

HC-One Oval Limited

The Crest Care Home

Inspection report

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Date of inspection visit:
20 February 2018
23 February 2018

Date of publication:
30 April 2018

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

We inspected The Crest Care Home on 20 and 23 February 2018. The inspection was unannounced on the first day and we told the provider we would be visiting on the second day.

At the last inspection in July 2017 we found the provider had breached five regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, person centred care, staffing, recruitment, and overall oversight of the home. Also Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 requirement to notify. We asked the provider to take action to make improvements and this action has been completed.

A new company HC-One Limited has become the provider of the service since December 2017.

The service 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.

The service can accommodate up to 31 older people and younger adults, some of whom may be living with dementia. 23 people lived at the service when we inspected.

(A manager was in post. Following the inspection they were successful in becoming a registered manager.) They are referred to as registered manager in this report. 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 had a very clear vision of what high quality person centred care looked like. Firstly, they have safely recruited a staff team who shared their vision. They have supported the staff team through effective training, coaching and supervision to implement the changes needed to ensure quality and safety. Secondly, they have effectively used the provider's quality assurance processes and have been a visible supportive presence in the service to achieve this.

Part of the outcome of this work has meant systems and arrangements have improved relating to health and safety, staffing, recruitment, medicines management and safeguarding people from abuse.

The registered manager and provider were aware of the areas which still required improvement. At this inspection we found clearer records and communication was needed to ensure risks to people receiving care were known by staff. The registered manager responded immediately during the inspection to make improvements needed. This proactive approach was also seen when accidents or incidents occurred, as the registered manager reflected and analysed the situation to put changes in place to prevent a reoccurrence.

Staff treated people with dignity and respect. Staff displayed a caring and compassionate attitude towards people. People and their relatives agreed with this. Staff were aware of people's preferences, likes and dislikes and they used this knowledge to deliver care for people how they wanted it.

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. Where people displayed anxiety or distress staff responded with kindness and patience. Staff knew how to intervene to support the person to become calm. The team were working together to understand people more so they could promote people feeling confident to engage in personal care or tasks they found stressful. This meant the culture of the service was person centred.

Healthcare professionals were involved in supporting people to achieve good health outcomes; this included their nutrition and hydration needs.

People and their relatives were listened to when they had concerns or ideas to improve 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?

Requires Improvement ●

The service was not consistently safe.

Details of the risks when caring for people needed to be consistently communicated to staff to reduce the likelihood of harm occurring.

The service was developing their knowledge of people to understand how to support them and reduce their anxiety.

Appropriate systems were in place to keep people safe from harm such as medicines, recruitment, safeguarding and health and safety.

Is the service effective?

Good ●

The service was effective.

Staff had received training, supervision and support from the registered manager.

People were supported to make their own decisions and where needed decisions were made in people's best interests. Better recording of such decisions was needed.

People were supported to maintain good health including nutrition and had access to healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

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

Staff were able to describe the likes, dislikes and preferences of people who used the service. They used this knowledge to deliver person centred care.

Relatives were involved in their family members care. Where needed people had access to advocacy services to support them.

Is the service responsive?

Good ●

The service was responsive.

Opportunities for people to take part in activities of their choice were plentiful. People were supported and encouraged with their hobbies and interests.

People received care based on their preferences and were encouraged to spend time with friends and family to reduce the risk of social isolation.

Relatives and people told us if they were unhappy they felt confident to tell the registered manager and staff.

Is the service well-led?

Good ●

The service was well led.

The registered manager who understood the responsibilities of their role. Morale was good amongst the staff team due to good leadership.

Staff told us the registered manager was approachable and they felt supported.

People were regularly asked for their views and their suggestions were acted upon.

Effective quality assurance systems were in place to ensure the quality and safety of care was maintained.

The Crest Care Home

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 checked 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.

We inspected the service on 20 and 23 February 2018. Day one was unannounced and we told the provider we would be visiting on day two. The inspection team consisted of two adult social care inspectors on both days. On day one a specialist advisor nurse in medicines and risk management joined the inspection. On day two an expert by experience joined the inspection. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We sought feedback from the commissioners of the service prior to our visit. The registered provider also completed 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. We used all of this information to plan the inspection.

At the time of our inspection there were 23 people who used the service. We spoke with five people and three of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. 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.

During the visit we spoke with the registered manager, quality manager and six members of staff including senior care workers, care workers and the chef. We spoke with two visiting professionals during the inspection. Following the inspection we spoke with the deputy manager.

During the inspection we reviewed a range of records. This included 11 people's care records, including care planning documentation and medication records. We also looked at four staff files, including staff

recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We found at our last inspection in July 2017, the provider had not ensured medicines management was robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 12.

