

Willows Lodge Limited

Willows Lodge Care Home

Inspection report

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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

Willows Lodge Care Home provides accommodation, personal care and nursing care for up to 70 older people, people living with dementia and those who require nursing and palliative care. The service consists of three units: Poppy Unit for people living with dementia, Buttercup Unit for people who require nursing and palliative care and Rose Unit for people who require residential care. At the time of the inspection there were 63 people living at the service.

People's experience of using this service and what we found

People told us they were safe, however we found improvements were required to ensure people received their medication as they should. Recruitment practices and procedures required improvement to ensure staff's fitness to work at the service was appropriate. Not all environmental risks to people using the service had been assessed and acted on to ensure their safety. For example, some freestanding wardrobes were not secured to the wall and personal evacuation plans for people using the service were not up-to-date. We brought this to the provider and registered manager's attention and immediate action was taken to rectify this. These areas were addressed within 48 hours of the inspection. People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. People's comments relating to staffing levels at the service were variable, but we found enough numbers of staff were available to support people living at Willows Lodge Care Home and to meet their needs. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were learned and improvements made when things went wrong as soon as possible and practicable.

Staff received mandatory and specialist training and newly appointed staff received an 'in house' induction. However, improvements were required to ensure staff received appropriate manual handling training and completed a robust induction, such as the 'Care Certificate' in a timelier manner. Following the inspection the provider wrote to us and confirmed these actions had been addressed. Staff felt valued and supported by the registered manager and received formal supervision. Records to evidence the latter required improvement. The dining experience for people using the service was good and people received enough food and drink to meet their needs. People were supported to access appropriate healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

People's care and support needs were documented but improvements were required to some aspects of record keeping. However, staff had a good understanding and knowledge of people's needs and the care to be delivered. There was no evidence to suggest improvements required to the service's care planning

arrangements and record keeping, impacted on people living at Willows Lodge Care Home. Information relating to people's end of life care needs was recorded but this too required improvement as the information was brief. This did not impact on the quality of care provided to people who were assessed as being at the end of their life and who required palliative care. Suitable arrangements were in place to enable people to participate in meaningful social activities to meet their needs. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

People told us the service was well-led and managed, the registered manager was visible and approachable. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided, however there was a lack of oversight of the issues highlighted as part of this inspection. However, the provider and registered manager were quick to resolve the issues once highlighted.

Rating at last inspection

The rating at last inspection was good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Willows Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector during all three days of inspection. The inspector was accompanied by an assistant inspector on the 6 and 7 November 2019. An Expert by Experience was present on 6 November 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willows Lodge Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

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.

We spoke with 15 people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff, the service's chef and the registered manager. We also spoke with the provider. We reviewed 10 people's care files and four staff personnel files. We also looked at a sample of the service's quality assurance systems, the provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Where risks to people's safety and wellbeing had been identified, assessments were completed guiding staff on the actions required to reduce the risks and keep people safe. However, not everyone's safety and wellbeing had been assessed and recorded. For example, no risk assessments had been completed for one person who was admitted to the service six days prior to our inspection. We discussed this with the registered manager, who told us the person's care and support needs, including identified risks were due to be recorded within the service's newly implemented electronic care planning system.
- Not all environmental risks to people using the service had been identified. For example, we found ten freestanding wardrobes were not secured to the wall. We brought this to the providers attention and immediate action was taken to order brackets, to secure the wardrobes to the wall and to prevent them falling and causing possible injury to people and others. Following the inspection, the provider confirmed to us these were made safe within 48 hours of the inspection.
- Risks relating to the service's fire arrangements were monitored and included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. However, the PEEP folder was not up-to-date and some of the information recorded was inaccurate. The latter referred specifically to incorrect bedroom numbers where a person had moved to another room. Following a discussion with the registered manager steps were taken to rectify this, with immediate effect.
- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.
- Staff spoken with were aware of the service's fire procedures and knew what to do in the event of an emergency.
- Information showed not all staff had participated in a fire drill or used fire evacuation equipment. This related specifically to the night staff who had not participated in a fire drill since 2018. Following the inspection the provider wrote to us confirming 60% of staff had now completed a fire drill using fire evacuation equipment and additional sessions planned.

