Wyncroft Care Limited

Wyncroft House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 14 and 17 July 2017 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 20 and 21 June 2016 at which a breach of legal requirements was found. This related to there not being systems in place to show how staff were being supported and how the quality of the service was being managed and checked.

We carried out a further inspection on 19 October 2016 to look at how the provider had made improvements in response to the breach of legal requirements. At this inspection we found that the provider had taken appropriate actions to ensure systems were in place for staff to be supported and the appropriate audits, checks and monitoring of the service were in place.

Wyncroft House can provide accommodation for up to 38 people who require nursing and personal care. People lived in one of two units within the home. On the day of the inspection there were 25 people living in the nursing unit and 9 people living in the residential dementia unit.

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

People felt safe in the home. Staff had been safely recruited and had received the appropriate training to provide them with the skills to meet people's needs and manage risks to them on a daily basis.

New systems were in place to ensure staff deployed across the home were able to meet people's needs in a timely manner. People were supported to receive their medicines as prescribed by their doctor.

Staff received the training and support they required in order to meet people's needs safely and effectively. People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work practice.

People were supported to maintain a healthy diet and have access to a variety of healthcare professionals in order to meet their needs.

Staff were kind and caring and treated people with dignity and respect. Staff helped people make choices about their care and their views were respected.

People were involved in the planning of their care to ensure staff had the information they needed to support people the way they wished to be supported.

Information was collected regarding people's interests and how they wished to spend their day. Activity co-ordinators were in post to support people to take part in activities that were of interest to them.

Where complaints had been raised they were investigated and responded to appropriately. People were confident that if they did raise any concerns they would be listened to and acted upon.

People considered the service to be well led. Staff felt supported and listened to and were given the opportunity to make contributions to the running of the service.

People were supported by staff who were well motivated and knew what was required of them. There were a number of quality assurance audits in place to assess the ongoing quality of the service provided. Where audits identified areas for improvement, action plans were in place.

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 were supported by staff who had been safely recruited and received training to keep people safe from harm. Systems were in place to ensure people received their care in a timely manner. People were supported to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been provided with the training and support required to meet their needs safely and effectively. People were supported in line with the Mental Capacity Act 2005. People were supported to maintain good health and staff understood people's nutritional needs.

Is the service caring?

Good

The service was caring.

People described staff as 'kind' and 'caring'. Staff treated people with dignity and respect and people were involved in making decisions on how they wished to be supported.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of their care and this information was used to plan the activities they were involved in. People were confident that if they raised a complaint they would be listened to and it would be acted upon.

Is the service well-led?

Good

The service was well led.

People were confident in the abilities of the registered manager and staff team and considered the service to be well- led. Audits were in place to assess the quality of service delivery. Staff felt listened to and able to contribute to the running of the service.

Wyncroft House

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.

This inspection took place on 14 and 17 July 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with the registered manager, the business manager, a nurse, five members of carer staff, the cook, the activities co-ordinator, eight people living at the home and five relatives.

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 reviewed a range of documents and records including four care records of people using the service, seven medication administration records, two staff files, training records, accident and incident records, complaints and compliments and quality audits.

Good

Is the service safe?

Our findings

Everyone spoken with told us they felt safe living in the home and a relative told us, "I know [person] is safe here".

People were supported by staff who knew what to do if they thought someone was at risk of, or had been subjected to some form of abuse. One member of staff told us, "I would go to the senior or the deputy or the manager or if needed, the correct authorities". We saw were safeguarding concerns had been raised, they were acted and reported on appropriately.

The Provider Information Return [PIR] told us that the provider had changed the way they organised how staff allocated work on each shift in order to accommodate people's personal preferences. The registered manager told us that care was now person led. She said, "Staff know who needs to get up in the morning at nine and who likes to have breakfast in their room. We are making sure people are having their breakfast early enough so that they enjoy their lunch. There is no allocation system as such, the senior carers are working as a team and the routine has gone". One member of staff commented, "The system wasn't working so well before, now it's led by people living here rather than staff, we are working together and being more flexible". They added they were aware that the registered manager was monitoring the system and had told staff that if it wasn't working they would change it to ensure people's needs were being met. A relative commented, "I feel the carers are well trained and knowledgeable, everyone seems to know their role through the day".