Arrangements in place for the safe management, storage, recording and administration of medicines. People had up to date care plans to explain the support they needed with medicines. Staff had been trained in medicines management and had their competency checked.

Where people needed 'as and when' medicines such as creams, pain relief or emergency administration, basic protocols were available for staff to follow to ensure they were given at the right time. The registered manager was working with the team to ensure the best information was continually available to help staff make decisions around when to administer such medicines.

The registered manager and staff team made regular checks of the medicines process to ensure it was safe. They had highlighted where errors had been made and recorded the action taken to prevent reoccurrence. Since the last inspection this approach had seen medicines errors reduce.

People and their families told us, "I get my medicine if need them or want them" and "My relative gets their medicine; they (staff) do medication rounds at certain times. I think people are well monitored." We observed the staff supporting people to take their medicines in a dignified way, affording people choice, privacy and individual attention.

At our last inspection in July 2017, the provider had not ensured staff were aware of the risks to people's safety and that they had not received instruction on emergency processes. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment.

At this inspection we saw enough improvements had been made which meant the provider had achieved compliance with Regulation 12. The provider and registered manager continued to focus on this area and developing the skills and confidence of the staff team.

Since the last inspection the registered manager had recruited a new staff team. The reliance on staff from agencies and other services the provider managed had decreased dramatically. This meant people now received care and support from a consistent team of staff. The staff we spoke with had a good knowledge of people and the risks when supporting them. Records around risk management had improved and we could see where professionals had been involved to support the team to manage areas such as falls, weight loss and anxiety.

There was no central record to communicate all the high risk areas staff needed to be aware of to reduce the likelihood of a person being harmed. For example; which person required their hydration monitoring, or the current advice around the risk of choking. The registered manager felt this would be beneficial. On day two of the inspection they had developed such a document to be used at handover to support the ongoing monitoring and communication of risk.

A robust care plan for a person who had recently moved into the service was not in place. For example; the assessment document reflected that this person had recently lost weight prior to admission. Staff were monitoring the person's food intake, but their weight had not been taken and a nutritional risk assessment had not been completed. We discussed this with the registered manager who explained the person delegated to do the task should have completed a full care plan within 72 hours of admission. The registered manager explained they would introduce a check to be completed at 72 hours for all new admissions to ensure care plans were robust. The registered manager completed the care plan for the new person whilst we were on inspection.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. Various assistive technologies were used to support people to call for help and to alert staff if for example; people had fallen. People told us they felt safe, one person said, "I feel fairly safe, there are other people here. There are alarms in my room." Relatives told us "Security is well managed" and "They (the provider) have improved things regarding safety. They have put up rails in the corridors so people can hold onto them."

Personal emergency evacuation plans (PEEPS) were in place for each person. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises. Records showed evacuation practices had been undertaken.

We found at our last inspection in July 2017, the provider had not ensured safe recruitment of staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Fit and proper persons employed.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 19.

We looked at four staff files and saw the recruitment process was safe. All appropriate checks had been made such as police and previous employer reference checks. This helps employers make safer recruiting decisions and prevented unsuitable people from working with vulnerable adults.

The registered manager explained the challenge to recruit staff in the local area. They said, "I aim for consistency and continuity of care for people." We saw where agency workers had been used they had worked at the service before and knew people. The registered manager had ensured they received an induction so they knew the safety processes and people who used the service.

We found at our last inspection in July 2017, the provider had not ensured effective deployment of staff to ensure people's needs were met. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Staffing.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 18.

We received mixed feedback about staffing levels from people and their relatives. People told us, "Oh yes, I think there is enough staff, the more there is around the more safe you feel" and "There is always someone around." Other people felt there was not enough staff. Relatives were able to explain they felt improvements had been made in this area, they said, "There are more staff now, they have improved in this area" and "When I am here I look after my family member. But there is enough staff, they are very kind and are the biggest plus here."

The provider had a staffing tool they used to understand what support people needed and how many staff were required to keep people safe. We saw from the rota the registered manager ensured enough staff were on shift at all times based on what the staffing tool indicated.

We observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff were organised which meant everyone received care and support in a timely way.

The registered manager was able to demonstrate they understood about safeguarding adults and what action they would take if they witnessed or suspected abuse. All incidences had been appropriately reported, recorded and investigated.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. All staff had been trained to recognise and understand all types of abuse.