Using medicines safely;

- The Medication Administration Records [MAR] for 15 out of 63 people were viewed. Medication Administration Records [MAR] showed not all people using the service received their prescribed medication as they should. For example, the MAR form for one person showed they were prescribed a pain relief gel to be administered three to four times daily. However, the person's MAR showed between 14 October 2019 and

5 November 2019, only five out of 23 days when this was applied correctly. On four days the medication was applied once, and all other days only given twice daily. Another person's MAR stated their prescribed medicated cream should be applied by staff once daily. However, the MAR form showed this was administered between two, three and four times daily. This was not in line with the prescriber's instructions.

- Unexplained gaps were noted on the MAR forms for four people, whereby staff had not signed to indicate people's medication had been administered. This was a recording issue as the medication had been dispensed from the blister pack.

We recommend the provider and registered manager seek advice and best practice guidance relating to medication practices and procedures.

Staffing and recruitment

- Staff recruitment practices were not operated in line with the provider's own policies and procedures and improvements were required.
- The staff files for four members of staff employed within the last 12 months were viewed. The employment history for one member of staff had not been fully explored and the rationale for leaving their previous employment was not recorded for another staff member. One staff member's personnel file contained only one written reference and testimonials received for another member of staff did not include a reference from their most recent employer.

We recommend the provider and registered manager seek advice and guidance to make sure robust systems are in place to ensure recruitment practices are adhered to in line with their own policy and procedures and regulatory requirements.

- Feedback from people and those acting on their behalf about staffing levels was variable. Comments included, "I have got a buzzer, staff come, it is not that long to wait", "The staff are alright, they come within five minutes and if busy they come and say can you wait, but that is only sometimes, I never really wait", "The girls are overworked, sometimes there are not enough staff with two or three agency staff walking around. Mornings are the busiest time but does not affect [person]" and, "I think they need more staff, staff are run off their feet. It seems busy in the mornings, [person] needs two staff, staff come and turn off the buzzer and then [person] has to wait for a second member of staff to attend. That comes down to staff shortages, but I cannot fault them."
- Staff told us agency staff were used at the service to cover staff sickness and annual leave. Though agency staff were utilised, where possible the same agency staff were deployed to Willows Lodge Care Home for consistency.
- Staff's comments relating to staffing levels were variable, with some staff feeling there were enough numbers of staff to meet people's needs and others feeling these could be better. The latter referred to staff not always feeling they could give people the attention they needed, and care and support being rushed.
- Regardless of the above comments, observation of the deployment of staff during the inspection was appropriate and there were enough staff available to meet people's care and support needs. Staff were seen providing care and support to people promptly in line with their care needs and call alarm facilities were answered in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "It is safe, staff are very good. I don't have to wait a long time, they [staff] check on me at night." Another person told us, "Yes, I am safe because they [staff] are there to help if I need them, I've got no problems."
- Staff had a good understanding and knowledge of the different types of abuse and what to do to make sure people were protected from harm. Staff confirmed they would escalate concerns to the manager, a

senior member of staff, the provider and external agencies, such as the Local Authority or Care Quality Commission.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. People told us the service was kept clean and valued the domestic staff who were friendly towards them. One relative told us, "[Person's] room is always cleaned."
- Staff had access to enough personal protective equipment to help prevent the spread of infection.
- Staff had received appropriate infection control training.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Staff support: induction, training, skills and experience

- Most staff had completed mandatory and other specialist training in line with the provider's expectations. However, the training matrix, showed ten members of care staff did not have up-to-date manual handling training. We discussed this with the registered manager. An assurance was provided advising this training would be completed as soon as possible. The provider wrote to us and confirmed all outstanding manual handling training was completed on 6 December 2019.
- Where staff had not attained a National Vocational Qualification [NVQ] or similar relevant qualification and had limited or no experience in a care setting, staff had commenced the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. However, records showed not all staff had completed the 'Care Certificate' in a timely manner. For example, where staff had commenced in post in 2018, at the time of this inspection, some members of staff had yet to complete the 'Care Certificate'. The registered manager confirmed this as accurate. Following the inspection the provider wrote to us confirming a new system was now in place to ensure better oversight for the future.
- Newly appointed staff also received an in-house 'orientation' induction and were given the opportunity to 'shadow' more experienced staff until they felt confident to carry out their role.
- Staff told us they felt supported and valued by the provider and registered manager. One member of staff told us, where they had had an issue, they had "Gone to the registered manager and the problem had been addressed. The registered manager had not belittled them or made them 'feel small". Another member of staff told us, "The manager is great, she is always there for you."
- Although most staff had received regular supervision, three out of four members of staff employed between 13 June 2019 and 9 September 2019 had not received supervision at the time of our inspection. There was no evidence to show anyone was checking to see how they were getting on and their performance and practice monitored to ensure this was appropriate. Following the inspection the provider wrote to us and confirmed supervisions for these staff were now complete.
- A record of the discussion held as part of staff supervision was available, but information did not always evidence how issues raised were to be addressed and monitored. For example, one staff's supervision record referred to poor record keeping, and improvements needed to ensure one-to-one support was provided to a person using the service to keep them safe. However, nothing was recorded detailing how improvements were to be made and monitored.

