

# Driving improvement

Case studies from nine  
adult social care services



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## Our purpose

**The Care Quality Commission is the independent regulator of health and adult social care in England.**

We make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

## Our role

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

## Our values

**Excellence** – being a high-performing organisation

**Caring** – treating everyone with dignity and respect

**Integrity** – doing the right thing

**Teamwork** – learning from each other to be the best we can



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# Foreword



Andrea Sutcliffe  
Chief Inspector of  
Adult Social Care

**We know that good adult social care services can transform people’s lives and provide vital support at critical times.**

But poor care can have a devastating impact, shattering people’s quality of life; putting them at risk of harm and neglect; and undermining public confidence in the sector as a whole. That is why CQC concentrates on encouraging services to improve and takes action if they fail to do so.

Our work is guided by a simple principle – is this a service I would be happy for my Mum or anyone I love to use? If it is, that’s fantastic; but if it’s not good enough for my Mum, it’s not good enough for anyone’s Mum and we’ve got to do something about it. Lots of services have taken up that challenge and improved. We wanted to share some of their experiences to help others to improve too.

How does it feel to be rated as inadequate? What impact does it have? More importantly, what can you do to turn it around?

Staff and managers have told us that an inadequate rating can be devastating, with team morale plummeting and anxiety for people using services, their carers and families rising. Some may be tempted to complain and challenge; others to give up and leave. But the vast majority of services and their teams want to do something about it – to make sure they can meet the Mum Test and provide a service they’d be happy for anyone they love to receive.

That’s who this improvement resource is for – the providers, managers and staff who want to learn and improve; the people they support who should expect consistently safe, compassionate, effective and high-quality care; and local commissioners who can help services get back on track. Who best

to learn from but the people who have been there, done that and know what you are going through?

We visited nine services that had experienced an inadequate rating or enforcement action. We wanted to know how they reacted, what they did and what they learnt. We talked to people who use the services, their families and carers; chief executives, board directors, managers and staff; as well as other professionals. I am very grateful to everyone involved for their precious time, honesty and willingness to share their stories and insights.

Reading through these case studies, I was struck by two apparently contradictory thoughts – what needs to be done isn't rocket science, it's the basics of good leadership, good management and good care; but it's tough to get it right, to keep it going and there's a lot of hard work involved.

We all know these are challenging times for adult social care – pressure on resources; increasing demands and expectations; workforce shortages. In these circumstances, pulling yourself up from rock bottom is hard. We started out with a larger number of case studies but some of the services we intended to feature have struggled to sustain their improvements. It is a salutary lesson for us all. There can be no room for complacency.

But we know it can be done. We see 82% of services rated as inadequate improve, 42% to requires improvement and 40% to good. Getting the basics right is vital as the top tips from managers show – be clear about your vision, have an action plan to back it up and make sure it happens; seek support from others; communicate with everyone, your staff, the people using your service, their carers and families and your partners; and really focus on delivering truly person-centred care.

Time and again these case studies show that staff are key to achieving sustainable improvement – having enough staff; training and developing them to be capable and confident; listening and acting on their concerns; and making sure they are valued and fully involved.

What also shines through is the importance of leadership – having managers who know how to get things done; who can motivate and inspire their staff; who create an open and transparent culture; and who truly care about the people they support. We need to cherish and nurture our good leaders in adult social care.

Thank you to the team at CQC for researching and preparing these case studies. And thank you to everyone who agreed to take part. I hope their work helps people feel confident that improvement is possible.

I encourage everyone in adult social care to learn from their experience and make sure we can sustain good quality care for the benefit of all people using services, their families and carers. Nothing can be more important.

**Andrea Sutcliffe,  
Chief Inspector of Adult Social Care**

**“The vast majority of services want to make sure they provide a service they'd be happy for anyone they love to receive.”**

**Andrea Sutcliffe,  
Chief Inspector of Adult  
Social Care**



# The services that we interviewed

“Being encouraged to talk about things was a big change.”

Rachel Kershaw,  
Senior Carer, The New  
Deanery Care Home

We interviewed a range of adult social care services on the basis that they had achieved a significant improvement on their rating. All nine services in this report have improved from a rating of inadequate (or equivalent) to a rating of good, some via a rating of requires improvement.

## Service rating changes

Service	Location	Original rating	Current rating
Agincare UK Surrey (domiciliary care agency)	Woking, Surrey	Inadequate	Good
Collinson Court Care Home	Stoke On Trent, Staffordshire	Inadequate	Good
Eboney Home Care Limited	Consett, County Durham	Inadequate	Good
The Lawn Residential Care Home	Alton, Hampshire	Inadequate	Good
Leiston Old Abbey Residential Home	Leiston, Suffolk	Inadequate	Good
The New Deanery Care Home	Braintree, Essex	Enforcement action*	Good
Ottley House Nursing Home	Shrewsbury, Shropshire	Inadequate	Good
The Potteries Care Home	Broadstone, Dorset	Inadequate	Good
St Cecilia’s Nursing Home	Bromley, Kent	Inadequate**	Good

Source: CQC inspection reports

\* Inspection before ratings scheme began

\*\* First rated as requires improvement, before deteriorating to inadequate

For each service we interviewed a range of people, including people who use services and their families, registered managers, providers and owners, care staff, administrative and other staff, commissioners and social workers.

We used the following questions to interview providers and managers, and adapted them when interviewing people who use services, staff and others:

- What was your reaction to the service being rated as inadequate?
- How did you approach improvement?
- What support did you ask for and what support did you receive?
- What were the obstacles to improvement? How did you overcome them?
- Did the inspection report help you improve your service and outcomes for people?
- How did you involve staff and support them further in their work?
- How did you involve people, their families and carers and volunteers, who use the service?
- How did you involve and work with local partners?
- Could you give us some examples of tangible improvements?
- Could you give us some examples of improved outcomes for people?
- Looking back on the improvement journey, what have you learned, and is there anything you would do differently?
- What are you doing to ensure improvements are sustainable?
- What's next on your improvement journey?
- To summarise, what would you say are the top five actions you took that helped your service improve?

## Acknowledgements

We would like to thank everyone involved in the production of this publication. This work would not have been possible without the support and time of the services who agreed to be case studies for improvement.

We are especially grateful to the staff, people who use services and members of the public who took the time to give their views on the improvement journey of their service.





# Key themes

**“It’s the people who use services that come first. They should get the care plans they want for their care, not what we think.”**

**Bev White,  
Manager, Agincare UK**

## Reaction to the initial inspection report

Most providers, and not just in the adult social care sector, react to a report highlighting failures with shock, surprise and disappointment. But usually when people stand back and have time to reflect, they understand the failings. As one care worker told us: “In the report we recognised the failings and could see the truth in what was said.”

For committed staff the report can come as a relief, as in some of our case studies staff were struggling – doing their very best but unable to deliver the care they wanted to. Some felt that it was “unfair” that they were overburdened while others did the bare minimum. Others felt “disgusted” at the standards, but felt unable to speak out. Several case studies highlight the impact that a rating of inadequate and report of poor practice can have on a service’s reputation, especially in close-knit communities. One care professional said, “It was really stressful getting shouted at in the street.”

For some, the report was a wake-up call; providers who had taken their eye off the ball, perhaps due to a range of pressures, and allowed standards to slip. Managers treated their inspection report as a “roadmap to improvement”, using the issues identified to create an action plan and work out priorities. Having a ‘we will get this right’ attitude was a key first step for improvement to happen.