Where people displayed distressed behaviour or anxiety, staff understood how to intervene and support the person to relax and diffuse situations to prevent further upset. The staff worked with the community mental health team to understand each person and how best to support them. Staff told us one person had moved into the service and displayed distress because they missed their family greatly. Staff worked to understand how to occupy the person in meaningful activity. They knew the person had been in the army and enjoyed making sure everything was tidy, so they encouraged this person to help tidy communal areas with them. This had an immediate and positive impact on the person's levels of distress. For another person staff explained, "We made the person feel safe; they now know if they speak we will listen." This person had settled in their new environment and was relaxed because of this approach.

People living with dementia can display behaviours which challenge the service such as refusing to be supported with personal care. One member of staff told us they had worked out the best way to encourage one individual to shower and it was successful. We saw in the staff meeting minutes for February 2018, that the registered manager had asked staff to come forward with ideas about how best to approach people to promote their acceptance of support with personal care and grooming. The registered manager was using positive behaviour support (PBS). PBS is a method of learning about a person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support people better to prevent anxiety. The registered manager explained they hoped to develop this person centred approach to, "Reduce people's anxiety, promote acceptance of personal care and improve people's feelings of wellbeing."

Appropriate arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager reviewed patterns and trends for individuals and the service. A new accident system had been introduced by the new provider which supported the service to record in more detail what lessons they had learnt following an incident. The service was due to start using the new system following the inspection.

The environment was clean and free from malodour when we visited.

Is the service effective?

Our findings

We found at our last inspection in July 2017, the provider had not ensured staff received effective induction, training and supervisions to enable them to perform their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Staffing.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 18.

The registered manager had a clear process to understand which staff required training and used the training available to refresh staff knowledge and organise their induction.

The registered manager told us they were very keen to support staff and see them develop their skills. They said, "I love seeing staff progress and develop. I'd help them progress and I wouldn't want to hold them back in their careers." A member of staff told us, "My induction showed me what to do, but you can never have enough training. I have done mental health and positive behaviour support."

A relative told us, "Most of the staff do know how to look after people. They ask my family member if they need anything and staff wander around with them when they want to go walking." Another relative said, "[Name of staff member] is excellent and they know how to deal with my relative."

Staff had received regular support through one to one supervision, team meetings and appraisal. Staff told us they felt supported by the registered manager.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Four people were authorised to be deprived of their liberty and a further 13 applications had been submitted to the local authority. Independent Mental Capacity Advocates (IMCA's) were used where people needed additional support to have their rights upheld.

Staff understood the principles of the MCA and worked to ensure people received choices. Where people refused support this was respected. One member of staff told us, "We assume a person has capacity unless told otherwise and we make decisions in people's best interests."

Although staff worked to provide choice and seek consent, care plans did not always reflect a clear picture of the written consent made either by a person who had capacity or those made in their best interests due to lack of capacity. Where people had relatives authorised to act legally on their behalf this was known by staff and recorded.

The dining room people used was not large enough to accommodate the number of people who live in the service. These meant mealtimes were busy and cramped for people. The registered manager had recognised this and new furniture was on order to develop a second dining room space. Following the inspection the deputy manager explained this was now happening and had created a better experience for people during mealtimes.

People told us, "The food is lovely. I had an apple after lunch" and "The food is not bad. There is a choice of main course and desert. I choose to have mine in my room." A relative told us, "It is very good. I ate with my family member today and it was excellent."

Staff showed people the plates of food available as the meal was being served and asked them to choose their preference. This meant people who required a specific diet may choose an option which was not suitable for them. The chef was aware of each person's specific dietary needs. We discussed with the registered manager how the kitchen staff and care workers could better communicate so people with specific dietary needs still got a choice, but that they received appropriate food. The registered manager agreed to work with the kitchen and care staff team.

People had access to drinks and snacks throughout the day via formal 'tea rounds'. We also observed staff responding immediately to individual requests for drinks throughout the inspection.

People had their weight monitored and where they needed professional support with nutrition this had been organised. People were supported to be as independent as possible to eat and drink and we saw people had adapted cutlery where they struggled to hold regular utensils.

People had received visits from the dentist, optician, chiropodist, dietician and their doctor as required. The registered manager said they had good links with the doctors and district nursing service. Relatives told us, "The doctor comes once a week and calls when needed" and "My family member has seen the doctor about their feet today. Staff asked me if I was happy with the way they had handled things and I told them we are."

The new provider had assessed the building and the works needed to refurbish where they felt it was needed. The registered manager understood the priorities and wanted to continue making the environment homely and easy for people living with dementia to navigate. We saw the corridors were colour coded to help people become orientated and that each bedroom door had a memory box with photos and the person's name to help them find their way.

The communal areas had also been re-designed to support people to use the space available rather than all sit in one area. We saw this had been successful and was used by a few people to watch their favourite film whilst others participated in a sing song elsewhere.