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

- People's needs were assessed prior to their admission to the service. These were comprehensive and considered all of a person's needs and informed people's care plans.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the quality of meals provided was positive. Comments included, "The food is good. I like my food and there is fresh fruit in the bowl all the time, you have what you like", "The food is lovely, sometimes I have the main meal and desert, you can't fault the food" and, "The food is freshly cooked and there is always fresh fruit available."
- People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom.
- The dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner.
- The meals provided were in enough quantities and looked appetising. Where people did not want the main meal, alternatives were offered by staff. For example, one person was observed to not want their main meal, several alternatives were offered by staff and the person was able to choose a much lighter option which suited their needs at that time.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as, dietician or Speech and Language Therapist [SALT].

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and support. People's healthcare needs were monitored, and action taken to address any changes in their health.
- People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One relative told us, "[Person] has just had new glasses and an optician came here. [Person] is due to see the dentist, someone has been in and done their nails. The GP comes when they are unwell." Another relative told us their family member's pulse was very low, but staff had acted quickly, and a member of staff had sat by their door to undertake regular observations of their condition. One person told us they got to see their GP, optician and chiropodist as required. Additionally, they periodically saw a district nurse as they had a catheter fitted and where there was a problem, assistance was provided.
- Relatives confirmed they were kept informed by the service of their family member's healthcare needs.
- The service was part of the 'Red Bag Care Home Scheme'. This is a national initiative which aims to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- Willows Lodge Care Home is arranged over three floors, with communal lounge areas and dining rooms on each floor. People also had access to landscaped gardens and grounds.
- The service was decorated and furnished to a good standard. People had personalised rooms which supported their individual needs and preferences.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Staff asked for people's consent before providing care and support.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- Not all staff demonstrated a good understanding and knowledge of the key requirements of the MCA and how this impacted on people using the service.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care they received were positive. Comments included, "Got no complaints, I have nothing against them [Willows Lodge Care Home]. Staff look after me, we have a good laugh", "It is lovely here, staff look after you. They are friendly and help you if they can" and, "The staff are helpful, I have no worries."
- Relatives confirmed they were happy with the care and support provided for their family member. Comments included, "The staff are very caring, they are always in a lovely mood and nothing is too much trouble" and, "The staff are very nice, and I can go and ask anything. They are always asking [person] if they are alright and how are they doing, all the staff know their name."
- The care provided by staff for people using the service was good, with positive staff interventions. We observed many examples whereby people were treated with care and kindness, and staff had a good rapport with the people they supported. Staff provided empathy where people were sad or upset and laughed and joked with others.
- Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people. Although some staff told us care could be rushed, no signs of this were observed during the inspection.
- People were relaxed in staff's company and it was evident they knew people well. Staff understood people's different communication needs and how to effectively communicate with them. No-one at the time of our inspection required specialist assistive technology to convey their needs.

Supporting people to express their views and be involved in making decisions about their care

- Relatives confirmed they had been involved in the initial assessment process, including providing background information relating to their family member's life history.
- People and those acting on their behalf, had been given the opportunity to provide feedback about the service through the completion of a questionnaire in April 2019. The registered manager advised as an incentive to get people to complete the questionnaire, for every feedback form completed, the provider donated £1.00 to the Alzheimer's Society. Comments were generally favourable and included, "Warm home and friendly environment, professional and kind staff."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery, including a watch, to have their nails painted and to wear make-up.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- All people using the service had a care plan in place detailing their care and support needs and how these were to be met by staff, with the exception of one person who was admitted to the service six days prior to our inspection. Nevertheless, staff were observed providing appropriate care and support for this person. We discussed this with the registered manager. They told us the person's care and support needs, including identified risks were to be recorded within the service's newly implemented electronic care planning system.
- We found some people's care plans were not up to date and contained contradictory information. For example, one person's information relating to their manual handling needs referred to them as being able to mobilise, but the care plan evaluation recorded the person as immobile and confined to bed. The care plan for another person stated their skin integrity was intact, but their daily care notes recorded the person's skin integrity being compromised. The person's care plan had not been updated to reflect their current care needs and delivery of care to be provided.
- Care plans relating to people's end of life care were not sufficiently detailed to include their preferences relating to their protected characteristics, culture and spiritual needs and required improvement. However, we found no evidence to suggest that people who required end of life care support received poor care.