## Leadership

The value of a good leader cannot be underestimated. In most of the providers we spoke to, a new manager had come into the service to deliver the improvements. They engage with staff, people who use services and their families; they are open to suggestions but set parameters and take

tough decisions where necessary. Staff and family members in some of our featured providers commented about a manager's door always being open.

Stability of leadership is also important. Staff at the Potteries Care Home had experienced a number of temporary managers covering for the home's manager who was on long-term sick leave, resulting in a lack of clarity about expectations. The appointment of a new permanent manager steadied the ship and enabled improvements to be made.

A leader doesn't necessarily have to come from a conventional care background. Ottley House Nursing Home's improvement journey started with the arrival of an ex-RAF nursing officer. Recruited as General Manager, Jamie Stubbs told us, "I would say I'm 80% leader and 20% manager. I've always wanted to give care staff so much confidence that they believe they are a leader." And that highlights another aspect of good leadership demonstrated in these case studies: the ability to develop good teams that can take responsibility for providing good care and for contributing to improvements.

For staff in some homes, just having a leader brought positive change. As one member of staff at St Cecilia's Nursing Home put it: "There was no one to manage us, there were no supervisions and no one to support us. This meant if we needed anything we had to call head office." Once an acting manager was appointed the member of staff felt more confident to raise issues.

## Cultural change

Leadership and culture go hand in hand. It's the leader's job to shape the culture of an organisation. Failing organisations tend to have cultures in which staff are afraid to speak out, don't feel they have a voice and are not listened to. Involving staff is one of the best ways to drive improvement.

The Managing Director of the New Deanery Care Home described how the management culture under the previous owner had been "very controlling, very top down. Front line workers didn't have a voice, relatives didn't have a voice, the residents most certainly didn't have a voice. Nobody was speaking out because some of the poor care that had been going on had been witnessed by good people, but they hadn't felt able to speak up. The poor culture manifested itself in poor care."

And for staff the change in culture made a huge difference. According to one of the senior carers: "Being encouraged to talk about things was a big change. Now, if we make a mistake we are more than happy to speak up, knowing we won't be blamed or persecuted for it. We focus on what we have to do to stop it happening again. Before, we would have been hung out to dry."

## Person-centred care

Typically, when a new manager took up the reins, they wanted to see care plans. And in most cases these were lacking in detail and did not demonstrate that the care being provided was person-centred. It is simply not possible to provide good care if the care staff do not understand the needs of the person being cared for.

**“I’ve always wanted to give care staff so much confidence that they believe they are a leader.”**

Jamie Stubbs,  
General Manager,  
Ottley House Nursing  
Home

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The experience of the new manager at Leiston Old Abbey Residential Home is played out in a number of our case studies. She started as though it was a new service and asked to see a care plan. It told her nothing about the person, so one of her first priorities was to improve plans to make sure they tell people’s life story and how they like to spend their day.

There was a similar approach at Collinson Court Care Home, where we were told “we listened to the people here, we listened to the families. We completely rewrote all the support plans. Part of that rewrite was a bit of a life story sketch. We found out what people liked doing before they came to the home.”

Plans need to be developed with the people using the service and their families. As the Manager of the domiciliary care agency Agincare UK put it: “It’s the people who use services that come first. They should get the care plans they want for their care, not what we think.”

## Staffing

A range of issues to do with staffing contributed to the low rating in most of the providers featured in this publication. Too many providers were struggling along without having enough staff to deliver safe and effective services. It wasn’t generally because the staff didn’t care; it was because they didn’t have the time to care as well as they should. And that put a great deal of stress on staff as well as putting people who used services at risk.

While not always an easy option or one taken lightly, some of our providers realised that they had to tackle the staff to service user ratio without delay. There was also an understanding that people who use services are best served by having a stable group of staff they know and who know them; bringing in agency staff to fill gaps on rotas was not desirable. “Having agency staff put quite a lot of stress on the permanent staff”, said a healthcare assistant at The Potteries. The answer for some, then, was to take the hard decision to reduce the number of people using the service.

This is illustrated, for example, by Agincare UK, who told us that the key to improvement was to reduce the number of people using the service, handing some contracts back and not taking on any more self-funders. This took pressure off staff – “previously everything was very rushed for the care workers, now it is much more relaxed”.

Commissioners should be mindful of providers’ staffing needs. The manager at Collinson Court told us that “there were not enough staff commissioned to meet the needs of the people using the service...I had all the residents reassessed and actually got extra funding from the local authority.”

While establishing a more stable staff foundation was important, tightening recruitment processes helped make sure that new staff coming in were suitable, and improved induction policies led to staff being better prepared.

Other features of poorly performing providers were a lack of training and staff appraisals: improving in these areas paid dividends. In one case study, the husband of someone using services has seen improved training “coming through” in the care his wife receives.

## Working with partners

Most of the services we feature received support to help them improve – mainly from the corporate provider, if there was one, or commissioning bodies. The starting point was having a manager and staff who were willing to ask for support, were honest about the issues they faced, and were open and transparent about their plans for improvement.

For corporate providers, it is important to learn from issues. As Leonard Cheshire's Director of Quality said, "Our relatives group told us how disappointed they felt that they didn't see me or another director in the early days. Where we have services in that situation now, we meet with families and relatives so that we can have a very early discussion."

It is important for commissioners to play their part in improvement – as partners on the journey, not simply as someone with a contractual relationship. The manager of Leiston Old Abbey values the relationship she has with the Provider Support Advisor at her county council. Together they developed the action and support plans that led to improvement.

## Building a community

Providers that are good and aspire to be outstanding look beyond their own walls and seek to be part of the local community. We saw great examples of providers opening their doors to local groups, working with local schools and bringing the families of the people who use their services through their doors. They also made sure they took people out into the community, to join in with local activities or simply to go shopping. The Lawn Care Home welcomes a mothers and toddlers group in every week. The daughter of one of the residents told us, "It's really great, my Mum loves little ones."

## What does this mean for the adult social care system?

The sector-wide commitment to quality, Quality Matters, made clear that it isn't just what individual services do that makes a difference to quality – everyone has a responsibility, including staff, providers, commissioners, funders, regulators and national bodies all listening to the voice of people using services, their families and carers. Throughout these case studies you can see the truth of that. Managers talk about the support they had from their own organisation, local commissioners and NHS partners; how they involved their staff; the advice and encouragement they received from their CQC inspector; and how external agencies helped them to improve.

The message is obvious – leaving services to struggle alone is not an option. It takes a whole system effort to provide the necessary support, practical assistance and professional advice that will help managers make the necessary improvements. People using services, their families and carers have every right to expect this will happen so they can always rely upon safe, compassionate, effective, high-quality care wherever they are.





# Agincare UK Surrey

**January 2018**

Rated as good

**June 2017**

Rated as requires improvement

**January 2017**

Rated as inadequate

Agincare UK Surrey is a domiciliary care agency that provides personal care to around 85 people in their own homes. An inspection in January 2017 resulted in a rating of inadequate. A follow-up inspection in June 2017 rated the services as requires improvement, and in January 2018 CQC rated the service as good.

## Reaction to the initial inspection report

Vivian Singleton, who receives services from Agincare, says she agreed with the report: "I found the previous manager rude and the carer sometimes didn't turn up." For Bev White, who had recently joined the agency as Deputy Manager, CQC's report highlighted issues that she recognised but had not had the authority to improve. Following the inspection Bev was made Manager and was able to make progress on improvements.

According to Bev, some of the care workers were not surprised: "I met with them and explained [the report]. I had to be careful how I worded it. I didn't want to be dramatic. I had to be positive about the future and how they could help us. A couple left, but most responded positively."