We saw that the new system of working required staff to note down the time of the last safety check on people, to ensure people were regularly checked. We spoke with one person who was cared for bed, but their call bell was not to hand. They told us, "I didn't know it was there". We spoke with staff who explained the person was a risk of harming themselves with the cord of the bell so that regular safety checks took place to ensure they were safe and well. We checked records and saw that these checks were taking place, but the person's care file did not hold a risk assessment detailing what staff had told us. We raised this with the nurse on duty who confirmed it would be put in place by the end of the inspection. A member of staff told us, "If people are in bed they are checked regularly, we are really on top of this". A relative told us, "[Person] has a pressure mat next to their bed and I know it works as I stepped on it by accident and before I knew it carers [the staff] had arrived in the room to help, they responded very quickly".

People told us staff responded to their needs in a timely manner. Staff told us they thought there were enough staff to support people and told us the introduction of a 'floating' member of staff who worked across the floors during the morning shift, had made a difference. Staffing levels were based on people's dependency levels. The provider told us in their PIR that there had been an improvement in staff attendance due to new systems being put in place which meant less reliance on bank or agency staff. Staff sickness had previously been an issue and was now being closely monitored by the registered manager. The registered manager told us, "The attendance tracker has had a massive impact and if we have to, we will follow disciplinary processes. We support staff as much as we can, but if we've done that and they're not turning up then this isn't the job for them. So sickness is not an issue here". A relative told us, "In general, I feel there are

enough carers, they are possibly a bit slower on the weekends, and I don't actually think it's the carers just that weekend feeling".

People were supported by staff who were aware of the individual risks to them on a daily basis. We saw people's care records held risk assessments that provided staff with the information they needed to support people safely. We observed that people were supported safely, for those people who required hoisting, this was done by two members of staff and people were spoken to and reassured during this process. Staff spoken with were fully aware of the risks to people and what they told us was reflected in people's care plans. For example, for one person who was at risk of falling, a member of staff said, "Whenever [person] stands up, they need to be guided".

Where accidents and incidents took place they were reported, recorded and acted on appropriately. Staff were aware of their responsibilities in respect of responding to these incidents and the recording that needed to take place after these events to ensure that the information was analysed for any trends or lessons to be learnt.

We saw that people were supported by staff who had been recruited safely. Staff told us and records seen confirmed, that prior to them commencing in post they were required to provide two references and complete checks with the Disclosure and Barring Service (which provides information about people's criminal records) check as part of the recruitment process.

People told us they received their medicines as prescribed. One person told us, "I had a pain in my arm this morning so the nurse was straight on the phone to the doctor and very soon after I was given some pills, extra pain relief I think and all was better". We observed the nurse administering medication and explaining to people what the medicine was for. We noted a small number of gaps in some MAR (Medication Administration Records) which had not been signed for but daily counts of medicines had indicated that the medicines had been administered. We saw that medicines were stored and secured safely and audited regularly. Where people required medicines that were to be administered 'when required', protocols were in place advising staff of the circumstances in which the medicines should be administered. We saw for one person, the protocol lacked some detail. We spoke to the nurse who was able to provide us with the circumstances in which this medicine should be administered. She amended the protocol to include the additional information she had shared with us.

Good

Is the service effective?

Our findings

People spoke positively about the care and support they received and made the following comments, "I do feel very well looked after", "They certainly look after me, I couldn't grumble, I'm very happy here, they look after me well" and "Oh the girls [staff] are lovely, look after me really well, they are wonderful". A relative told us, "I can't fault the staff, but they are run off their feet at times". A member of staff told us, "Our staff are really good here, everyone really cares and goes the extra mile for people".