We recommend the provider and registered manager seek advice in line with best practice guidance to ensure people's care and support needs are assessed and recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- More could be done to effectively apply the AIS standards, for example, although the activity programme was provided in an easy read and large print format, this was displayed on a large board and referred to lots of information, which some people may find difficult to decipher and understand. Additionally, the menu was displayed adjacent to the dining room on each unit. This was not in an easy read or large print format and pictorial communication cards were not used by staff to enable people to make an informed meal choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People confirmed they were able to participate in 'in-house' social activities. One person told us, "I like my radio and my knitting. I also like art and craft activities, exercises and singing, for me there is enough to do." Another person told us, "There is always something going on, we do exercises, have singers, I cannot fault them [Willows Lodge Care Home]."
- Relatives confirmed they were happy with the level of social activities provided for their family member. One relative told us, "The activity person is brilliant, they brought little ponies into the home and brought one down to [person's] room. Staff sent me a video, the joy they brought to [person] was lovely to see. They had snakes and spiders in last week. [Person] did not want to see them, staff always check if they want to see things first."
- The person responsible for facilitating social activities at the service demonstrated enthusiasm and commitment to their role. They told us, "The best thing about my job is seeing the residents smile." They stated it could be challenging to provide activities to the individual units each day and to complete all required paperwork. In addition, they told us it was a challenge to support people who remained in bed and required one-to-one support, commenting, "I make a special effort to see them. At some point everyone gets quality one-to-one time to talk. I normally come away with a list of problems from the residents and escalate them to the manager or senior staff. I try to work individually but do group baking and art and crafts."
- People using the service received activities from external sources. For example, a local artist facilitated an art session, enabling people to undertake 'life drawing'. People were also able to have their religious observance needs met from the visiting local church.
- Opportunities were given for people to access the local community. Activities included laying a wreath for the upcoming Remembrance Sunday in the town square, visiting a local garden centre and going to the pub for a drink.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues with the service. One person told us, "Any complaint, I would go to the manager, they always make time." Another person told us, "I have got no complaints at all, everything is fine."
- A low incidence of complaints was noted within the preceding 12 months. A review of the complaints folder found suitable arrangements were in place to record, investigate and respond to any complaints raised with the service.
- Compliments were readily available to capture the service's achievements.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers quality assurance arrangements monitored the experience of people using the service. This information was used to help the provider and registered manager drive improvement and monitor the service's performance in line with their own policies and procedures and regulatory requirements. However, improvements were required to ensure the quality assurance process identified issues we found at this inspection, such as medication practices, some aspects of record keeping and issues relating to staff.
- Some of the issues raised with the provider and registered manager were addressed at the time of our inspection. Additionally, following the inspection, the Care Quality Commission received confirmation from the provider advising overdue manual handling training for staff was now completed. 60% of staff had now received fire drill training using fire evacuation equipment, with more sessions planned. A new system has been implemented to monitor and ensure staff complete the 'Care Certificate' in a timely manner. Where staff had not received formal supervision, this had now been undertaken.
- The registered manager understood the importance of their role and responsibilities. They had an awareness to ensure risks and regulatory requirements were understood and managed and demonstrated a commitment to providing good care for people using the service and supporting staff.
- People, and those acting on their behalf were complimentary regarding the registered manager. Relatives told us there was a positive culture within the service and the registered manager was visible and approachable. Comments included, "I get on with the manager, to me they are doing a good job", "The manager is lovely, easy to talk to, very fair and they are always about. I think they are doing a good job" and, "The manager always has time for you."
- Staff told us they felt supported by the registered manager. Staff consistently described the registered manager as supportive and approachable. Staff stated they could go to the registered manager if they had any concerns. One member of staff told us, "The manager is good and very supportive, [unit leader] is good too." Staff told us they felt listened to, respected and valued. Staff confirmed the provider regularly visited the service.
- Throughout our inspection, the registered manager and provider were receptive, open and transparent to our findings and suggestions, demonstrating a commitment to continue to improve the service. The initial

lack of oversight as demonstrated within this report has now been addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's and relatives' views of the quality of service provided through the completion of a questionnaire
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.
- Meetings were also held for people using the service and for those acting on their behalf, to enable them to have a 'voice'.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.