## Approach to improvement

CQC's report was clear that the agency did not have enough staff for the people they were contracted to look after. The key to improvement, she says, was therefore "to reduce the number of people using the service. Personally this was one of the worst things I had to do. I prioritised those with the highest needs [to stay with the agency] and prioritised those where the change would cause least stress [to leave]. I contacted social services and the

change went quite smoothly.” The agency stopped taking on new business from self-funders. And while the numbers were being reduced, office staff (with the appropriate skills) helped out with care calls to make sure that all visits were covered.

At the same time, the council followed its policy of automatically removing any agency that was in special measures from its list of providers for new referrals.

Reducing the number of people using the service also took pressure off staff. “Previously”, says Bev, “everything was very rushed for the care workers, now it is much more relaxed.” That’s a change that went down well with Senior Carer Herminda Jones who says, “I never rush my customers. I had felt before that we were not able to do the job.”

Bev was also alarmed to see that on some weekends up to 20 calls had been missed. And there hadn’t been a system in place to record if calls had been missed, with the only ‘alert’ being if a client called the office. She explains, “I record everything – for example even if someone cancels a care call, I record it and the reasons.” Where an issue is noted, she puts “an outcome and update and attach any paperwork such as emails to other professionals. For example, when a care worker noted a client had swollen legs we called social services to determine if it was a safeguarding incident – everything is now documented. If you haven’t documented it, it hasn’t happened.”

For Divisional Director Luke Holmes, the main priority was to make sure clients were safe: “I spent a lot of time talking to clients and their families to ensure they were getting calls on time.”

The first CQC report noted that people did not always receive the medicines they needed. Bev says that medicine charts were not being audited properly. Charts were stored with people’s files and only audited 10 at a time. “Now I keep them together and audit every single plan every month. If there are any issues, if there are gaps or lack of a signature, I check who filled it in, call them in and do a reminder session.”

The agency also now has meetings to review learning from incidents, and staff are sent emails and texts that highlight the main learning points.

For Luke, the key to improvement was to make sure that the company’s policies and procedures were being followed. For example, notifications had not been made or issues not escalated as they should have been. He says, “We have changed company policy so that not making appropriate notifications to CQC is now treated as gross misconduct.”

## Person-centred care

Bev wanted to make sure that care plans were comprehensive and, most importantly, truly reflected the care that people using the service wanted and needed. This was a massive and time consuming job. Bev took the lead, but involved senior care workers and consulted people who use services and their families. In two and a half months, all plans had been reviewed and revised.

Bev says, “When I met with people using the service and their families, I encouraged them to be open and honest about their needs. Some things can be embarrassing for people to discuss, but I tried to put their minds at rest.”



**“I won’t take on a package unless I am 100% sure we can cover.”**

**Bev White, Manager**

Care planning also involved assessing people’s home environment. On one assessment they found that someone had surrounded her hob with cook books, creating a potential fire hazard. The agency alerted the fire service, who visited the property to advise on fire safety.

Staff have welcomed the improved care plans. “Care plans have all been revised, which helps. They are more detailed and a lot more specific”, says Herminda. But even the best care plan isn’t the be-all and end-all for a service that puts the person at the heart of everything: “I ask my customers what they want first, then look at the care plan second”, says Herminda.

The changes have also been noted by Glynis Taylor, Social Care Development Co-ordinator, Surrey County Council: “They are now getting the basics right. Bev took a lot of time writing the plans. Now they are much more detailed, so care workers have a better understanding of their clients.”

Each care plan has a summary cover sheet and includes any special information, for example about any particular equipment the person may need.

## **Supporting staff**

Easing the workload and getting meaningful care plans in place were the first steps in giving care staff better support. Previously staff might have been told to cover for others at short notice. “Now”, says Bev, “we don’t tell them; we ask them. It’s about knowing how to talk to people.” And when staff do need to cover, they can be confident they have the information they need about the client.

The earlier CQC report had noted that staff did not always receive the training they needed and few of them had regular supervisory meetings or appraisals.

Bev has made sure that all staff are up to date with their training. Everyone has a workbook that details training needs. In addition, if any gaps in knowledge are highlighted in other reports, Bev will contact the care worker to arrange a refresher. Herminda comments that “training is much better now – and I can do it from home on the computer.”

All staff now have regular appraisals and regular supervision. Bev is a believer in thanking staff and praising them for good work. She has also improved communications between staff and the office, with regular emails and staff meetings once a quarter.

Bev also took the view that getting the right atmosphere in the office would help staff feel part of a team and create an environment where they were comfortable to come in and talk about issues or concerns. Glynis Taylor noticed the difference: “When I used to visit before you didn’t see many carers in the office. There was a different atmosphere when Bev took over.”

## **Communication**

Clients can now be sure that if they are due a visit from a care worker, the visit will take place. “I won’t take on a package unless I am 100% sure we can cover”, says Bev. “And won’t take on anyone unless we have assessed them.”

People are now sent rotas to confirm the visits for the following week and to tell them which care worker will see them. The agency tries to keep regular care staff as much as possible and this approach has created continuity for customers.

And as well as the scheduled visits, staff carry out welfare calls, phoning people to make sure they are OK.

Client satisfaction is checked through regular telephone surveys. Bev follows up any comments, feeding back to people on outcomes. For example if someone comments that a care worker was late, Bev finds out why and tells the person who raised the issue.

## Working with partners

Early on in the improvement process, Bev had support from an Agincare nurse clinical lead and from other Agincare managers. They supported Bev in developing the action plans to carry out the required changes, and Agincare's internal auditors helped to monitor the plans.

There's good support from the corporate centre, says Bev, who adds that "Agincare is open and honest and shares learning at managers meetings." The company uses what happened as a case study to help train existing and new managers.

The local authority made clear it was open to requests for help, but Bev says she didn't call on this. However there was a regular 'Provider failure meeting' convened by the council that included the agency, CQC and local Quality Assurance managers. A council Quality Assurance manager goes in every two weeks to ensure that items in the action plan have been completed.

## Looking forwards

Bev says that she is determined to keep the good rating and aim for outstanding: "We have the right dynamics in the office. People are not afraid to voice their opinion. I'll listen to the care workers if they think they could do something in a different way. I knew that making improvements would be hard work, but I was determined to do it. These people needed to have their care their way and I felt sorry for staff. If I had walked away they would have had nobody."

The final word goes to Vivian: "Now everyone is lovely. They do their job but we can have a laugh and a chat."

## Answering the call

A mark of the improvement in the service is that Agincare is more responsive to the needs of people using the service, even if they fall outside a normal visit.

One example is when a relative called in distress as a person using the service who was bed-bound had become incontinent and needed to be moved. This was a task for more than one person, so Bev and the two office staff immediately switched the phones to the out of hours service and went to attend to the person. Bev's view was that they could not leave the person without help until the next scheduled visit.

### BEV'S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Communicate well with staff.
- ✓ Get care plans that are person-centred and have all the necessary information.
- ✓ Staff need training to put customers at ease.
- ✓ Understand risks and how to reduce them.
- ✓ Having the right number of staff to cover calls is essential.



# Collinson Court Care Home

**July 2016**

Rated as good

**January 2016**

Notice of decision to close home issued

**June 2015**

Rated as inadequate

**Collinson Court (part of Priory Adult Care) in Stoke-on-Trent provides accommodation and personal care for 10 people who have autism and behaviours that challenge.**

We inspected the home in June 2015 and rated it as inadequate. We inspected again in January 2016 and found no improvements and issued a notice of decision to close the home. Following a meeting between CQC, the local authority, the provider and families of people who use the service, the provider was given time to make improvements to the service. A further inspection in July 2016 rated the home as good. The most recent inspection in July 2017 rated the service as good overall with an outstanding rating for the question, 'Is the service responsive?'