We saw systems were in place to provide new members of staff with an induction that prepared them for their role. One member of staff told us, "I did shadowing initially to get used to how things are done. There's a lot going on at the home and they have offered me everything I need. If I'm ever unsure or need advice, [registered and deputy manager's names] have been so supportive of me and it has really helped me out. They have been amazing". The registered manager had identified two members of staff to become mentors to new staff and to assess work practices within the home to ensure people received care that met their needs. The registered manager told us, "Both [staff] are interested in development and support other staff to do training and their induction. They are there to support any staff who need help or development". We observed a mentor instructing and supporting a new member of staff at breakfast.

Staff told us they well trained in their role. They told us they felt well supported by the registered manager and deputy manager. We saw they received regular supervision and monthly team meetings provided staff with opportunity to discuss any issues or concerns they may have.
The registered manager told us she was keen for staff to be supported to learn at their own pace to enable them to develop their skills. We saw that the Care Certificate was being used as part of the mandatory training for all staff. The Care Certificate sets out fundamental standards for the induction of staff in the care sector. One member of staff described to us the difference in training received at the home compared to their previous job. They told us, "I feel well trained, the manual handling training went into more detail, they showed us what to do if someone was on the floor and how to get them up".

We saw that there were systems in place to ensure information was communicated to staff in a timely manner. At the start of each shift, the nurse in charge was provided with a written handover and all information was passed onto all staff on shift. There was a nurses' diary in place which listed people's appointments, reviews, plans for the day. We saw that arrangements were being made to support one person to leave early the following day to spend time with family and all staff were aware of this and it was noted in the diary.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We found that where people were assessed as lacking capacity and their liberty was being restricted that a DoLS application was submitted and approved by the supervisory body. Staff we spoke with told us they had received training on the subject and were able to demonstrate an understanding of the MCA and what it meant for people living in the home. We saw the registered manager had produced a booklet on the subject for all staff to complete to assist with their learning. She told us, "We tend to use scenarios with people to help staff understand; it really does help". People told us that staff obtained their consent prior to supporting them and we observed this. One member of staff provided us with an example of how they supported one person, they told us, "I'll say,'Is it ok if I change your trousers?'" A relative commented, "We would definitely know if our relative was upset and I know if they didn't want to do something they wouldn't do it".

We saw there were systems in place to ensure people received a healthy diet. People's dietary preferences were recorded and for those people who required a specific type of diet, this information was noted. We spoke with the cook who was aware of people's dietary needs. They told us they were kept fully informed of any changes in people's needs and were able to provide us with numerous examples regarding this. The cook told us, "We have managed to reduce the amount of food supplements and introduce homemade milkshakes, they are nicer and have made all the difference".

We observed that people were offered a choice of their main meal the day before. This preference was noted, but if people changed their mind they were offered an alternative. Most people told us they were happy with this arrangement and we heard people discussing their lunch choices on the day and how much they were looking forward to what they had chosen. Another person told us,
"I can't grumble at the meals, but there is no choice, just what they decide to cook that day. Always fish on a Friday, I don't like fish so I leave it, they don't ask why I leave it though". A relative commented, "The food is lovely, the place is lovely, the staff are brilliant and always have time for [person]" and another relative said, "I come here and have Sunday lunch every week with my wife, the food is excellent and there is plenty of choice". We saw that drinks were readily available throughout the day and saw that everyone was served a drink of their choice in a cup and saucer or mug if appropriate. One person told us, "I always have the blue and white china, it's very nice".

People were supported to maintain good health and have access to healthcare services and ongoing support. We saw that one person was supported to do their daily physiotherapy exercises by the activities co-ordinator. The person told us the positive impact this had made on their lives and that they were now able to stand and transfer using a standing hoist. They told us, "They [staff] have done really well with me, got me standing, they have been fantastic, [activity co-ordinator's name] has been great, really supported me, never thought I'd be able to do that". They went on to tell us that when the activity co-ordinator was on holiday, they had been assured that staff would continue to support them with their exercises.

We noted that people received support from a variety of healthcare professionals, including GPs, opticians, speech and language therapists and dieticians. A relative told us, "They [staff] seem very good with appointments, my relative used to be prone to infections but the carer and nurses are on top of it now and keep an eye things".

Good

Is the service caring?

