found that while most conditions were being met, some were not being carried out fully. At this inspection, we found that staff awareness of the conditions on some people's DoLS had increased and that these were being met by management and staff. The registered manager understood the importance behind best interest decisions and the need to ensure that these decisions should be recorded accordingly. Records for one person showed active involvement of family members in the best interest decisions, which were fully documented. Staff demonstrated a good working knowledge of the issues around capacity and decision making. Staff informed us that people should be supported to make their own decisions as much as possible. Consent was always obtained by staff who ensured that people understood the information they needed to make a decision. One staff member said, "If they are able, they can make decisions about what they want to do and how they want to do it."

Staff assessed people's care and support needs, so they could be certain that their needs could be met. Information was used to develop a comprehensive care plan for each person which detailed the person's needs, and included clear guidance to help staff understand how people preferred, and needed, their care to be provided. Assessments were holistic where people's physical health, mental health and social needs were considered. People's protected characteristics in terms of religious, cultural and equality needs were considered as part of the assessment and care planning process to ensure these needs were met.

Staff continued to undertake a programme of essential training, which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in areas relevant to people's needs, including moving and handling, safeguarding, fire awareness, health and safety and dementia. New staff were supported to undertake an induction which included training in, and understanding of, the providers policies and procedures. They also shadowed established care staff to understand the role and care they would need to provide. New staff also undertook the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers.

Staff were also supported to complete training in areas that were specific to the health and care needs of people at the service, for example dementia and diabetes. The service had launched the dementia care framework which provided staff with specialist training and guidance to further their support to people living with dementia. Staff told us that there was enough training and they did not feel they had any gaps in their knowledge. One relative told us, "Staff are well trained. "Training was reviewed regularly and staff were supervised to ensure their practice remained at a good standard. Staff received continued support to understand their roles and responsibilities, through supervision, where they could discuss any concerns.

People were supported to eat and drink enough to maintain a balanced diet. Diet and nutrition assessments were completed that obtained people's dietary likes and dislikes. Choking risk assessments were also completed as some people required specific support with their food. For example, details on the size and consistency of people's food was recorded where people had difficulty swallowing food. Staff had ensured that people received specialist input through timely referrals with speech and language therapists (SALT). SALT guidance had been transferred to people's care plans and we found that this information had been conveyed effectively to the chef and kitchen staff. The chef showed us detailed individual information sheets showing people's dietary needs and demonstrated a good knowledge of people's requirements.

People told us they enjoyed the food and drink provided. We observed the lunchtime experience and the food looked and smelt appetizing. We saw that people left very little food after eating and they looked content with what they had received. One person who expressed a dislike of her main meal to a carer, was offered alternative dishes, which she was given. The person appeared very satisfied with the response of staff and of the quality of her meal. One relative told us, "If they don't eat much the carer makes a note and offers something different." Some people chose to eat their lunch on small individual tables in the lounge areas and were supported to complete their meal if needed.

People continued to be supported to access healthcare services and to attend appointments with their GP, or specialist health-care professionals. Staff monitored people's health effectively and supported them to make ongoing referrals to other services when their health needs required it. We received positive feedback from professionals on the effectiveness of staff to follow guidance that they had provided. One health professional told us, "Staff carried out exactly what we asked them to do. They have done a fantastic job, and informed us in a timely manner." People's relatives told us that staff were attentive in ensuring that their family member assessed needs were carried out. One relative told us, "My mother receives care when necessary and because she is bed bound they check on her on her every hour and it is not just a tick in a folder."

People's needs had been met by the adaption and decoration of the premises. People's doors had been painted in vivid and different colours that reflected people's choices. Numbers were also prominent in a way that supported people to identify their rooms with little difficulty. People's mobility had been supported by the improvements made to the flooring within the service. New hardwood floors had been laid and people and their relatives had acknowledged the improvements. One relative told us about their family member, "She is safe because there are no trip hazards. The new floors are excellent." People living with dementia were supported by changes to the environment. The service had different coloured seats and prominent hand rails that made them more visible and practical for those with dementia. One relative told us,"In the last year there have been many décor improvements and everything is more dementia friendly."

Good

Is the service caring?

Our findings

People and their relatives told us that staff provided kind and compassionate support. One person told us, "The carers are excellent. They listen to residents and show they care."

People were given emotional support when they needed it. We observed one person throughout the inspection receiving support from different members of staff around the home. The person actively engaged in conversations with those they came across, but on occasions required emotional support due to the nature of their dementia. Staff were quick and attentive to reassure the person when this happened and to ask the reasons behind their anxieties. One relative told us, "I have peace of mind because I trust care staff to have my mother's best interest at heart and to contact me if problems arise."

People and relatives told us they could express their views and were involved in making decisions about their care and treatment. People were supported by staff to express their views and had communication plans in place to guide staff in how to support them. People and their relatives told us that they were involved in decisions about their care. One relative told us, "I am involved with my mother's care plan."