## **Reaction to the initial inspection report**

Senior Support Worker Audrey Pepper was upset by the inadequate report: "I care so much about the people using services, I was just devastated."

The report sent a wave of anxiety through the staff team at Collinson Court. Support Worker Kayley Hill explains that the inadequate report left staff unsure about the future of the home: "We thought we were going to get shut down." Fellow Support Worker Bethany Mears adds that "The atmosphere wasn't great because it was affecting a lot of people, and it sent staff morale down quite a bit. Families were quite upset and it made them a bit dubious about how their relatives were getting on here."

"We heard that it could close and we were absolutely devastated" says parent Marguerite Brown. Her step-son has lived at Collinson Court since it

was opened and all his adult life. "He'd been to quite a few places before he moved here, and when this first opened it was great for him."

For some parents the initial rating did not come as a shock. A parent, Carol Clarke, recognised the report's findings: "It could have been talking about our daughter; nothing at all was a surprise to us."

## Approach to improvement

Michelle Widjaew started her role as Registered Manager of Collinson Court in January 2016, two days before the second inspection that resulted in a rating of inadequate. "I'm open and honest and say it how it is" says Michelle. "I told CQC that I could see the service had a lot of untapped potential but I was going to improve it for the people who lived here. The families and CQC had faith in me."

Michelle explains that she used CQC's inspection report, prioritising major breaches, to write an action plan. One area identified for improvement was staffing. "There weren't enough staff commissioned to meet the needs of the people using the service, and that resulted in frustrations and behaviours that challenged", says Michelle. "I had all the residents reassessed and actually got extra funding from the local authority to put the right staffing levels in place. This had a knock-on effect on activities, because we had the right number of staff to do them."

## Cultural change

Resolving these issues has helped improve the service's culture, which in turn improved the quality of care. "Staff had just been told so much 'no you can't do that it's too risky' or 'no we haven't got enough staff'", says Deputy Manager Collette Salt. "But then we got the staff in place, took a positive behaviour support approach and suddenly their confidence grew. Now staff think 'yes we can go and do that now, even though there is a tiny risk' but it's a managed and therapeutic risk."

Michelle acknowledges that changing staff culture is challenging: "It was a real balance. There was a fear in staff that if they did something wrong the home would close. They knew the people who live here best so, with the help of the provider (Priory) and the local authority, I put the resource there so they could do things. It was about giving them the power back and making them enjoy coming to work." Michelle was keen to show that she and Collette were part of the team too, "We were doing nights, getting stuck in."

Families of people using the service recognise the impact Michelle's leadership has made. "The change was immediate, Michelle had an open door policy and listened to us as parents" says Nigel Brown. "We were pleased to hear the home was rated good. Michelle said 'now we've got that we're going to go for even better', and they're doing what they said. The determination from Michelle has trickled down and the staff are wonderful."



**"Michelle led us the right way. We've got leadership now. If I've got a problem I know I can speak to Michelle and Collette. They're always there to listen, always there to help you."**

Audrey Pepper, Senior Support Worker

## Creative solutions

Staff thought creatively about how they could create a homely environment for people. One resident has behaviours that mean he damages things and because of this his bedroom had previously remained bare and undecorated. The home obtained anti-pick canvasses that he can't take off the wall, so now he has family photos up.



## Person-centred care

The provider's Quality Improvement Lead, Chris Breen, who was part of the Priory's wider support team, explains "We listened to the people here, we listened to the families. We completely rewrote all the support plans. Part of that rewrite was a bit of a life story sketch. We found out what people liked doing before they came to the home, and we started to implement that again."

Some residents have difficulties communicating their needs and wishes. However, Activities Coordinator Bobby Aldous overcame this by "learning from the things that didn't suit; adapting, stopping, moving, changing, and speaking to parents again for a second opinion on things, then moving forward." Bobby describes the evaluation methods she uses: "Some places have numbers, on a scale of 1 to 10 on whether residents respond well. Well numbers don't mean anything to me or the person using the service. Were they happy? Could you visibly see they were happy? Did they give you an indication they were unhappy? How did they do that? It's a much more personal thing."

Carol Clarke describes the impact activities have had on her daughter: "Her face is beaming when she's doing some of them. You can see that she's really happy, whereas she was getting quite depressed before. She was just in her chair and she used to cry a lot for no reason."

Training was another area that was changed to meet the needs of people using the service. "This is an autism specialist service, but there was not any specialist autism training, so we arranged for staff to have a better understanding of the people they are looking after" says Michelle. "I am also completing a Master's degree in autism to strengthen my knowledge and then pass it on so we can further improve lives."

**"Every single thing we do has got to be for people using the service because this is their home, we are coming into their home to support them. Anything we plan or think about doing, it needs to be in their best interests and what they want to do."**

Bethany Mears, Support Worker

## Building a community

"There is more of a community. A lot of the people using the service here had never really seen each other or interacted with each other, especially at social events" says parent Nigel. "Michelle changed that with the team and they had the first Collinson Court Christmas party." Group activities like this have improved his son's communication, "His speech is a lot better, he says a lot more and his knowledge has improved a lot."

People using the service now have greater access to the local community. "They are supported a lot better in their community. They are doing things that their families didn't think would ever be possible for them", says Bethany.

“I would like bigger things, because I know they are capable of bigger things”, says Bobby. “One of the residents is an artist. He now enjoys producing art work, whereas before he would just destroy things. With persistence he has developed this skill, so we are planning a local art exhibition in the community for him to display his talent.”

Families have noticed a big change in how they are involved. “Before I was made to feel like a second class citizen, I wasn’t told anything” says Nigel Brown. “We get told now – they use technology to keep us informed, they send us photos of [our son] doing activities so we know what he’s been up to. We don’t worry if he’s going to be alright now, we know that he is.”

## Working with partners

Michelle describes the relationship she has built with her local CQC inspector: “She has inspected us since I have been here, and has been involved right from the start. She had a job to do, but she would help where she could.”

The home received ongoing support right across the system, from local commissioners and health professionals. “The psychiatrist would come quite often, not only to review the medications of the people who lived here but generally to see how things were going. He was a very big support to the home. All the community nurses upped their visits as well and visited weekly. It was nice to know that there were lots of people around who wanted it to work”, recalls Michelle.

The local commissioner visited the home once a week and championed its improvement. According to Michelle, “She was amazing, she wanted it to succeed and supported me a lot. We also had the local safeguarding team, who used to come in once a week to help us, the support from them was really good.”

## Looking forwards

Collinson Court isn’t standing still now it is rated as good. “What’s next? More outstanding domains”, says Michelle.

This ambition is shared by Chris Breen: “We’ve already got one outstanding area, we want to get that to all five domains.”

“We’re not settling for everything being okay” says Collette, “we want the best. We are focused on why we’re here – the people we support – and we’re striving for improvement all the time.”

### MICHELLE’S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Lead the team with a clear plan.
- ✓ Change the culture so staff are empowered to make changes based on their knowledge of the people they work with.
- ✓ Embed good practice within the staff team through training.
- ✓ Make sure the paperwork and processes are in place so you can monitor what’s happening and use this to make improvements.

