HC-One Limited

Oaklands (Essex)

Inspection report

Forest Glade
Dunton Hills
Laindon
Essex
SS16 6SX

Tel: 01268491491
Website: www.hc-one.co.uk/homes/oaklands-essex

Date of inspection visit:
20 June 2018
21 June 2018

Date of publication:
24 July 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Oaklands provides accommodation and personal care for up to 55 people some of whom may be living with dementia. At the time of our inspection 28 people were living at the service.

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

At the last inspection, the service was rated Requires Improvement. At this inspection we found improvements had been made and the service is rated as Good. However, Well Led remains requires improvement, there had been significant instability in the management of the service and although the new manager has made significant improvements, they are not yet registered and will need to evidence consistent compliance over time to ensure continued safe delivery of care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed safely by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and palliative care nurse. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The manager had several ways of gathering people's views and held regular meetings with people and their

relatives. The manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication when required.

Staff followed infection control procedures to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. Staff attended training courses to support them to deliver care and fulfil their role.

People's rights were protected and they were supported to make choices.

People were supported with their nutritional choices.

People had access to healthcare professionals when they needed to see them.

The service was designed and adapted to support people's needs.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

The service could support people at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There had been inconsistent management at the service, however over recent months there have been significant improvements under the new management team. These improvements will need to be maintained over time to ensure continued safe delivery of care.

Staff felt valued and were provided with support and guidance to perform their role.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had several quality monitoring processes in place to ensure the service maintained its standards.

Oaklands (Essex)

Detailed findings

Background to this inspection

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

This inspection took place on the 20 and 21 June 2018 and was unannounced on the first day. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 our inspection we spoke with seven people, five relatives, the manager, deputy manager, turn around manager, five care staff and the chef. We reviewed seven care files, three staff recruitment files and their support records, audits and policies held at the service.

Good

Is the service safe?

Our findings

At our previous inspections in September 2016, February 2017 and October 2017. we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have effective systems in place to manage and mitigate risks to the health and safety of people using the service and for the safe management of medicines. At this inspection we found improvements had been made and the service was no longer in breach.

Staff had the information they needed to support people safely. From support records we reviewed we saw that the appropriate risk assessments were in place and were regularly reviewed and up dated. The assessments covered preventing falls, moving and handling, nutrition and weight assessments, use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. At our previous inspection we found assessments had not always been completed correctly. The deputy manager informed us that staff had since received training and mentoring in the correct way to complete the assessments. We saw that each assessment was person centred and contained clear information for staff to follow to mitigate risks. If a person's risk changed we saw this was updated immediately in the care documentation so that staff always had the most relevant information to follow. In addition, we saw that all risk assessments were reviewed monthly to ensure they were still relevant and updated as required. This meant staff had the correct information they needed to support people safely.

We reviewed the medication practices at the service and saw following our last inspection these had become more robust and much safer. Documentation in place was clear, easy for staff to follow and comprehensive to prevent errors. We saw that staff were diligent in their medication practices to follow all the new procedures put in place and this had greatly reduced the possibility of medication errors occurring. There was now comprehensive documentation to use when people were in the receipt of pain patches to show when to administer, to which area of the body and when removed. There were also protocols in place for staff to follow when administering as required medication and these protocols were now regularly reviewed to ensure the medication was being used appropriately and as intended.

We observed a medication round and saw that the staff checked that they were giving the right medication to the right person at the right time. They also spoke with the person to check if they needed any additional medication such as for pain relief. We reviewed medication administration records and saw that staff completed a count of medication before each administration and kept a running count down of medication used. Also, each shift they carried out a random audit on five medications that people used to check that the counts were the same. Medication administration records contained all the information staff required and a photograph of each person. People receiving topical creams also had these recorded-on medication administration charts. We saw that all charts were completed correctly and that there were not any gaps or missing staff signatures.

We saw that if people had needed to spend time in hospital when they returned to the service systems had improved and there was a full handover. Any medication was checked back in by two staff so any changes made to people's medication was identified to ensure people continued to receive the correct medication.

