Bupa Care Homes Investments Limited

Netherton Green Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 17 and 18 January 2018 and was unannounced. The service had been registered with us previously and was rated as requires improvement. There has been a change to the provider's legal entity and this was the first inspection since this service was re-registered in November 2017.

Netherton Green is purpose built and consists of four separate single storey buildings each accommodating up to 30 older people. It provides nursing care older people whom live with dementia and people who require rehabilitation and palliative care. At the time of our inspection 104 people were using the service.

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

During our inspection visit we received information of concern about people experiencing unpleasant odours, falls, poor support with personal care and how people who lived with dementia were supported to stay safe. We found the provider was taking action to address these issues however improvements in staff training was required to support people living with dementia.

Staff were attentive and supported people promptly, however staff did not demonstrate they had sufficient skills and knowledge to support people who lived with dementia. The premises were suitable to meet the needs of the people who used the service however, further work was required to meet the specific needs of people who lived with dementia. We have made a recommendation about staff training on the subject of dementia.

People told us they felt safe. The registered manager had taken action to ensure there were enough suitable staff. Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. The risks to people had been assessed and practices were in place to reduce the possibility of harm. There were process in place to ensure the premises and equipment were regularly checked so they remained safe and the risk of injury to people was reduced. The provider had taken action to ensure people received their medicines appropriately. People were protected from harm by the prevention and control of infection. There was a system to review incidences and learning when things went wrong.

People were supported by staff who had the skills and knowledge to do their job. Staff were aware of the provider's policies to prevent discrimination and promote equality and diversity at the service. People received sufficient amounts of foods and drinks they enjoyed. People received continuing support from healthcare services and received ongoing healthcare support. Staff sought people's consent before

supporting them and respected their choices. Staff we spoke with were aware of the DoLS process and their responsibilities.

People told us that the staff were caring. We saw many positive interactions and staff spoke fondly about the people who used the service. People were supported by staff who respected their privacy and dignity and promoted their independence.

There were dedicated 'activities co-ordinators' to support some people engage in things they liked and maintain social contacts. People were confident staff would respond appropriately to any concerns. There were processes in place to ensure people would receive appropriate care at the end of their lives.

Processes to improve the quality of the service had not been effective at ensuring good practice was consistent across all the units. The registered manager had worked closely with other agencies to monitor and improve the quality of the service. People who used the service and staff expressed confidence in the leadership of the service. The registered manager prompted a clear vision and set of values which staff understood. People and staff had the opportunity to influence and develop the service.

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.

There was enough staff, suitably deployed to meet people's needs.

People were supported by staff who were aware of signs which may indicate that someone was being abused and the action to take.

The risks to people had been assessed and practices were in place to reduce the possibility of harm.

There were process in place to ensure the premises and equipment were regularly checked so they remained safe and the risk of injury to people was reduced.

People received their medicines appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not demonstrate they had sufficient skills and knowledge to support people who lived with dementia.

People had been involved in developing their care plans and staff respected their choices.

Staff were aware of the provider's policies to prevent discrimination and promote equality and diversity at the service.

People received sufficient amounts of foods and drinks they enjoyed.

Is the service caring?

Good

The service was caring.

People told us that staff were caring.

People were supported to express their views about the care they

received.

People were supported by staff who respected their privacy and dignity and promoted their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff did not always meet the individual needs of people living with dementia.

Most people were supported to engage in things they liked and maintain social contacts.

People were confident staff would respond appropriately to any concerns.

There were processes in place to ensure people would receive appropriate care at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Processes to improve the quality of the service had not been effective at ensuring good practice was consistent across all the units.

People who used the service and staff expressed confidence in the leadership of the service.

People and staff had the opportunity to influence and develop the service.

Netherton Green Care Home

Detailed findings

Background to this inspection

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 visit took place over two days on 17 and 18 January 2018. On the 17 January the inspection was unannounced and the inspection team consisted of four inspectors, a specialist advisor 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 service. The specialist advisor had experience of providing nursing care to people who use this type of service. We told the registered manager we would return on the 18 January to complete our inspection. On this day the inspection team consisted of three inspectors, a specialist advisor and an expert by experience. The inspection was prompted in part by information of concern we received about the service. We wanted to check that the new provider was ensuring concerns from our last inspection were being addressed.