Our findings

We observed some very caring interactions between people living at the home and staff who supported them. We saw one member of staff greet a person with a smile as they walked by and asked how they were. The person responded and then said to us, "See that? It's always like that, wonderful". We received a number of other positive comments regarding the staff at the home, such as, "The carers are lovely, we have a laugh and I get on really well with them all", "Staff are lovely, there are a couple that have a really good sense of humour and are always playing me up, they all seem happy with their work. We have a good rapport". A relative told us, "The carers are really lovely with my relative, really caring and seem to know her very well. They are really friendly and welcoming" and another said, "Lovely carers, [person] likes the carers".

We observed people sitting together in the garden, enjoying a conversation and lots of laughter, a member of staff came out and bought people drinks and joined in the conversation. It was a happy atmosphere. Staff spoke with warmth when they talked about the people they supported and displayed a knowledge of them. One member of staff described a person they supported and how they witnessed 'a little glimmer' when the person listened to their favourite music. The staff member told us, "It makes me think, 'oh what are you thinking about'; you can see the difference in them".

We saw that as part of the new allocation system in place, a whiteboard was placed in the corridor, the purpose being for staff to record times people had last been observed. We saw this was working well as it was a useful reminder for staff to check on people regularly. However we noted some staff had started to use the board to record additional information such was 'washed' or 'refused'. Although there were no names on the board, this additional information showed a lack of privacy and dignity for the people living in the home. We bought this to the attention of nurse on duty, who agreed that this was not what the board was for and immediately amended the recordings. On the second day of the inspection we saw that the board had been reverted back to its original use; to record times only.

People told us and we observed, that staff were respectful when addressing them and respected their privacy and dignity when supporting them. One member of staff said, "The way I look at it, we're in their home and we do what they want". A relative said, "From what I have witnessed in the past they [staff] are all very respectful and when [person] needs to be hoisted they always make sure their legs are covered up and it is all very dignified". At lunchtime, we observed staff asking people, "Shall I put an apron on for you?" in order to protect their clothes and people happily accepted this offer. A member of staff told us, "We have recently started having protected mealtimes; only at lunchtime when there is a cooked meal as it is quite a small lounge and some of the people struggle with eating and concentrating when there are visitors. The relatives and visitors have all been very understanding".

We saw that people had been involved in the planning of their care and staff were aware of how people wished to be supported and what was important to them. One relative told us, "[Person] likes to spend all

day in bed sometimes and they aren't forced to get up, it's their choice to stay in bed". We saw that people were supported to maintain their own style with regard to their appearance including wearing any accessories they like such as jewellery, brooches and watches. We noted people's care plans were written to reflect their personal wishes, for example, one care plan stated, "[Person] continues to take pride in their appearance and instructs daily on what they want to wear". A member of staff commented, "Even if you know someone likes tea, you don't assume that's all they want to drink. I like to constantly check with them; they may have changed their minds. I give people as much choice as if they were in their own home. When people have visitors I offer them a drink I always think people would want to offer a relative visiting them in their own home a drink, and this is their home".

We saw people were supported, where possible, to maintain some level of independence. One person was being supported to become more mobile, whilst another person wanted to make their own cups of tea. One person told us, "I make my own bed, but I don't clean my room, they have cleaners during the evening".

We were told that no-one currently at the home required the assistance of an advocate, but should they need this support, the registered manager was aware of how to access this and had done so in the past for other people living at the home.

Good

Is the service responsive?

Our findings

We saw prior to arriving in the home, people and their relatives were involved in pre-assessments which provided staff with an initial picture of the person they would be supporting. Staff told us when new people came into the home they would speak to them and/or their relatives to build up a picture of their likes and dislikes and what was important to them. A relative told us, "I've been involved in the care planning and have been consulted on any updates" and another said, "The home does keep us informed and up to date with all changes in needs. We were involved in care planning and there are regular updates." A member of staff told us, "You get to know people very well, what happened in their life". We saw there were a number of ways and means of obtaining this information, not just through the pre-assessment process. For example, one member of staff told us, "We have a 1:1 and group chat book which consists of conversations we have had throughout the day. Sometimes it's life histories, sometimes things that have been on the news, just anything that takes the person's interest". The activities co-ordinator said, "By chatting with people you find out more about them and what they like, rather than sitting with a pen and paper".