People's independence was respected and promoted. We observed this when staff showed a patient and dedicated approach to supporting people's mobility. We saw many instances where staff patiently encouraged people in being supported to mobilise or to transfer positions. One person was supported to stand from their wheelchair by carers who patiently guided them step by step, while encouraging the person to mobilise themselves as independently as they could. People were supported caringly in a way that sought to maximise their independence, while ensuring they remained safe to do so. People choose how to spend their time and did so in different recreational areas of the service, whilst others accessed the community or the large garden area independently. We observed one person who had accessed the garden and was seen happily eating their lunch whilst reading a newspaper.

Throughout the inspection we observed many kind and caring interactions between people and staff. We observed one carer reassuringly holding the hand of one person living with dementia while supporting them to eat their lunch with the other. The carer was compassionate and attentive while ensuring that the person was calm and relaxed as they ate. During the lunchtime experience, the atmosphere was happy and inclusive. Staff maintained good eye contact with people throughout their conversations. Staff ensured that people were satisfied with their meals and were asked what they wished for throughout. Staff assisted people carefully and considerately out of the dining area when they were ready to leave.

People's dignity and privacy was respected. Staff were observed knocking on people's doors and waiting for a response before entering. People confirmed that staff protected their privacy when being supported with personal care needs by ensuring that doors were closed throughout. We observed staff lowering themselves to talk to people when they were relaxing in the lounge areas so that they spoke with them at eye level. One relative told us, "They always treat my mother with dignity and respect."

The provider had taken steps to ensure that people's information was protected. People's records were held

securely and confidentially. The registered manager had completed training in the new General Data Protection Regulation (GDPR) and were aware of their general principles. This regulation requires providers to maintain and demonstrate evidence of data protection compliance. The provider was in the process of introducing online guidance and training for staff so that they strengthened their existing knowledge of data protection.

People's diversity and cultural differences continued to be respected and promoted, according to their wishes, and staff supported them with these. For example, staff were involved in sourcing a Baptist leader to provide support with one person's faith needs. Staff had also supported one couple to visit the local church. Every person's care plan sought to capture information related to their religious or diverse needs. Consideration was also given and honoured when people expressed gender preferences of staff who supported them.

Good

Is the service responsive?

Our findings

At the previous inspection on the 27 November 2017, it was identified that there was an area of practice that needed to improve with respect to the provision of support and planning for people's end of life care. At this inspection, we found that the provider had taken a more proactive approach to end of life care planning with people. The registered manager confirmed that discussions about advanced care planning was now part of the admissions process. This ensured that palliative needs and people's wishes about how they wished to be supported at the end of life were captured. People often did not wish to have discussions about these needs so any information relating to future plans was captured elsewhere in people's care plans.

Staff had continued to take precautions to ensure that they were prepared for deterioration in people's conditions. Staff engaged with, and sought guidance from, the end of life liaison in the local authority. The service had been assisted by a local hospice to support one person and their relative with concerns and anxieties as the person approached the end of their life. Staff had liaised with the GP and community psychiatric nurse to ensure that both received the most appropriate and informed guidance on how to provide the person with dignified and pain free care. Anticipatory medicines were prescribed following consultation with health professionals. These are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

People continued to have access to activities and meaningful interactions. People received one-to-one engagement with staff and participated in group activities and events. People were able to access a number of activities such as art and craft making as well as receiving entertainment from external professionals. The provider had also identified the benefits of links with outside partners for people at the service to engage with younger generations. This approach is called intergenerational therapy. Intergenerational therapy looks to improve the cognitive functioning, as well as the social and emotional wellbeing of older adults, through engagement with younger generations. The therapy is particularly effective for people living with dementia. The management had organised for children from a local nursery schools to attend the service and interact with people in activities. Children had brought instruments and people were active in singing and conversation with them. We observed photo stories displayed around the service showing events from the day and people looked happy and engaged. People were involved in completing portrait drawings where the children would complete one half of the portrait and the person would complete the other half. The manager told us that one focus of the event was to promote movement and exercise for residents. People told us how much they had loved the visits of two young entertainers who visited the service dressed in wartime uniforms and sang songs with them of that era.

People living with dementia also had access to rummage boxes and we observed these being used. Rummage boxes can contain items from the persons past that help people with dementia tap into their memories to stimulate their cognitive functions and to feel secure in familiar events. They can be used as an activity, to distract a person or as a therapeutic reminiscence tool. People with dementia had their needs and wishes documented in a 'my choices' plan which prompted and encouraged people to look back over

their life using a method of their choice. One person had chosen to create an album of their life with photos. We saw records that showed how one carer had entertained and sang to one person in their room. Staff had make a video recording of this which was shared with the person's family at a later stage. People were supported by staff using electronic tablets to source activities and points of interests to the person. Staff used this technology to play reminiscence videos and songs for people to enjoy. People had the support of an activities coordinator who was well liked by people we spoke to. The activities coordinator showed us the list of activities that she brought to people at the service and the community links that she used to support these. One person said, "The activity coordinator is excellent."