When planning our inspection, we looked at the information we already held about the provider. This included any notifications they had sent us. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed information about the home from the local authority who commission services and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's improvement plan they had sent to the local NHS Clinical Commissioning Group after our last inspection. We used this information to plan our inspection visit.

During our inspection we visited all four of the service's units. We spoke with 20 people who used the service and 16 people's relatives. We spoke with the registered manager, the clinical services manager, two unit managers, three nurses, eight members of care staff, two activities coordinators, a cook, cleaner and a

member of laundry staff. We had a meeting with six new members of care staff who were attending the provider's induction training day. We spoke with two healthcare professionals who were visiting people who used the service. We considered information of concern we received during our inspection visit from a relative of a person who used the service. These included how people living with dementia were supported and with personal care.

We sampled records for 18 people including care plans, risk assessments, nutritional charts and medication records. We reviewed other records used by the provider to manage the service such as audits, communication records and incident records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After our inspection we spoke with a quality control lead from the local NHS Clinical Commissioning Group.

Good

Is the service safe?

Our findings

All the people we spoke with said they usually received support promptly when required. Three people said there might occasionally be slight delays at meals times or when requiring personal care but this did not cause them any anxiety. One person said, "The carers are lovely and there are enough." Another person told us, "I do use the buzzer and they come pretty quickly more or less. I know they are busy sometimes and they come and let me know that they will be with me soon." A person's relative told us, "There does seem to be enough of them [staff] to assist when needed."

Staff we spoke with said staffing levels had increased. One member of staff told us, "Staffing levels [are] ok at the moment." Another member of staff told us they worked flexibly between the units so suitable staffing levels could be maintained. The registered manager was taking action to recruit additional evening staff when a dependency scoring tool identified that people were often admitted to the service at this time. The additional staff will be able to help support and settle in new people who are unfamiliar with the service. We saw staff responded promptly to support people with personal care and provide reassurance when necessary. Staff appeared unhurried and spent time chatting with people. The registered manager told us they were introducing 'corridor monitors' to each unit. It would be the responsibility of these staff members to constantly check and provide prompt support to people in their rooms. On the day of the inspection we were unable to determine how effective these changes would be as they were not yet in place.

People told us they felt safe. One person told us, "Oh yes [I'm] very safe here." A relative of two people who used the service said, "We are not concerned about either of them being at risk, we feel they are kept safe." Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. One member of staff told us, "I would bring it to the manager's attention and if the situation was being caused by the manager I would go to the head office or report it to safeguarding and CQC." Two members of staff we spoke to said they would refer to the provider's whistle-blowing policy if they felt it was necessary. We saw there was information about this policy available for staff around the service. We saw that when necessary the registered manager had raised concerns about people's safety with other agencies in order to protect them from the risk of harm.

The risks to people had been assessed and practices were in place to reduce the possibility of harm. One person said, "I am hoisted in and out of bed and into [a] wheelchair, armchair, they always talk me through what they are going to do and make sure I am comfortable." Another person told us, "Carers hold my walking frame to support me and stay with me whilst I am walking."

Staff we spoke with knew how to maintain the safety of the people they were supporting. We saw staff promptly intervene when there was a risk that a person could put themselves or others at risk of harm. Staff told us how they worked with other healthcare professionals, such as physiotherapists, so they would know any specific risks associated with people's conditions.

We looked at records for two people using the service. People's care needs and risks had been assessed prior to them using the service. This information was used to develop care plans and ensure the person

would receive the care and support they needed. Risk assessments had been regularly updated to reflect people's needs and provide the required guidance for staff. For example we saw nutritional and diet protocols to reduce the risks of choking, falls and pressure sores for people.

There were processes in place to ensure the premises and equipment were regularly checked so they remained safe and the risk of injury to people was reduced. Regular premises and equipment checks were undertaken by qualified individuals. The registered manager conducted regular health and safety audits to ensure the home was a safe environment for people to live in.