## Feeling part of the community

The home supports a lady who rips labels and stickers, who had never been shopping independently. They took her to Cheshire Oaks, which was holding their first ever autism evening. Activities Coordinator Bobby Aldous describes how “she shopped for two hours, trying on shoes, paying at the till, not even worrying about tickets or stickers on the till points. All of the staff there were in tears of joy”, says Bobby.



# Ebony Home Care Limited

June 2016

Rated as good

November 2015

Rated as inadequate

Ebony Home Care Limited, near Durham, is a small private agency providing personal care to around 70 people in their own homes. When CQC inspected in November 2015, it was providing care for 23 people.

The service was rated as inadequate, since there were issues that included care planning and records, recruitment and training. After a further unannounced inspection seven months later in June 2016, the service was rated as good.

## Reaction to the initial inspection report

Ebony's Registered Manager, Cath Loates, was "gutted" by the rating of inadequate. Having built up the business since 2005, her business partner Sandra Harris agrees that it was "soul destroying". However, they recognise that they had "taken a step back" from the home care business, and that the report highlighted that this was not acceptable. They also think they had let their staff down. One member of the care staff, Sue Armstrong, says she felt "awful" about the inspection results, but that she was keen to stay and says "We worked our socks off to get things back on track." While they worked through the improvement plan, Ebony stopped taking on any new care packages, which had financial implications.

## Communication

When the CQC report was published, Cath and Sandra organised a staff meeting to assure all staff that there was a plan of action and that, although it focused on the central office policies and procedures, this would benefit all staff, including those directly providing care services to people. Cath and Sandra moved back into the main office, so that they

could communicate more easily with staff. They then went out on care visits with staff to find out their views on the situation. This engendered a spirit of teamwork, and enabled them to demonstrate the changes and reinforce company practice, such as signing to confirm that people's care plan updates are understood. They also rang people using services and their families and carers to update and reassure them.

Improved communication also benefits people using Eboney's services. David Eadie, who is the main carer for his wife Jean, says "Care staff tell us when they are coming, or the office tells us if they are running late. For example, if they've gone to a house and found someone needs an ambulance, they don't walk away. They wait until they arrive. We'd like to think they'd do the same if we were in the same boat!"

## Person-centred care

A key improvement was around the quality of information Eboney held about people using services. By introducing a cloud-based system, staff were able to update records, including people's needs, easily and this would be shared in real time with those who need to know, including family and carers.

This has had a positive impact on people receiving care. David Eadie says the information staff have access to means "they are not starting from scratch. There's lots they know about Jean, and the care she's already received – like how to use the hoists and slings."

David explains that improvements at Eboney have meant that there is greater consistency in care staff, as before there had been "a bigger mixture". Having the same staff means that they know the little things that make a difference to Jean, like making sure she has a tissue in her sleeve, or seeing if she'd like to spray some of her favourite perfume.

**"Care staff enjoy coming and Jean enjoys them coming. It also gives me a break each day."**

David Eadie, whose wife uses the service

## Supporting staff

Another key driver of improvement at Eboney Home Care Ltd was around staff training. The manager sought advice from a local training organisation, which recommended that they switch from three-yearly professional updates to annual updates, since there are constant changes in care practice. They implemented this and also moved their induction training from in-house, to a recognised, standard 12-week programme. One outcome of this focus on continual improvement is a greater awareness of safeguarding. Cath tells of an occasion when one of the care staff arrived in someone's home and was suspicious about a girl in the living room who said she was a carer. She rang the police who investigated immediately and found that the girl had stolen the person's bank card.

David Eadie has noticed the benefits of improved training, saying that it's "coming through" in the care his wife receives. He gives an example of how a rehabilitation nurse from the local hospital has given Eboney staff some

## The little things that make a difference

Saghir Tahir's mother has used Eboney Home Care Ltd for around five years. He has noticed the improvement in the little things that staff notice – like watching what his mother eats and checking that the food in her cupboards is still in date.

## Responsive care

Rebecca Winter, a social worker from the local authority who commissions care from Eboney, says their responsiveness can make a real difference to people. “We assessed a lady with dementia and asked Eboney if they could provide a mature, consistent care worker. From the first visit, they gave a good impression. The lady had been reluctant to bathe and her personal hygiene had been neglected. However, she took well to Eboney and she’s now having a bath regularly. Her husband also built up a good relationship with the agency so he can now play golf knowing that his wife’s needs are being met.”

good practice training. For instance, they now know where to look for bed sores and how to prevent them. “My wife hasn’t had a bed sore since she came out of hospital because they know how to check for them. Before, they wouldn’t have noticed that, but something in their training has made them notice”.

## Working with partners

Cath and Sandra feel that, despite feeling “embarrassed” by the report findings, they were very well supported by local system partners (including the county council and NHS continuing care) who were positive and keen to focus on how to make improvements happen. The Strategic Commissioning Manager from the local council thought that the issues stemmed from the owners “overstretching” themselves, which meant they lost sight of the detail in their homecare service. However, unlike some other services, Eboney recognised the seriousness of the situation and were committed to improve.

Commissioners now value the relationship they have with Eboney’s leadership. Rebecca Winter says “Cath is an approachable person. She’s the face of the company and goes out to some of the initial meetings. Whichever member of staff you speak to, they seem to know all of the clients – it’s the personal touch.” Her colleague, Denise Williams agrees and adds, “I feel I can be absolutely honest with Eboney; you need to. The last thing we want is care packages breaking down.”

Cath says that the CQC inspector was “professional all the way through” and gave them “loads of advice” such as referring to NICE guidance, making it clear what the steps to improvement were, what the deadlines were, and what the implications of failing to reach them would be. She highlights how important it was to be open and honest, so that they could establish a relationship of trust. Sandra describes the CQC inspection report as “the bible”, since they were constantly able to refer back to the detail in it and fix the issues raised.



## CATH AND SANDRA'S TOP FIVE TIPS FOR DRIVING IMPROVEMENT

- ✓ Go back to the drawing board.
- ✓ Be honest with staff, people using services and their families and carers.
- ✓ Staff are paramount: create a culture where they feel comfortable to talk.
- ✓ Communicate with other professionals.
- ✓ Be willing to accept help.

## Cultural awareness training

As part of the enhanced training brought about as part of the post-inspection improvements, some care staff are receiving cultural awareness training so that they can feel more confident in supporting a Sikh woman to visit her local temple.





# The Lawn Residential Care Home

**March 2017**

All questions rated as good

**August 2016**

Rated as good overall

**January 2016**

Rated as inadequate

**“I wasn’t surprised. Things weren’t the way they were supposed to be.”**

**Ron Wombell, resident**

The Lawn Residential Care Home in Hampshire provides accommodation for up to 31 older people, some of whom may also be living with dementia. It is run by the charity Friends of the Elderly. In January 2016, a CQC inspection resulted in a rating of inadequate. Hampshire County Council also raised concerns about safeguarding and the application of Deprivation of Liberty Safeguards.

In March 2016, all safeguarding concerns were closed by Hampshire County Council. After an inspection The Lawn was rated as good overall in August 2016, but with a requires improvement rating against the question of whether the service was effective. In March 2017, the effective question was also rated as good.

## **Reaction to the initial inspection report**

“I’ve known the home for over 12 years and my impression was of a great home with great staff” comments Cheryl Rothschild, Regional Director. “It was very upsetting”, says Housekeeper Wendy Barnes, “It’s always been such a good home and a great place to work.”

The inspection happened at the same time as the provider, the charity Friends of the Elderly, was consulting with staff over revised terms and conditions of employment, which had caused some people to leave, and the home had seen a temporary rise in the use of agency staff. Patricia Chapman, whose father lives at The Lawn says “The fact these permanent

staff left was very upsetting and it was unsettling for residents because they were seeing different faces every day.”