Is the service caring?

Our findings

The atmosphere when we visited was friendly and relaxed. Staff were available to respond when people needed additional support or reassurance. A new member of staff told us they had read the previous CQC report before they applied for the job. They told us, "The Crest is a much better place based on what I read in the last report. I was surprised at the level of person centred care to each individual." Another member of staff told us, "We chat, get involved and have extra time to do what people want to do. We get more out of this approach as staff. We have better relationships with people and they have started to respond to this approach."

At our last inspection we met a person who lived at the service who never came out of their room and did not speak much to other people or staff. At this inspection, through the positive development of a relationship with staff we saw them smiling, alert and inviting other residents they view as friends into their room for afternoon tea. Staff told us this person was also engaging in communal activities at times. The person's feeling of wellbeing had improved.

People told us, "It's marvellous what they've done for me. Staff make time for us" "We have a laugh with staff" and "People are given time." We saw staff offering people choices, communicating with respect and affording people dignified support. Staff spoke to people using their preferred name and spoke quietly to maintain privacy for people.

One person struggled to communicate due to poor hearing. Staff had adapted the way they communicated to ensure the person had their views heard or to help them understand what was happening. We saw this meant the person could remain as independent as possible. The registered manager told us that they adapted their communication methods based on people's needs, they said, "I get people involved. I adjust my communication depending on the person. I may use pictures to enable the person to point at things or write things down to help them understand."

We saw when people became distressed or anxious, staff responded immediately to reassure people. One example was when a person began to cough quite a lot and they were visibly upset. Staff reacted quickly and supported the person to feel less anxious. We observed a relative become upset when their family member needed support. Staff intervened with skill, patience and compassion. Relatives told us, "Staff listen to my family member they show kindness" and "Staff respect my family members choices. They ask what they want to do and help them do it" and "Staff are very good when I say goodbye to my family member they are always very kind and help them adjust to my leaving."

Staff told us how they worked to protect people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussions all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

People had been supported by their relatives and staff to personalise their bedrooms. This made people feel at home in their own space. Relatives told us they were always made to feel welcome when they visited and were consulted on the care their family member received. One relative told us, "The atmosphere makes you feel welcome. Tea, coffee and biscuits are always offered. I had lunch today with my family member."

People who used the service had been supported to access an advocate where needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Is the service responsive?

Our findings

We found at our last inspection in July 2017, the provider had not ensured people received person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Person centred care.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 9.

The registered manager explained they had invested lots of time to ensure a stable and consistent staff team was recruited. This has led to the staff being aware of peoples, likes, dislikes and preferences. The staff continued to work together to gather more information from relatives. They also reflected on their approach regularly to understand if people were receiving support how they wanted it and whether the support they offered was successful.

The staff team did not record that relatives were involved in the review of care and support each month. However, relatives told us they felt listened to with regards their family member's care and support. Relatives had supported staff to understand people's life histories and also to know what people's preferences were should they require palliative care. When we visited nobody required this type of support, however information was available should this have been needed for people.

Care plans contained all of the information staff needed to provide care and support in the way people preferred. For example; if a female person preferred only female support during personal care this was recorded. We observed staff following such an approach. This meant care was person centred. As an example, we saw that one person wanted changes to their room to be made to enable them to watch TV in there. We saw this had been completed. For another person we saw their weight had fallen, staff reflected and recognised they needed to spend more time with the person at mealtimes. They encouraged the person to eat in the dining room, prompted and supported them. This approach had meant the person's weight had increased. Staff had learned for another person that they preferred to eat breakfast in their pyjamas.

As explained in the safe domain, work to support people living with dementia to take part in personal care was underway using a person centred approach. Also reported in the safe domain the registered manager had changed their process to ensure people have a full care plan within 72 hours of their admission to the service.

The staff team recognised that for people to have high feelings of wellbeing they must have support to socialise, be occupied with meaningful activity and spend time with others. Lots of investment in the area had occurred since our last inspection. We saw this had led to people being more alert and sociable and we also observed people initiating their own activities and fun between each other. People who were friends actively spent time together chatting; one person explained they were holding hands with their best friend. Another person was known to have a lifelong passion for music. They were supported to keep their harmonica close at all times and we saw they spontaneously started to play music and everyone joined in a

sing along. The person smiled and clapped afterwards which displayed they felt the sense of achievement because they had supported other people to feel happy with their music.