The provider had taken action to ensure people received their medicines appropriately. One person told us, "I get my tablets when I need them." Medicines were administered by staff who had been assessed as competent to do so. A nurse we spoke with said they were confident to administer people's medicine and senior staff undertook regular checks to make sure medicines were being administered as prescribed. Medicines administration record sheets (MARS) were completed accurately.

There was guidance for staff to identify when to give 'as required' (PRN) medication. PRN is medication which is prescribed to be given as and when people need it instead of at set times. There were photographs in medication records so staff could identify who medication was for and reduce the risk of people accidentally receiving other people's medicines. Medicines were stored appropriately. People's medication records contained up to date guidance for staff about their medicines and creams.

People were protected from harm by the prevention and control of infection. One person who used the service told us, "The home is always clean." Another person said, "The home and the bedrooms are always kept very clean, they mop and clean every day." A member of the domestic team said, "I like my job and I get on with people here." Staff told us and we saw they were supplied with uniforms and there were ample stocks of personal protective equipment such as gloves and aprons. Staff received infection control and prevention training when the first joined the service and we observed staff regularly using gloves and aprons when supporting people with personal care. Toilets and bathrooms contained suitable hand washing facilities and guidance on how to prevent the spread of infection. The service had been awarded the highest possible rating by the local environmental health agency which meant they regarded the service as having good food hygiene standards. The provider conducted regular audits to ensure these standards were maintained. We saw that the environment was clean, bright however a member of the inspection team reported a slight odour on one unit. The property was generally well maintained however some surfaces in communal areas had become scratched which meant there was a risk they could become impervious and host harmfully bacteria. The registered manager was aware of this issue and there was a maintenance programme in placed to repair damaged surfaces.

There was a system to review incidences and learning when things went wrong. We saw they had updated people's care plans when they had been at risk of or suffered harm and reviewed these incidences for trends. For example, when one person experienced unexplained bruising while being hoisted, action was taken to review the slings on all the units to prevent anyone else from being harmed.

Requires Improvement

Is the service effective?

Our findings

We found that staff did not demonstrate they had sufficient skills and knowledge to support people who lived with dementia. Although we saw staff were attentive and supported people promptly, they could not always demonstrate their actions were in line with good dementia practice. One member of staff was unable to tell us if actions they had taken to improve the communal environment of one unit was in line with good practice or could cause confusion to people who lived with dementia. Staff were not aware of the benefits of supporting people who live with dementia to stay occupied. The registered manager told us that due to recent staff changes in the provider's organisation they no longer had access to expert dementia advice. Staff confirmed that a nurse who used to provide guidance on supporting people who lived with dementia no longer visited the service.

The premises were suitable to meet the needs of the people who used the service however, further work was required to meet the needs of people who lived with dementia. There were memory cases outside people's bedrooms. These would help people reminisce and identify their rooms. However several of these were empty. There was a lack of tactile wall fittings to occupy people who spent a lot of their time walking. The units that provided dementia care had mixed decoration which was not associated with good practice within dementia care. These units were decorated in dark colours and had areas of poor lighting. Additional lightening may be effective at increasing resident's stimulation. Some rooms were themed and we observed several people enjoy an afternoon tea in a room decorated as an old fashioned tea shop.

We recommend that the service seek advice, guidance and training from a reputable source, based on current best practice, in relation to the specialist needs of people living with dementia.

People who used the service told us they were confident staff had the skills and knowledge to meet their needs. One person's relatives told us, "The staff are very friendly and we feel they know our relatives well. They seem very knowledgeable." Staff told us they received regular training and supervisions with senior staff to ensure they had the skills and knowledge to do their job. One member of staff told us how they received instructions and direction from visiting physiotherapists so they would know how to meet peoples' rehabilitation needs. During our inspection visit we spoke with a group of six staff who were attending the provider's induction programme. They told us they had received training in all the basic skills they require to support people who used the service.