These changes meant the inspection report was not a surprise to everyone. Healthcare Assistant, Nicole Avery, says “We had a lot of agency staff around that time and it was not running very smoothly.”

## Approach to improvement

After the initial shock of the rating, Friends of the Elderly was determined to make improvements. “There was a feeling of ‘we can do this’”, says Cheryl.

“Everybody pulled together and knew that we could put it right. We put an action plan together immediately after the inspection, using the summary the inspector gave us”, says Rosemary Naylor, Director of Care Homes.

A core team made up of Cheryl, Rosemary and Sue Dorling, Friends of the Elderly’s Clinical Lead, worked together on the action plan. “At the time, I was the Admiral Nurse for the charity and I was there every day. We set about doing all the practical things. We commissioned an independent lead to investigate the safeguarding concerns”, says Cheryl.

Every support from the wider charity was offered to The Lawn, including the charity’s Chief Executive and Chair of Trustees who met with residents and their families, alongside the operations team.

“If we needed help it was available”, says Rosemary. She adds that the relationship with the CQC inspector was also very important. “It’s hard to move anywhere without that relationship and support being in place.”

“In the middle of all this, the Registered Manager decided to leave. But, we had already employed an Interim Manager for extra support, who stayed on until the improvements were made”, explains Rosemary.

Relatives praised the organisation for how it managed the improvement process. “The impressive thing is that the improvements happened really smoothly”, explains Michael Spoons, whose mother-in-law lives at the care home.

## Prioritising safeguarding

“We wanted safeguarding to be the ‘golden thread’ throughout everything”, says Rosemary. “It wasn’t just ‘this is a safeguarding process, this is how you report safeguarding’, it needs to be linked into everything that we do for residents to keep them safe.”

Concerns were raised in the CQC report that a person living under Deprivation of Liberty Safeguards was not being kept safe. In response, The Lawn fitted electronic door locks with alarms around the building which alerted staff each time an external door was opened. This quick response to the concerns had a negative impact on some of the other residents. “Others said they felt like they were hemmed in”, explains Cheryl. The team at The Lawn listened to these concerns and adjusted the door entry and exit system so that people didn’t feel shut in. Alternative solutions to safeguarding were also found: “We sourced a GPS tracker so the person living under Deprivation of Liberty Safeguards could go out when they

## Working with SCIE

Friends of the Elderly commissioned support from the Social Care Institute for Excellence (SCIE) in addressing safeguarding concerns at The Lawn. They set up a Concerns Helpline facilitated by SCIE, which is anonymous, confidential and independent, and extends across the charity.

SCIE also completed a review of Friends of the Elderly’s care planning, and supported a training programme that focused on the message that it is everyone in the organisation’s business to be informed about how to report safeguarding, which extended to all staff and charity trustees.

SCIE also conducts an independent annual review of the charity’s approach to safeguarding.

## Learning lessons across the organisation

The lessons from The Lawn influenced Friends of the Elderly's approach to recruitment across the organisation. They set up a Business Development Team to look after recruitment for all of their homes which, according to Cheryl, "saves managers a lot of time."

**"As we updated the action plan, we put all relevant documentation into an evidence file which provided proof of our actions", says Cheryl. "We wanted to be able to say we've done this and here's the proof and the audit trail with detail."**

Cheryl Rothschild,  
Regional Director

wanted to. The shift leader would be alerted if they went outside the perimeter of the home and we could see where they were in the building and outside."

A new Quality and Innovation Team was established at Friends of the Elderly to centrally monitor how safeguarding concerns were managed and to carry out a comprehensive programme of quality audits. Rosemary explains, "They do an audit of each home four times a year, tied in with the CQC key lines of enquiry." With improvements delivered and maintained at The Lawn, this team is now embedding the positive changes from lessons learnt across the charity's wider services.

## Staffing

"Looking at the rotas, we sometimes had a majority of agency staff working who might not have worked here before – it wasn't safe", explains Cheryl. "We spoke to the agencies and told them we needed regular agency staff and they supplied us with a core group of five people who were the only ones we would use. Although they were agency staff, they felt like part of the team because they were with us every day. This bought The Lawn time to replenish its permanent staff, also supported by a small group of bank staff.

**"Staff were on board from the very first meeting. The Chief Executive took it very seriously and got involved in driving through changes. We were very clear that we didn't want a blame culture – it was everybody's issue. Staff pulled out all the stops and stood by us because we were open with them and put them and residents at the centre of the changes. We couldn't have carried out all the improvements without them."**

Rosemary Naylor, Director of Care Homes

The experience of having a high ratio of agency staff led The Lawn to introduce a new handover process. "We improved communication through the handover process", says Cheryl. "It's one of the most helpful changes we made; it's made a big difference to have a simplified handover with key information documented on one sheet of A4 for all staff to see", comments Nicole.

## Communication

The management team and staff at the Lawn ensured that residents and relatives were involved in improvements from the beginning. This included holding meetings with them to share the inspection findings and outline what the action plan was. They were keen to talk to as many people as possible, offering individual meetings, including evening and weekends, where people were not able to attend the dates on offer.

"We had a meeting with all our other registered managers and went through The Lawn's CQC report with them in detail. A lot of our managers recognised the practices improved the delivery of care to residents", says Cheryl. Rosemary adds, "We have spread the knowledge and learning from

this experience across all of the other Friends of the Elderly care homes and our community services”.

## Working with partners

Marie Moody, the Registered Manager is really keen to “bring the community into the home”, particularly when it allows people from different generations to mix together. This is part of the charity’s ambitious strategy to reposition its care homes as places which are open to, and deeply engaged with, the local community.

Currently, a mothers’ and toddlers’ group comes in every Thursday morning and residents are able to interact with the children or just sit and watch: “It’s really great, my Mum loves little ones”, says Gill Pears. Marie is looking to involve the local primary school in the care home more. The Year-2 class will be visiting The Lawn and the Year-6 class may be carrying out a gardening project on the grounds.

The Alton Men’s Shed Club, which is open to both men and women, is working with The Lawn in a plan to have their shed in the home’s grounds. Not only will this benefit the community, but the shed will be open to residents and will also provide support for the home – for example, making bird feeders.

Overall, The Lawn wants to ensure it embeds the care home as part of the community and not just “the care home down the road”, but a “hub” in which the residents and the village of Alton can interact with each other, across the generations.

### MARIE, ROSEMARY AND CHERYL’S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Be open and honest and get everyone on board with the journey. This includes having a no blame culture.
- ✓ Involve everybody in the changes that you make, including staff, volunteers, residents and relatives, and don’t be afraid of asking for advice or think that you can do it all yourself.
- ✓ You can’t fix it overnight, so focus on the long term. When you are solving issues always think about how the changes can be maintained.
- ✓ Ensure that people are looked at as individuals and not as a group. Although they are all living under one roof, residents are all different and people’s wishes and aspirations will change over time.
- ✓ Ensure regular supervisions and training for staff.
- ✓ Ensure your audit and compliance checks are carried out and constantly dealt with.
- ✓ Work with the local Safeguarding Team and ensure your safeguarding processes are robust.

## Involving people in groups

Friends of the Elderly has involved two relatives and one person using services, who now sit on the Safeguarding Adults Sub-committee.