The provider told us in their Provider Information Return PIR that they were encouraging families to look at their loved one's care plans and sign them off [where appropriate]. Notices were on display in the reception area, regarding this and requesting that family members speak to staff to arrange a convenient time to do this. The registered manager told us that not many relatives took this up but that staff would continue to promote family participation. Families spoken with told us they felt welcomed in the home and one relative said, "I have got to know all the carers and most of the people, I know all their names".

Staff spoken with provided a good account of the people they supported, as did the registered and deputy managers. They were able to tell us what was important to people, what their care and health needs were and what they enjoyed doing. A relative, "I do feel the carers know my wife and her needs well". Staff provided us with examples of how they responded to people's needs, particularly if they became distressed or upset. One member of staff told us, "It's about not belittling people. It's letting them know they're ok".

We saw that there were two activities co-ordinators who worked in the home. We spoke with one of them and they showed us the work they had done to collect information regarding people's preferences and how they wished to spend their time. Each person had a 'lifestyle passport' in place which asked what people liked to do and their family history. The activities co-ordinator had taken time to get to know people and build up a picture of each of them. They told us, "Some of the people like films so there is a morning activity when they watch their favourite film, someone is mad about Elvis, when it is played they sing-a-long for hours. Another person likes to read the paper sometimes. We get to go out with people too, it all depends on the day though, whether they feel like it or not". The registered manager described one of the activity co-ordinator's as the 'reminiscence queen' and told us "She knows everyone in the area. People love to talk to her, she provides a service that is so valuable".

The majority of people spoke with, were positive about the activities that were taking place in the home. We received the following comments from people, "I help the staff in the garden, I put food out for the birds and I look after the tortoise", "I used to love to dance and sometimes they put music on and we have a little

dance. I do go out sometimes and my daughter comes and takes me out for lunch", "I like to knit. I have to take it upstairs when I go to bed though as the night staff try and knit, do it badly and then I have to undo it all" and "We don't have much in the way of activities though".

A relative commented on the difference the activities co-ordinator had made, telling us, "The activities are brilliant, they do a great job both of them, they didn't do that before [activities co-ordinator's name] started". Another relative told us, "Activities, music is usually on and I noticed this morning they have been playing a game" and another said, "They do nail painting, there is the hairdresser once per week, there is music. There was fund raised to get the money to build the pergola and buy some plants".

We observed that a number of people enjoyed watching Wimbledon whilst others sat in the garden chatting. There was a game of hoopla going on and another person reading magazines. Other people told us they preferred to sit in the lounge and some people sat together in the dining room chatting. On the second day of the inspection, the activities co-ordinator was on leave. We saw that arrangements were in place for staff to pick up some of the activities planned for the afternoon and that music was being played in the garden for people to enjoy.

Following a recent fund raising event [table top sale] a pegola had been built in the garden to provide some shade; people commented on how lovely the garden was and we saw it was well used during the day.

We saw meetings were taking place providing people living at the service with the opportunity to raise any issues and feedback on the service they received.

People told us they had no complaints about the home, but if they did, they were confident they will be dealt with appropriately. We saw where complaints had been raised, they had been responded to, investigated and acted on appropriately and were analysed monthly to identify any trends. One relative told us, "Once I told [registered manager's name] she was on the ball and we set up a meeting to sort it out" and another said, "There don't seem to be any residents or relatives meetings, but if there are any suggestions I know the management will be open to discussion, as with any concern. I haven't had the need to [raise a complaint] but I am sure they would make sure appropriate action was taken if I did". A member of staff described how one person raised a concern with them but said they didn't want to complain. The member of staff told us, "I sorted it out for them, without a fuss".

Good

Is the service well-led?

Our findings

At our inspection on 20 and 21 June 2016, we found the provider to be in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. This related to there not being systems in place to show how staff were being supported and how the quality of the service was being managed and checked. At a further, focussed inspection on 19 October 2016, we found that the provider had taken and made the required improvements to ensure they were meeting Regulation 17.