There was also a return from hospital form that was completed to help identify any changes in the person's care needs. People returning from hospital were discussed in handover between staff and at the daily management handover. In addition, the service had started using the 'red bag' scheme. This scheme meant all important documentation and care records went with the person to hospital in a 'red bag'. This scheme had been set up in conjunction with the NHS and Ambulance service to ensure people received continuous care when going between services.

There were sufficient staff to meet people's needs. We observed that staff were unrushed and spent time supporting people at their pace. The manager told us they had recently recruited new care staff and were training up staff to become senior care staff. In the interim some agency staff were being used however these were regular agency on a block booking to maintain consistency for people. The manager used a dependency tool to calculate the amount of care hours required to support people. This was completed when people's needs changed, if there were new admissions or as a minimum monthly. The manager told us that they had recently reviewed the dependency tool and some ratings had changed which was reflected in the staff hours used. A relative told us, "There is always plenty of staff around." One person told us, "The staff are good if I need them they come quick." Most people chose to socialise in the main living areas with other people and staff, however when in their rooms they had access to a call bell if they needed support from staff. The manager had a monitoring system in place to check response times to call bells to ensure people received prompt care and that there were enough staff available to attend to people's needs.

We reviewed staff recruitment files and saw the manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "It is our responsibility to make sure residents are safe and happy, If anything was putting people at risk I would 'whistle blow'." The manager worked with the local authority to fully investigate any concerns and protect people. In addition, the manager ensured staff learned lessons from investigations and implemented changes to policies and procedures to ensure people remained safe. People and their relatives told us that they felt people were safe living at the service. One person told us, "I am very happy here, it's very good." A relative said, "[relative name] Feels safe here, they think they are on holiday, very happy."

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The manager employed a general maintenance person for the day to day up keep of the service. People and relatives were very complimentary of the maintenance person and their willingness to address any problems. One relative told us, "Nothing is too much trouble for them." For more specialised work the manager employed the appropriate contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. There was a fire plan in place and each person had a fire evacuation plan completed. We saw that the fire plan was kept up to date with any changes at the service such as people being admitted or if they had changing support needs for evacuation.

The manager had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. For example, each month there was a meeting with

senior staff to discuss falls as part of their falls prevention program, to see if measures put in place to prevent falls were working and to check the follow up of actions taken and to see if any further actions were needed. The manager used a route cause analysis model to examine any incidents and to learn from these to prevent re-occurrence. We saw detailed investigations had been completed and saw evidence that changes in practices had been implemented from these investigations. For example, the lessons learned in medication management and how new practices had been implemented to make these safer. This meant that the manager and registered provider had an overview of accidents and incidents and put measures in place to mitigate further risks.

Good

Is the service effective?

Our findings

At our previous inspection in October 2017 we found further improvements were still required to appropriately support people with their nutrition and hydration needs. At this inspection we found improvements had been made and people were being fully supported with their nutrition and hydration needs.

We saw throughout the inspection new procedures had been embedded into practice at the service. Staff we spoke with were very knowledgeable about the people they were supporting and the importance of encouraging people to have enough nutrition and hydration. We saw jugs of different flavoured juices were freshly prepared and regularly changed for people to have. One member of staff said, "We remind people to have a drink every half an hour and we refresh the juice jugs every two hours." In addition, to fluids being encouraged the staff also regularly took round a hydration trolley and had snack baskets for people to help themselves from. On the trolley was a selection of different hot and cold drinks along with hydrating fruits such as cut up melon, freshly made cakes and biscuits, to encourage people to eat and drink. We also saw staff offering people ice-cream and ice lollies as another way to keep people hydrated during the warm weather. A relative told us, "They are always coming around with drinks, the minute I arrive they always get me a drink as well."