Several areas throughout the units required redecoration. Paintwork was worn and chipped and walls showed marks where objects had scratched away plaster. There were suitable ramps in place so people could move around the units and gardens safely without restricting their independence. There was suitable storage facilities to protect people from the risks of hazardous or dangerous materials and items which could cause or spread infection.

Although we were not assured the provider had identified good dementia care practices, people's general needs had been assessed and plans put in place to provide safe and effective care. People had been involved in developing their care plans and when requested, other people such as relatives, had been

included to identify how people wanted and needed to be supported. Staff had received training and demonstrated a knowledge of legislation that promoted people's right to make decisions about how they lived their lives. Staff were aware of the provider's policies to prevent discrimination and promote equality and diversity at the home. There was equipment in place such as walking frames and adaptive cutlery that promoted peoples' independence.

People received sufficient amounts of foods and drinks they enjoyed. One person told us, "Tea and coffee is available all the time if you want it. They cooked me egg and chips the other day as there was nothing on the menu I liked." Another person told us, "The meals are good, lovely, all fresh and very tasty." Action had been taken to improve how people could choose what they wanted to eat. We saw there were pictorial menus and staff told us that when necessary they would show people plated meals so they could see what was available. Action however was required to improve the dining environments. We saw one dining room was pleasantly set up with tablecloths, napkins and flowers. Other dining rooms however, were also used to store equipment and an area of one dining room was used as an office by staff. This did not promote a pleasant dining experience.

During our inspection visit we saw people were regularly offered a choice of food and drinks. Staff knew how people required their food prepared in order to reduce the risk of choking and had taken action when people were at risk of malnutrition. When necessary staff had monitored people's weights and involved other health professionals such as dieticians to provide expert advice and guidance. This ensured people received sufficient support to maintain a healthy diet which meet their specific care needs.

People told us they received continuing support from healthcare services and received ongoing healthcare support. A person who used the service told us, "The physio[therapist] has shown me a different way to try and walk. I feel a lot more confident and positive already." A member of staff told us, "We work with other agencies. Have good relationships with [Palliative] nurses and SALT (Speech and language therapist) teams." Two health professionals who were visiting to support people who used the service said care staff promptly informed them when they were concerned about people's health and would follow their guidance. Records confirmed that health care professionals such as physiotherapists and district nurses regularly visited people at the home. This enabled people to receive expert advice and treatment in addition to ongoing support provided by staff at the home. Staff were directed to encourage people to self-mobilise if it was safe and they felt confident to do so.

There were processes in place to ensure staff communicated effectively between themselves and with other organisations. One member of staff told us, "Detailed [daily] handover gives us everything about every person and any changes." We saw the registered manager held a daily meeting with the managers from each unit to review peoples' care and any issues which may affect the quality of care people received. We saw the registered manager had regular communication with agencies that provided additional healthcare to people and commissioned services. When necessary they had jointly established care plans to ensure people received consistent support.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We found the provider had taken action to concerns at our last inspection and people were now supported in line with the MCA.

Staff sought people's consent before supporting them and respected their choices. One person told us, "I

have my meals in my room as it's what I prefer to do, they don't mind." A person's relative told us, "He gets up late he prefers it." Staff responded promptly when people asked for support to move. Staff we spoke with said they had regular MCA refresher training so they remained aware of people's legal rights. When people were assessed as lacking the mental capacity to make decisions about their care, the registered manager had held meetings with others who knew the person well in order to make decisions that were in their best interests. Records contained details for staff about other people who had the legal power of attorney to make decisions on people's behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were aware of the DoLS process and their responsibilities. One member of staff told us, "We discuss people with DoLS at handover." The registered manager had made applications to the appropriate authority when they felt it was necessary to restrict a person's freedom in order to keep them safe.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "Staff are very nice to you." Another person said, "They are angels. Anything you want. [They] wash you, dress you. I love them all." We saw many positive interactions and several people pointed out staff they liked. On one occasion we saw a member of staff hug a person when they sought attention. The person returned the hug and appeared happy.