Care plans were detailed and personalised, they gave a clear sense of the individual and included people's interests and the things that were important to them. People had their needs assessed when they moved into the home and we saw evidence of regular reviews of needs and preferences, together with timely updates to people's care plans. These care plans contained specific information about peoples' abilities and needs in relation to their physical, mental, emotional and social well-being. They showed that staff were responsive to changes in people's needs. For example, one person had an abbey pain assessment completed. This is a tool to assist staff in the assessment of pain for people who are unable to articulate their needs. This uses a movement based assessment that targets vocal signs, expression, change in body language as well as psychological and behavioural changes. This had been used effectively by staff to assess the needs of one person who showed signs of pain in their arm. The impact of this was that the person was supported to access the necessary clinical support in a timely way.

The provider was proactive in ensuring that the service complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Larger signage was provided throughout the service to support those people who had visual difficulties, while picture cards and electronic tablet devices were utilised by staff to ensure that information was conveyed to people, who needed it, in a format and way that they could understand.

People told us that they felt comfortable making a complaint if they needed to. We looked at how the service managed complaints. Formal complaints had been addressed by the management and responses had been actioned within the timescales of the provider's complaints policy. Relatives we spoke with talked positively about the improvements made under the new registered manager and confirmed that they had not needed to make any complaints while they had been in post.

Good

Is the service well-led?

Our findings

At the previous inspection on the 27 November 2017, it was identified that there was an area of practice that needed to improve with respect to effective governance systems. Improvements had been seen at the previous inspection although it was not evident at that time that these had been sustained and embedded. At this inspection we found that the governance systems were stable and embedded and that the provider had established a consistent and thorough approach to quality assurance. There were also concerns with regards to the systems in place and the sustainability of the ordering of medicines. This was because only two management staff were trained to order medicines and therefore there was potential risk that people's medicines may not always be available if those nominated staff were not available. At this inspection, the number of trained staff to undertake this task had increased with two further registered nurses qualified to undertake this. This meant that there had been no incidents of people not having access to their prescribed medicines.

There had been continued improvements in the effectiveness of quality monitoring systems. Audits were undertaken in several areas of care delivery to enable staff to have an oversight of processes in the service. Quality assurance checks had been consistently undertaken to monitor performance in areas such as medicine management, health and safety, pressure area support, weight loss tracking and food hygiene. Management staff were able to clearly monitor these quality assurance processes through an online system. This system highlighted when quality checks had been completed and when they were next required. Improvements had been made by managers to ensuring that staff took action when issues had been highlighted.

There was a registered manager in post. The manager had joined the service in January 2018 and had become the registered manager in July 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us that she had experience in dealing with services that required additional support to improve. They told us that improving staff culture from a task orientated approach to a person-centred one had been a priority for the management team. The manager stated that she had a, "Quiet, but focused approach, with an ethos of working with staff and people. I feel that they're all on board with my vision for the home." Clear progress had been made by the leadership to improve the culture in the service to ensure that staff could undertake their roles effectively. The registered manager had worked to establish a more open and transparent environment that encouraged a more robust and productive staff team. Another staff member said, "There have been improvements since she became manager; in documentation, maintenance and staff training. We are building up the standards. We share knowledge." One staff member said, "The manager is strict but fair. She managed to bring about lots of good changes to this service." Another told us, "(The manager) has been committed to turning things around and we, as a staff team, do not want the rating we have and we are all trying hard to get it right." Family members also told us that improvements had been made under the new management. One relative said, "She is well occupied

changing things and getting everything up to date." Another family member told us, "I have peace of mind now that my mother is at Bon Accord and there is a new manager improving things."

People, the public and staff were encouraged by the provider to be involved and give feedback about the quality of the service. An electronic device was stationed in the reception area that relatives, visitors and professionals could provide their views on different aspects of the service. There was also a mobile tablet version that could be taken and used by people within the service. Relatives told us that they attended regular relative's meetings and that, under the new management, they were more involved in their family member's care planning.

Staff told us they had regular staff meetings when they had an opportunity to bring up suggestions for improvement in the quality of care provided. One staff member said, "If it is for good she (the registered manager) makes changes. She listens to us." Another said, "She tries to find a way of resolving our issues." One staff member told us, "She is a good manager, you have access to her all the time. She encourages us to come to her." There had been further improvements made to the governance framework that ensured that responsibilities were clear. The registered manager told that they felt well supported by the regional team and manager stating that, "She is on the end of the phone at any time." Quality assurance systems were also overseen by the provider who monitored the service's progress so that trends in service delivery could be identified. Any resulting changes from this was communicated directly with the management team.

The staff team had developed good partnership links with other agencies and had formed links with the local community. People's emotional and physical wellbeing had benefitted from the links forged with local nurseries and the activities that this brought. The service had links with church groups to support people with their religious needs. The provider had also made links with local schools aimed at promoting and encouraging school leavers to join the care industry. Staff had also engaged with the In-reach dementia support team to support staff and to support the service with their accreditation within the dementia framework.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way and had sought guidance and advice when required. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.