The manager had employed a fulltime chef who was very enthusiastic about providing nutritious food that people enjoyed. Each day the chef attended the morning heads of department meeting to receive updates from staff on people's nutrition and hydration requirements or changes. This meant that they had up to date knowledge of people's dietary requirements. In addition, they received a completed dietary requirement sheet for each person with any specific dietary requirements such as soft diets or diabetic diets. They also received information on people's likes and dislikes. Each day the chef met with people to get feedback on the food usually during the lunchtime serving. We saw the chef had implemented food hygiene procedures for staff to follow, for example any food leaving the kitchen was covered, and all staff were required to put on protective clothing and a hat before entering the kitchen.

We observed a couple of mealtimes throughout the inspection, we saw these were social occasions. The dining area was welcoming with nicely laid tables, and people had social groups that they preferred to sit in, we saw relatives also on occasion joined their loved one for meals. People were offered choice over what they wished to eat, to help some people to make choice two plated meals were presented to them to choose what they wished to eat. We saw that condiments and sauces were available separately for people to use themselves and gravy provided in gravy boats. People were very positive about the food and the dining experience, many people told us how much they enjoyed the food. A relative told us, "He usually likes to have two bowls of porridge in the morning followed by a cooked breakfast."

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input or to speech and language therapy if people were at risk of choking. We saw that assessments were regularly reviewed and updated if there were any changes needed to provide

the most up to date information to staff. We saw that staff were very observant of how much or how little people had eaten and where appropriate recorded this on dietary charts. The manager had introduced that when people are first admitted to the service or if they returned from a hospital stay they went on food and fluid monitoring for a minimum of two weeks. This gave staff information on people's eating habits and preferences and they could monitor if people were reaching their hydration targets. We noticed where some people spent their time walking up and down staff engaged with them by walking beside them and engaging them in conversation. They also provided them with finger foods they could eat whilst on the move and drinks.

Staff were provided with the training they needed to perform their role. The manager was very keen to support staff in developing their skills and to support them in progressing their career pathway in care. Staff told us that they were supported to complete nationally recognised qualifications. One member of staff said, "We get a lot of support to understand people's behaviour and training from the manager." Another member of staff said, "We get enough training and I have been encouraged to complete an NVQ level 3."

Staff told us that they were being supported to develop in specific areas, one member of staff said, "We have recently completed training on Dementia awareness and how doll therapy can help people. We have learnt that people with dementia prefer different environments and do not particularly like a lot of noise all the time, so we usually do not have the television on as they prefer to have music on quietly and sometimes like to sing and dance with us," Staff went on to tell us how they were being trained as trainers so that they can in turn train staff and develop their skills when working with people with dementia. The manager told us that they were developing champions at the service so that staff could take a lead in specific areas. Rather than staff just being named as champions they wanted to make sure that they had the correct training, skills and support to do the role first.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. One member of staff told us, "I am currently mentoring a new member of staff, so I work with them and I am helping them get to know everyone and how we do things." The manager told us that all staff completed the Care Certificate as part of their induction. This is industry recognised good practice training for staff new to care that equips them with the knowledge and skills they need to safely support people. The manager or deputy also met with new staff at least weekly to discuss their progress and to see how they are getting on. Staff told us that they had regular staff meetings and supervision with the manager or deputy manager to discuss the running of the service and their performance. From records we reviewed we saw this was a two-way process for staff to receive support and updates on best practice.

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 Mental Capacity Act 20015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Throughout the inspection we saw staff talking to people and offering them choices and listening to their wishes. Staff knew people well and the best way to support them with making decisions. Appropriate applications had been made to the local authority for DoLS assessments. The manager had also registered with the local authority so that they could access their website to track the progress of applications that had been made. We also saw assessments of people's capacity in care records had been made. The assessments had been made in conjunction with people and

their families and we saw assessments with families being completed during our inspection. The manager kept themselves up to date with the latest legislation. This told us people's rights were being safeguarded.