Relatives told us this area of the service had much improved. They told us, "Staff are more caring now and they have better activities. It has improved" and "The first thing we saw when looking through the window was that our relative was engaged in activity." A new activities worker had been employed and everyone, including staff, people and their relatives told us this had had a positive impact. A relative told us, "Things have got better since the new activities staff have arrived. They have opened a room and put a lot of things in place, such as indoor gardening and crafts. Music therapy is a lot better now."

Each person had their needs assessed to understand what activities they were known to like, how their dementia affected their ability to join activities and to understand each person's current skills. People then had a personally assessed activities profile so everyone knew what was successful for the person. People were able to tell us, "I like the outdoor bowls and watching the telly" and "I helped to make a pie in the kitchen." People's past lives were used to influence the activities on offer for them. For example, it was known one person liked a specific newspaper and this was delivered daily for them. Another person used to be in the wool trade and knitting was offered to engage them in reminiscence.

The activities worker was trying to recruit a volunteer organist to come and support people to sing hymns. We saw various external people had visited to provide activities such as an exercise class, a donkey and handler from a sanctuary and a children's choir. Staff recorded how people had responded to such events and we saw for one person they had stroked the donkeys, asked questions and was seen smiling which meant they enjoyed the experience. We observed the exercise class during our inspection and people joined in the fun, people smiled and appeared happy after the experience. They had clearly enjoyed it.

People and their families knew how to raise concerns if they wanted to. They said, "I would tell my family" and "I would speak to the carers." We saw the complaints which had been received since the last inspection and the registered manager had met with one relative to explain the steps they had taken to resolve their issues. Relatives told us they had been listened to each time they raised concerns.

We saw that relatives had also sent compliments about the service. One compliment was provided via a national care home website from a relative, it said, 'We have found the care staff at The Crest to be amazing and on the whole we are very happy as a family with the care my family member is receiving there'.

Is the service well-led?

Our findings

We found at our last inspection in July 2017, the provider had not ensured robust oversight of the service, which had led to people receiving a poor quality and unsafe service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Good Governance.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 17.

A range of effective audits had been completed by both the registered manager and provider. The audits covered areas such as medicines, care plans, health and safety and people's weights. Each audit clearly identified areas where improvements were needed. This had helped the registered manager focus their attention and to make the improvements necessary. For example, the medicines had not been managed well. Through focussed interventions and staff coaching, this area was now better managed. The registered manager was aware of the work still required to improve quality and safety further.

The registered manager had worked hard since they were employed to recruit and develop the skills of the staff team. Staff confidence had grown and everyone knew what was expected of them. The registered manager had completed a 'Vision' exercise with the senior team. This meant they all knew what they were aiming for at the service. They agreed their vision was, 'To see a full house, for staff to be happy in their work and to be working as a team'. They all felt this would foster a good culture and in turn would mean people received excellent person centred care.

The feedback we received about the registered manager further demonstrated their person centred leadership style. People and their relatives told us, "The manager is alright, they talk to me nicely and they are kind" "I have seen a lot of improvements", "The manager seems more caring and they have kept some of the old staff. The staff seem more organised now" and "I do think it is well led. When we came to have a look at the home they (the registered manager) was very helpful and accepted my family member at short notice. They went out of their way to assess them quickly"

Members of staff told us, "We have had lots of bank and agency, we didn't know what to do and the seniors at that time didn't help us. When the new manager came along we could speak out and we didn't have to cope alone. The training the manager has given us has shown us how to do things better" and "The manager has made a positive impact, we now have team meetings. The deputy is also really good; they have put things in place."

Staff told us morale was good and that they enjoyed their role. Staff had support through regular team meetings where they were given direction and allowed to raise concerns or discuss ideas. We saw in the team meeting minutes for February 2018 staff had been asked, 'How can we improve team work?'. The culture of continuous improvement involving everyone had meant improvements had been made since the last inspection which gave us confidence that improvements will continue to be made. A senior care worker told us, "We are improving day by day and the manager is brilliant."

Alongside developing relationships with relatives the registered manager had chaired two relatives meetings. In November 2017 the notes of the meeting recorded the areas relatives felt needed to be looked at, improvements they had seen in the cleanliness of the service and the continuity and availability of staff. Dates of further meetings were advertised in the service. One relative told us, "I went to the last one and I found it useful. It was about what was going to happen."

The registered manager understood their responsibilities and had ensured appropriate statutory notifications had been sent since they had been employed. The registered manager was keen to implement the systems and arrangements the new provider used. This was a priority to be managed over the coming months. The registered manager told us they had good support from the new provider and also that of a buddy from another local service. They kept up to date through reading adult social care sector journals and linking with updates from CQC and other agencies. We had confidence that the registered manager understood what high quality person centred and safe care looked like and that they would continue to strive for this on behalf of the people they supported.