Several forums have been established in the home itself. For example, the residents’ forum for food involves four residents who meet with the chef’s team and the manager to discuss any changes needed. All residents can attend meal tasting sessions to have input into new menus. For example, when the home changed their coffee supplier, the residents were able to decide who the new supplier would be after tasting the options.

**“The management team went through everything that was being done – they put our minds at rest. The steps to be taken were very well communicated.”**

Gill Pears, daughter of a resident.



# Leiston Old Abbey Residential Home

March 2017

Rated as good

June 2016

Rated as requires improvement

September 2015

Rated as inadequate

Leiston Old Abbey Residential Home is a privately owned home in Suffolk that provides personal care for up to 40 older people, some of whom are living with dementia.

We inspected the home in September 2015 and rated it as inadequate. We inspected again in January 2016 but found no improvements and placed restrictions on any admissions and retained the inadequate rating. A further inspection in June 2016 rated the home as requires improvement. The most recent inspection in March 2017 resulted in an overall rating of good and good ratings across all our key questions.

## Reaction to the initial inspection report

Owner Anil Agarwal was appalled and upset by the inadequate rating. He describes Leiston as “My baby and I let it down.” The initial inspection report highlighted to him that the home lacked competent management and he wasn’t receiving the right information to assure quality.

Karen Mays, a professional care worker for 25 years, recognised the poor rating, because staff weren’t working as a team. This situation was “Unfair, because some staff were working really hard, but others were lacking”, leading to low morale.

Diane Wythe, a fellow care worker, had reported some of the poor care that she had witnessed to a previous manager, but nothing was done. She told us that staff were poorly supported to maintain hygiene – for example, regularly running out of gloves.

One of the long-term residents, John Chatten-Berry says he “Didn’t feel very good when the low rating was awarded. Glad I stuck with it because

it's got better." However, at the time, his concern was that he might be moved: "It worried me that I might have to end up in another home that's worse. My wife doesn't drive anymore so she wouldn't get to see me if I moved."

## Approach to improvement

The inspection report gave the home a roadmap to improvement but it took time to make it happen. In the aftermath of the first inadequate rating, Anil employed a consultant to provide oversight and start a change in culture. He explains, "For this, the type of consultant is important, as most consultants look at details and lose sight of the bigger goal. For example he made us define the 'values' of the home."

It was the appointment of Sharon Morrison as Registered Manager, however, that really led to the home's stability and turnaround.

This was the third home that Sharon had been employed to bring about improvements, and she was able to bring her learning and experience to bear at Leiston. She started afresh, as though this were a new service. She started with the residents and asked to see a care plan. It told her nothing about the person, so one of her first priorities was to improve plans to make sure that they tell people's life stories and how they like to spend their day.

Jussie Cook, Contracts and Service Development Manager, at Ipswich & East Locality Adult and Community Services, recognises Sharon's systematic approach to improvement: "The Manager updated internal policies and procedures, taking advice where appropriate, implemented training, introduced regular 1:1 sessions with staff, and responded swiftly to requests for changes to customer's care provision following assessment by social work services." This has resulted in customer and professional feedback moving from 'very poor' to 'poor' to 'good' to 'excellent'.

For Tracy Emsden, improved training has helped her give better care to residents – "One of our residents has autism so I've just done five units on autism and that's given me a better understanding of him. That wouldn't have been available before."

## Staffing

Another priority was to tackle staff shortages, absenteeism and a dependence on agency staff. Sharon called a meeting with all staff and asked them to comment on a new staff rota that she knew had worked well before. She emphasised the importance of issuing the rota with plenty of notice, giving people set shifts to build routine, and giving reasonable holiday cover. This enables staff to take responsibility over their shifts to ensure that residents are cared for well and consistently. Tracy Emsden, Senior Carer confirms that they were given good opportunity to comment on Sharon's ideas, and that regular team meetings boosted morale, because "before we weren't being listened to."

**"We didn't have regular appraisals before, but now we have them with Sharon. It's an opportunity for Sharon to talk through improvements, but it also helps me feel good about myself, because I'm reliable."**

Karen Mays, Carer



## Making communication convenient

Leiston has a staff WhatsApp group that allows them to talk about any issues and seek support if there's a problem. Staff also use it to share photos and other less formal information, so it helps build the team. As well as saying thank you and sharing compliments, the manager also sends out important reminders, and she can use the app to check that everyone has seen them.



## Communication

Manager Sharon takes a pragmatic approach to involving residents in improvements: "We do have residents meetings, but they don't like having big meetings, so I try to get them in a one-to-one conversation. I sit with them at lunch and ask them for their views on decorations, changes, activities."

John who lives at the home recognises this improved visibility, and it is clear that it has had a positive impact on his experience of care: "Before, you couldn't see the manager very often. Now you can. It made me feel more contented, having someone you recognise who will get things done. If you're not happy you just tell Sharon and she'll sort it out for you."

Sharon likes to lead by example, saying "I don't ask staff to do things that I couldn't do myself. I was a cook for a year and a half in a residential home so I can go in there and cook a dinner." This helped her implement new food hygiene systems, which moved the Food Standards Agency rating from 2 (improvement necessary) to 5 (very good).

Tracy, Senior Carer, appreciates the manager's new 'open door policy' and also that there are clear lines of communication: "I know that if I have a problem, I can always talk to Sharon. But I can also go to Anil too."

## Person-centred care

Karen Mays says that addressing things like staffing and communications have seen improvements for residents, since staff are better able to encourage them to join in – "They're coming out of their rooms for lunch now. And families have said how people are looking better."

A lot of work has been done to improve the environment of the home. It has been decorated and refurnished, and a new games room has been added, as well as a conservatory so that residents can sit and watch the wildlife.

There is also now a much bigger emphasis on activities, and they're based on people's interests. One resident spent his life in farming, so the home organised a trip to a local farm. Many of the residents like music – a group that plays Vera Lynn music visits several times a month, and the residents are due to return the favour by going to one of their local concerts.

John sums up how he's supported to continue one of his hobbies, "In the home we do arts and crafts – drawing and painting. We've got someone in to help us, they didn't before. They understand that I'm colour blind and blind in my right eye, so I get the blues and greens and reds and browns mixed up."

## Working with partners

Manager Sharon says you can take two different attitudes to external regulation and quality monitoring: you can shut your eyes and pretend it's not there, or you can welcome it with open arms, even if it tells you some uncomfortable truths. She very much subscribes to the latter, but she learned this through experience, as she has steered previous homes from failure to good quality. This meant she had built up a relationship with the local council – especially Anne Chapman, Provider Support Advisor, Suffolk

County Council – which turned into a very positive partnership. Sharon says, “Anne was in and out, involved from before I was involved. I opened up the doors to her and her staff. Everything they offered I took. The council should have a relationship with managers before things happen. You should see them for the help they are going to give, you’re going to know them away!”

Anne recognises the importance of both sides being transparent and trusting each other. She says the rating of inadequate started the journey of change since there was nowhere else to go. The evidence in the inspection report helped Sharon to work out what needs to happen. Anne was able to support Sharon and Anil to:

- Create the action plan by going through the report to unpick the details and seek solutions.
- Recognise the issues and own the solutions.
- Develop a support plan, which included workshops for staff and audits.
- Keep channels of communication open, even now that the improvement journey is over.

Sharon has a similar view to the relationship with CQC. Once the improvements had started, when the inspector arrived, she says “I opened the door and said ‘thank God you’re here, come in’ because I wanted to show them the changes we’d made.”