Staff spoke fondly about the people who used the service and how they enjoyed supporting them. One member of staff told us, "I love seeing the people, the interactions. We laugh together and [enjoy] seeing people getting better and going home." People were confident to approach staff and staff were quick to provide reassurance and support when people became anxious. There were several fun conversations between staff and residents. One person pointed to a member of staff and told us," Oh, I like her. She makes me laugh."

The registered manager had taken action since our last inspection to ensure people were supported to express their views about the care they received. All the people we spoke with said staff were kind and could be approached if they wanted to express their views. One relative told us they, "Would just speak with staff if there was a problem." Staff we spoke with described how they used prompt cards when people were unable to verbalise their views. One member of staff told us how a person who had suffered a stroke used hand gestures to communicate. The member of staff was able to understand these gestures and respond to the person's wishes. Records showed that units had residents and relatives meetings so people could express their opinions about the service. We saw that each unit displayed a, 'You said, we did,' board which recorded how the service had listened and acted upon people's views. In one instance, Wi-Fi was introduced to the units after people said they wanted to use electronic tablets.

People were supported by staff who respected their privacy and dignity. One person who chose to stay in their room told us, "The cleaners are all very nice and always ask if it's ok to come in and clean. They offer to come back later if I want them to." A person's relative told us, "Sometimes the door is shut and the curtains are closed so we just go into the lounge and wait as we know they are performing some personal care task. [Staff] are respectful of privacy and dignity." We noted on one unit however that confidential information in the nurse's office could be viewed by people in the dining room. We made the nurse manager aware of this and they said they would take action to resolve this concern.

People were supported to be independent. We saw staff support people to self-mobilise when they wanted. Care plans contained information for staff from other healthcare professionals about how they were to support people to become independent with personal care.

Requires Improvement

Is the service responsive?

Our findings

Staff did not always respond appropriately to the individual needs of people who lived with dementia. On one unit staff told us about a person who lived with dementia and spent most of their time walking around the unit. Although staff knew the person's life history and why they might choose to walk around the unit, they had not taken action to identify if there were any activities the person might enjoy while walking. Instead, we saw staff encouraging the person to sit down. We saw many people who lived with dementia sitting unoccupied. Providing people with activities whilst seated is recognised good practice for the wellbeing of people living with dementia. Meaningful activities can also help prevent people expressing behaviour which might challenge others. Music being played in the communal areas of some units was at a high volume. The relative of one person told us, "The music is always loud we can't talk to dad because he can't hear us." Loud noise can cause some people living with dementia to experience anxieties.

We have made a recommendation in our 'Effective' section of our report that the service seek advice, guidance and training from a reputable source, based on current best practice, in relation to the specialist needs of people living with dementia.

People told us that staff would respond promptly when they required support or asked for assistance and our observations confirmed this. One person told us, "It's nice in here, girls are lovely and can't do enough for me." A person's relative told us, "All the staff are friendly and kind. He likes his football DVD's and they put them on for him."

Before people came to live at the home their needs had been assessed by senior care staff. Care plans were regularly reviewed to ensure care was in line with peoples' latest needs. One person told us, "They (Physiotherapists) brought me a three wheeled walking aid with brakes so I can get around better and safer. The one I had yesterday was too short so they replaced it today." Staff knew when people like to get up and go to bed. We saw a person being supported to enjoy a late breakfast after they chose to stay longer in bed. There were policies in place to promote the equality and diversity of the people who used the service. These included respecting people's cultural heritage and sexual orientation. We saw guidance from a specialist organisation was available for staff about how to promote the equal rights of people from the LGBT community.

There were dedicated 'activities co-ordinators' to support people engage in things they liked. We observed people enjoy dancing and playing bingo. Several people said they looked forward to these activities. One activities co-ordinator told us, "We have the greenhouse and will plant seeds soon for the summer. [Person's name] likes gardening.

People were supported to engage in their social interests such as keeping in touch with people who were important to them and following their chosen region. One person who used the service told us, "My husband has been here to visit every day. He has been having dinners here and cups of tea. They have been looking after us both." We saw that religious leaders from the community regularly visited the service to support people practice their chosen faith.