People were supported to access healthcare. The service had good links with other healthcare professionals, such as, chiropodist, opticians, district nurses, palliative care nurses and GPs. Since starting at the service, the manager went and met with the local GP to introduce themselves and to discuss joint working together. This included the GP coming into the service for regular visits and reviews and staff escorting people to the GP surgery for review. Relatives and people told us that they had access to see the GP if needed. One relative told us, "They are good at getting the GP if there are any problems or infections and the staff keep us informed." A Healthcare professional said, "Staff are good, when I come they prepare the patient and can give me all the information." We saw that the staff were good at recording feedback from healthcare professionals and updating people's care needs if required. Each day the manager or deputy manager went around the service at least twice to be updated with any clinical changes of people and to check that their healthcare needs were being met. Every week they held a clinical review meeting with senior staff to review people's changing healthcare needs to check that all the appropriate referrals had been made and people received the healthcare support they required.

The environment was appropriately designed and adapted to support people. The service was set over two floors with lifts connecting. The main living areas were spacious and people had their own room which was personalised to their choice. The manager had kept the service updated and well maintained with an on-going maintenance, cleaning and redecoration program. People had access to two gardens one of which was connected through patio doors from the ground floor lounge. We saw this area was very popular with the doors being left open in the warm weather giving people and their relatives easy access. In the larger garden at the back of the service work had been undertaken to relay the patio to make it even for people to walk on as this had been highlighted as an issue.

Good

Is the service caring?

Our findings

We received many positive comments from people and relatives about how caring and good the staff were. One person told us, "The staff are very good, excellent." Another person said, "All the staff are very kind." A relative told us, "All the staff are good always around, [staff name] is wonderful." Another relative told us, "It is brilliant here now, staff are helpful and friendly."

We noted throughout the inspection that there was a very calm atmosphere throughout the service. Staff were unhurried and could spend time supporting people in a calm supportive way. A relative said, "There is a lovely atmosphere here." They went on to say, "We had a party here it was wonderful all the staff joined in, we had friends attend who all noted what a lovely home it was." Another relative told us, "Care has improved, staff are much better, they will do anything now, I don't have to chase them."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We were very impressed with how well staff knew people, their histories, their families and preferences for care. Staff could tell us in detail how people had improved for example by becoming more independent even in very small ways, such as now being able to hold a flannel to wash themselves during self-care. Staff also showed a good understanding of people's behaviour for example how one person like to have a tool box with them as they used to work as a carpenter. The service had recently introduced therapy dolls and staff told us how one person used to be a foster carer and at night they liked to have a doll to care for. Also, a gentleman liked to have a doll with him who he spent the day talking to as they believed this reminded him of his grandson. We saw the gentlemen spent the day very happy with the doll talking to the doll and looking after it.

People were actively involved in decisions about their care and treatment and their views were considered. People and their relatives met with staff to discuss their care needs and to review their care documentation. We saw evidence of this during our visit with relatives attending for meetings with the manager or deputy manager to review care needs and share information. One relative told us, "I had a meeting with the manager and went through all the care plans."

People were treated with dignity and respect. One person told us, "Looking after me very well indeed. Had hair and nails done today. I have my feet done every six weeks. The food is good. It took me a while to feel like I was at home as I miss family but it feels more like home now. All the staff look after me." We saw that the staff treated people with dignity and respect, we observed staff bend down to people's eye level if they were seated to talk to them, and we saw staff discretely ask people if they needed support with their personal care.

The manager told us that one member of staff had received a 'kindness in care' award recently. This was due to a member of the public contacting the service to give feedback that they had witnessed this member of staff whilst supporting a person at a hospital appointment being very kind and caring towards the person they were with.

People had access to religious support should they require this. There was also a multi faith church service held each month at the service if people wished to join in. People were encouraged to maintain contact with friends and relatives and they could visit people at any time. There was also internet access throughout the service so that people could use computers and video telephone calling to stay in touch with relatives. One person regularly used this facility to talk to their relatives who lived abroad.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service a full assessment of their needs was completed to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. We saw that care plans were very person-centred detailing how the person preferred to be supported. It was very evident care plans were completed with the involvement of people and their families to provide a full picture of the person. Before people decided whether to live at the service they or their relatives were encouraged to look around the service and meet with staff to see if they thought it would meet their needs.