We saw that there were a number of quality assurance systems in place to assess the quality of the service provided, such as nutrition, tissue viability, people's health status, complaints and compliments, care plan reviews and medicine management. We noted that the registered manager reviewed the outcomes of each audits and summarised her own findings of the information presented. Where actions were required as a result of these audits, they were put in place. Accidents and incidents were analysed on a monthly basis for any trends and to identify where actions may need to be taken.

One person told us, "I don't dislike it here, but I would like to go home. They care for us and look after us well, I can't say anything bad" and a relatives told us, "To be honest, I can't fault the place, it's a relief my relative is being looked after here, the home have always been very supportive" and "If I ever need to go into a home in the future I would like to come here I think. I did have some problems in the beginning but it was more to do with letting go of my role as [person's] carer and letting other people look after [person] instead. I was sure no one could look after [person] better than I could". We observed that people were supported by staff who were well motivated. One member of staff said, "When I leave the building, I feel higher than a kite, I love it" and another said, "I really like working here. I get on with all the residents and the other carers, we work as a good team I believe".

Staff told us they felt the service was well- led and were complimentary of the registered manager and deputy and how well they worked together as a team. One member of staff said, "I would be happy to have one of my relatives living here" and another commented, "It's like a little family when you come in, you walk in and it feels like home". Both the registered manager and the deputy were available on call. The registered manager told us, "We split it between us. One of us is, on the end of the phone 24 hours a day".

Staff told us they felt supported and listened to. They were aware of the home's whistle blowing policy and told us they were confident that if they raised a concern it would be dealt with. One member of staff said, "if I saw something untoward or something that upset someone I would flag it up, record everything. I definitely would be listened to". We saw that staff were provided with the opportunity to discuss any concerns or learning requirements through regular supervision and team meetings. All staff spoken with told us of the recent changes that had been agreed to by the registered manager following a team meeting. They spoke positively about the new way of working and told us they felt listened to as it had been suggested at a team meeting. This demonstrated that the registered manager listened to staff concerns and took on board their comments and was willing to make changes to work practice, if they felt they would benefit the people living in the home. We observed staff working as a team and taking control of the shift to ensure people's care needs were met. A member of staff told us, "Staff work better as a team and communicate better. If staff

come across anything they can ask the manager to trial what they put forward and see how it goes".

The provider told us in their PIR of some the challenges they faced in respect of the introduction of the TELEMEDS system [a way of accessing health advice via secure video link] that had been introduced and how it had impacted on their ability to respect people's end of life wishes when it came to care delivery. We saw that the registered manager had raised their concerns with representatives from the local Clinical Commissioning Group in an effort to work together to find a solution to the problems they were experiencing. This demonstrated the registered manager was placing the interests of the people living at the home at the centre of what they did.

The registered manager told us the challenges she had faced in the last 12 months and how these had been dealt with. She told us, "The team have taken up the mantle and are running with it now, like the old allocation system. We don't need that now as it's resident led". We observed some additional staff working in the home. The deputy told us that the home offered a service to a care agency whereby they assessed new staff and reported back on their abilities. We asked how this benefitted the people living at the home. We were told there were some 'real gems' who were very caring and chatted with people and had returned to the home to work some shifts at a later date. However, we observed some of these staff just standing or sitting and not conversing with people living in the home. A visitor also commented on this. The lack of formal allocation sheet now in place meant these staff were reliant on the existing staff group to instruct them on what they needed to do. We shared our observations with the deputy manager.

Staff spoke positively about the improvements that had taken place in the home since the last inspection. The deputy manager told us, "Things are brilliant, last year's inspection opened our eyes, we've put a lot of systems in place and everything is working fantastically". The deputy manager said, "There have been lots of meetings and everyone has pulled together, the staff have been fantastic".

The registered manager told us she felt well supported by the owners, she said, "They are brilliant, I can phone anytime day or night and they will be there". We were told that the provider had plans to improve the living environment in the home and we saw that this was ongoing. We saw that the registered manager had monthly meetings with one of the providers to discuss quality and care whilst the other provider visited monthly to overlook finances and the ongoing refurbishment programme.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.