People were able to feed back their experience of the care they received and any concerns they may have. People we spoke with said the senior staff were approachable and felt they could raise complaints. One person's relative told us, "The nurse has been very helpful and has been able to answer all the questions we have asked so far; there has always been a good response." Staff told us there was a clear complaints policy which we saw displayed in each unit's reception area. A unit manager told us, "I complete the investigation and the manager responds." As this policy however was not available in other formats to meet the needs of all the people who used the service, we could not be assured that it would support everyone who used the service to express their views. The registered manager and clinical services manager told us they would review this. We reviewed the record of one incident and saw that people had been given the opportunity to raise a formal complaint if they wished. Although this incident had not resulted in a complaint, the registered manager had conducted a full investigation in order to reduce the risk of it happening again.

There were processes in place to ensure people would receive appropriate care at the end of their lives. End of life care plans were in place and those sampled were up to date. They contained details for staff and healthcare professionals of people's preferences and if they wanted to be resuscitated. When necessary people had been supported by family members and GPs to express their final wishes. We saw that staff conducted regular checks when people's conditions changed. This ensured that people would have prompt access to equipment and other health professionals in the last days of their lives.

Requires Improvement

Is the service well-led?

Our findings

The provider's quality performance process had not ensured consistent good practice between units. Some units had quiet areas where people could meet in private however on one unit we found a communal area was too loud for some people to have a conversation. There was no alternative area people could use. Notice boards on each unit did not always display the same information or policies and procedures for staff. On one unit there were staff photographs so people could identify who was on duty and would be supporting them. This good practice was not repeated on other units. The use of orientation boards telling people what day it was and other information such as the weather forecast were not consistently used on all units. There was no common standard as to how dining rooms were to be set up. One member of staff told us, "I do it the way I think best." All people are entitled to and should expect to benefit by having access to best practice. Audits had failed to identify a lack of staff knowledge about good dementia care and practices.

Other systems had been affective at improving the quality of the service. We saw the registered manager had worked closely with the local CCG to monitor and improve their performance. The provider conducted regular checks to monitor the service and we saw that when necessary action plans had been developed to address concerns. These were monitored to check if actions had been effective. The registered manager had regard to our previous report about the service when it was operated by a different provider. This had resulted in the registered manager taking action to improve staffing levels. There was a formal process to ensure checks would be regularly undertaken.

The registered manager understood their regulatory responsibilities to the commission. We saw the home's latest inspection ratings were displayed appropriately and a review of records showed the registered manager had notified us of incidents and events they are required to do so by law. The registered manager could explain how they promoted an open and honest culture in line with their duty of candour. The registered manager had reviewed incidences in order to identify how the service could be improved.

People who used the service and staff expressed confidence in the leadership of the service. One person told us, "It's a lovely place; my husband was in here ten years ago. When I found I was coming here I was pleased." A person's relative said, "We are new to the home, my relative has been here a few weeks but the experience so far has been very positive." Relatives and visiting healthcare professionals said they were made to feel welcomed. A member of staff told us, "I have met the manager, she mucks in if needed." Staff told us the leadership had improved since the registered manager joined the service.

The registered manager prompted a clear vision and set of values which staff understood. Staff we spoke with described an open and honest culture which put people who used the service first. Staff told us they enjoyed working at the service and seeing the positive impact their roles had on the people they supported. One member of staff told us, "The best thing about working here? Seeing improvements in people." We saw staff respected people's decisions and they understood the importance of promoting people's independence. Staff said the registered manager and senior staff were always available and there was a clear call out policy if staff needed support out of normal working hours. The registered manager told us

they maintained their knowledge of best practice by attending provider led training events and meetings with their peers from the provider's other locations. For example, they demonstrated an awareness of the 'Gold Standards Framework,' which is a national recognised best practice guide for providing end of life care.

People could comment on how they wanted to be supported by a variety of systems which met their communication styles. People's wishes were reflected in their care plans and in improvement plans for the service such as increased activities in the community. Staff had meetings with senior staff to express their views and discuss how the service could be improved. We saw that the registered manager had taken action in response to staff views such as increasing the number of staff employed during the evenings. People and staff had the opportunity to influence and develop the service.