Care plans were then reviewed with people and updated at least monthly to ensure all care needs were kept up to date. We saw that this was also a detailed care plan review which gave people's comments on their care. Relatives we spoke with told us that they were involved in reviews and during our inspection we saw relatives attending to take part. We saw from care plans if their needs changed due to becoming physically unwell for example and needing antibiotics their care plan was immediately updated to include this information and additional support they may need. This demonstrated that staff had the most up to date information they needed to support people.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that people had communication care plans in place detailing what support people may need, such as, wearing hearing aid or glasses, when talking to people be face onwards and speak clearly. We saw there were large clocks in use for people to keep a track of the time and there were pictorial displays of the weather, day and date in the form of a picture calendar. Where one person mostly communicated in another language the manager had displayed in the person's room a list of commonly used words with how to pronounce them to encourage the staff to communicate using the person's first language. The manager also used the person's family members who visited daily to interpret for them. This showed the service was acting within the guidelines of accessible information for people.

The service was responsive to people's needs. We saw that staff were very good at making referrals for assessment to local health professionals such as the speech and language therapist, district nurse team, occupational therapist and physiotherapist. This meant people received prompt support when their care needs changed and could be provided with the most appropriate equipment they may need such as pressure relieving equipment or moving and handling equipment. The manager was also prompt at providing equipment that may help prevent people having falls such as alarm mats were needed.

The manager had been supported in making the service more dementia friendly. There was clear signage to help people when moving around the service. The walls had many pictures of different memorabilia such as black and white photos of the world cup. There were also sensory fiddle boards for people who liked to walk around to stand still and feel and touch different sensations. An area on the first floor had been made into an inside garden with fake grass and garden benches to encourage people to sit down and spend time

resting. There was also a sensory aquarium on the wall to hold people's interest. Some people we saw liked to hold fiddle mits to occupy their hands when walking around or sitting down.

The manager employed activity coordinators to facilitate social activities at the service. We saw there was a varied program of activities for people to enjoy which included outside entertainers coming in. During the inspection we saw animals being bought in which was popular with people and engaging for them. We saw enjoyment in people's faces as they held different animals such as rabbits, hedgehogs, insects and snakes. We were told this was a popular activity and saw pictures where people had previously handled pigmy goats. We saw that if people wished to be engaged in activities they were supported to do so, such as gardening, artwork quizzes and bingo. There was also a visiting hairdresser who came in every week and a nail technician, we noted how many of the male residents were enjoying having their nails manicured.

The activity co-ordinators also planned events around world events and had recently celebrated the Royal wedding and were currently focussing on the world cup for people who enjoyed the football. Relatives told us how the staff were also involved in arranging special celebrations for people such as birthday parties.

The manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the manager or deputy manager. However, people told us they generally did not have any complaints. One relative told us, "Since [managers name] has been in place they have really turned around the place and we don't generally have any complaints now." The service has received many compliments recently one read said, 'All the staff are very professional, caring and extremely helpful.'

The manager told us that some people came to the service for end of life care and that they took referrals from the hospital and local hospice. The manager worked closely with the palliative care team and the GP to ensure people had everything in place at the end of their life. The deputy manager is trained in providing care to people at the end of their life following the 'Gold standard framework' for end of life care. They told us that it is their intention to work closely with the hospice team and train more staff to have the skills required to look after people when at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspections in February and October 2017 we found there were ineffective governance systems in place that did not identify issues we identified during our inspections. Due to this the service was placed in Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) and served warning notices. At this inspection we found the service had met all our requirements and were no longer in breach.

Since January 2018 the provider placed a 'turn around' manager at the service to support the then registered manager to implement changes and improvements. However, the registered manager left the service in March 2018 along with the deputy manager. Since then the provider has supported the service with the 'turn around' manager and staff from sister services, whilst they recruited a new manager and deputy manager.

A new manager and deputy manager have now been in post since April 2018. During their induction to the service the 'turn around' manager continued to work at the service for six weeks. This allowed for a full handover of the service and gave the new manager and deputy manager the support they needed. Over the past two years there has been inconsistent management at the service with changes to management. Since the 'turn around' manager and new management team has been in post they have made significant improvements at the service. This will need to be consistently maintained with on-going improvement to ensure robust governance of the service over time.

The new manager in post was going through the process to be registered with the CQC. 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.

Since starting at the service, the manager and deputy manager told us that they have spent time doing a baseline assessment of the service so that they could benchmark where they were at and what they needed to do. They could clearly demonstrate the work they have been doing to continue the work of the 'turn around' manager to improve the service and implement change.

The manager and deputy manager had good oversight of the service daily. Since starting at the service, they have taken time to get to know people, meet with relatives and meet with staff. The manager by choice attends early each day so that they can meet with the night staff and discuss any issues they may have and offer them support. They have also spent time working at weekends to meet staff and relatives who visit at weekends. The manager and deputy manager also shared on call responsibilities. Each morning the manager holds a meeting with the heads of departments and senior care workers for each floor for a handover of any operational issues or clinical issues for the day. This means that all staff have up to date information of what is happening at the service and any changes of support needs for people. In addition to this they complete a walk around of the service at least twice a day to be updated with any changing clinical

needs of people.

The manager had many quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice. We saw that there was a rolling program of audits completed as part of the providers monitoring of each service's performance. The provider also had a Quality Director in post who worked with services to oversee their performance and give support where needed with quality improvement initiatives.

Since our last inspection we saw that audits had been fully implemented and embedded into practice. Findings from audits were shared with staff along with any actions that needed to be taken. The manager and deputy manager met with staff to discuss and feedback audit outcomes and worked with staff to implement improvements. Staff we spoke with about the medication audit had a good understanding of how important it was to complete these audits to ensure people were receiving their medication safely.

The manager and deputy manager had reviewed the dependency tool that was used by the provider to fully consider people's changing needs and the environment and lay out of the service. They had recalculated all the dependency levels and submitted this to the provider with the rational for staffing numbers that were required to be used at the service. We saw that care plans were kept up to date with people's changing support needs and staff had received further training in completing risk calculation. This meant the manager now had a clear picture when calculating staffing levels.

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt supported at the service and told us they felt they had a good team to work with. We saw staff were happy and relaxed in their role and staff said that morale was good. One member of staff told us, "I love my job." Another member of staff said, "When I am not here I miss people they feel like my family." Staff felt supported by the management and told us that they now had regular meetings, supervision and felt listened to by the management. Staff told us that each shift they now attended a handover meeting so that they had the most up to date information on what support people needed. This was evident from talking to staff and how well they knew people. Staff also had a communication book and shared information from the morning management meeting.

People, relatives and staff were all very complimentary of the management team. One relative told us, "[Managers name] is very approachable can go to them about anything." Another relative said, "The manager is really caring, [manager's name] is lovely." A member of staff said, "[Manager and deputy manager name] are very supportive you can go to them about anything." Another member of staff said, "They are firm but fair. They tell you why things are happening. We didn't know what was happening before which was unsettling."

People were actively involved in improving the service they received. The manager gathered people's views on the service daily through their interactions with people. We saw the manager frequently talking with people and relatives to gain their feedback. One relative said, "The new manager is absolutely first class, really caring, always asks if everything is okay." The manager also advertised open surgeries where they made themselves available for anyone to come and talk to them. There were regular meetings held at the service with people and their relatives we saw from meetings all aspects of the running of the service were discussed and people's opinions were sought.

The manager and deputy manager have spent time making links with the community and local health

professionals to ensure people living at the service get the best outcomes available. They have spent time meeting with the local GP and district nursing teams to discuss ways of working together to provide seamless care to people. They have also spent time developing links with the local hospice and palliative care team with the intention of linking together to provide further training for staff. The manager has also signed up to initiatives such as PROSPER this is an initiative supported by the local authority to provided training and support to services, to reduce falls, chest and urinary tract infections.

The manager has also made other links in the local community to try and enrich the lives of people living at the service. There is a local pre-school who come into the service once a month to visit people and will sometimes sing with them. Staff told us that this visit was very popular. Each month a local Dementia charity comes in to support activities at the service, there is also a dementia café held monthly which is open to the local community.