## Looking forwards

The priority for Anil and Sharon is to make Leiston ‘the home of choice’. The home’s reputation has been damaged, and they’re finding it takes time to get the confidence of local people and commissioners back. The owner and manager are under no illusion that the home needs to be both on an upward trajectory of improvement, but also running as a viable business. With their leadership, the commitment of their caring staff, and the support of commissioners, they are confident that Leiston Old Abbey Residential Home can continue to provide great quality care long into the future.

### SHARON’S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Get your improvement plan right.
- ✓ Consistency – having implemented routines, like infection control monitoring, two years ago, we keep these to help maintain improvement.
- ✓ Make training a priority.
- ✓ Feedback from residents and relatives is vital – it’s them we’re looking after and it’s their home.

**My room’s lovely – it was magnolia but they asked me what colour I would like and I said sunset because it’s warmer. It’s an orangey colour.**

**John Chatten-Berry,  
resident**



# The New Deanery Care Home

May 2016

Rated as good

November 2014

Rated as requires improvement

July 2014

Enforcement action

The New Deanery (part of Sonnet Care Homes (Essex) Limited) provides accommodation and personal care for up to 93 people in Braintree, Essex. In July 2014, a critical inspection report resulted in CQC taking enforcement action against the home – then called the Old Deanery.

A follow-up inspection in November 2014 awarded a rating of requires improvement. In May 2016, the New Deanery was rated as good overall, and outstanding against the question of whether the service is well-led.

In 2014, a TV documentary had revealed undercover filming of poor care that took place while the home was being managed by the previous provider. This led to very negative media attention.

## Reaction to the initial inspection report

Senior Carer Rachel Kershaw says: “In the report we recognised the failings and could see the truth in what was said.”

But a greater shock to staff had been the earlier documentary. Head Chef Paul Westall says: “I was disgusted by the behaviour and things that had happened here.”

Following the negative publicity, the home and its staff felt a backlash from some in the local community. Senior Carer Charlotte Read says “It was really stressful getting shouted at in the street and in the shop.” Brenda, a resident, comments on how upset the staff were: “Everyone was tarred with the same brush and it wasn’t fair.”

## Approach to improvement

Julia Clinton, Chief Executive notes that CQC's reports had served as a reality check on the progress of improvement and helped to identify priorities. She was pleased that inspectors recognised there was a new team in place seeking to improve the home and gave them some extra time before a follow-up inspection. "CQC was very helpful. I knew the inspection manager was on the end of the phone. She was very calm and clear about expectations."

## Cultural change

The revelations about the poor care and the impact of CQC's report convinced Julia that the top priority was to change the culture in the home. The management culture under the previous owners, says Julia, had been "Very controlling, very top down. Front line workers didn't have a voice, relatives didn't have a voice, the residents most certainly didn't have a voice. Nobody was speaking out because some of the poor care that had been going on had been witnessed by good people, but they hadn't felt able to speak up. The poor culture manifested itself in poor care."

Registered Manager, Jane Sadowski says that they wanted to create a "Great big no blame culture and move from a position where staff would say 'can we?' to one where they had the confidence to say 'we have done'."

Working with two managers, the directors agreed on three core values: Kindness, Comfort and Respect (KCR), which they supported with key principles and measures and summarised on one page to give to the service.

The next challenge was to get staff buy-in and start to change behaviours. The directors held briefing sessions that covered all 200 staff in the New Deanery and its associated nursing home, St Mary's Court.

"Some people were very keen, but many were just quite cynical – they'd heard it all before and took the view of 'we'll believe it when we see it' – they didn't mistrust us, they just didn't know us", says Julia. Some staff who were motivated by the changes volunteered to be part of a KCR workgroup to help get the values off the ground. KCR is now well-embedded, with monthly KCR awards open to staff and residents. One recently went to Brenda, a resident, for the work she did to help a care worker improve her English.

## Communication

Rachel highlights the importance of the manager engaging with staff: "Before, we were despondent and disheartened. Jane came in and immediately had faith in us and gave us our confidence back and faith in our own ability. She wasn't saying 'you need to do this and this' – everyone had a view and we did it together."

There are weekly team meetings and formal communication with residents through a residents' forum and regular family meetings. John, a son of one

**"Being encouraged to talk about things was a big change. Now, if we make a mistake we are more than happy to speak up, knowing we won't be blamed or persecuted for it. We focus on what we have to do to stop it happening again. Before, we would have been hung out to dry."**

Rachel Kershaw, Senior Carer



of the residents, has attended the family meeting and says that “Things are taken on board and families are kept abreast of issues.”

Informal communications have improved, too. “Every department is involved in everything”, says Rachel. “You see the chef in residents’ rooms chatting with them, seeing what they like. Housekeepers sit with residents and have a cup of tea and join our team meetings.”

**“There are no shortcuts to getting people to trust you. It takes time. Use lots of communication routes. Do what you can to earn trust. If someone tells you about something, do something about it. Go back, lead by example. Eventually people will start to get more confident in you.”**

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Jane Sadowski, Registered Manager

## Person-centred care

According to Senior Carer Rachel, “We went back to basics. We re-wrote all of our care plans so they were person-centred, not clinical, and focused on getting the care of residents right. If that’s right, everything will follow. Care plans are now easy to read and families and residents are involved in the care planning.”

**“If residents ask for anything, we go above and beyond. If residents want a certain type of bread, colour of wallpaper or want to go out shopping, it happens. We will book them a taxi and there will always be a carer free to take them out. Before, we would have to ask about six managers if we could do that. We are now empowered to make decisions and take action.”**

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Rachel Kershaw, Senior Carer

Brenda sums it up in a few words: “My needs and wishes are always at the front.” Another resident, Dorothy, agrees: “They’ll do anything for you. Carers always give you more time when they can.”

**“The emotional needs of residents is now a key focus. Before we had to be task orientated; now residents dictate their routine and what they would like to do, and we follow that.”**

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Rachel Kershaw, Senior Carer

## Staffing

To provide safe care, an early decision was taken to reduce the number of residents. This was a challenging process achieved by identifying residents who needed higher levels of either nursing or dementia care and then supporting them to move to other homes. This greatly improved the ratio of staff to residents and took some of the pressure off to enable changes to be made.

At the same time, the provider stopped using agency staff and introduced a much more robust recruitment and induction process. "We raised the bar and introduced the Judgment Index to check suitability to make sure we never again recruited someone who would be unkind to a resident – or if they were, someone would tell us", says Julia.

Staff training was prioritised and the directors ran bespoke management training for front line leaders.

## Looking forwards

Reverend Rod Reid, Priest in Charge of St Mary's Church in Bocking says, "The home worked really hard to draw in the community. It opened its doors to the village, the school, nursery groups, and families. They centred the home in the village and made it part of the community."

"It's never job done when you are looking after vulnerable people", says Julia. "We are constantly looking for ways to find out what people feel about services." Senior Carer Rachel says "I'm proud of getting 'outstanding' for well-led. We are going to get that overall 'outstanding' – that's our mission and ultimate goal. Residents are happy and well cared for and that's all we want. This home is a happy place."

### JULIA AND JANE'S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Find a way to eliminate the gap between the board and the floor, so that people who lead the business reflect what's going on at the front line.
- ✓ Be brave and make decisions about who isn't coming on the journey.
- ✓ Make decisions quickly.
- ✓ Keep it simple.
- ✓ Communicate, communicate, repeat, repeat.
- ✓ Be prepared to work very, very hard...it will normalise but you need to put in the hours to start with.

## Increased choice

New Deanery resident Brenda highlights the way that the new Registered Manager addressed problems she was having with food by introducing more choice. "I didn't like the food very much when I came here. It wasn't until Jane came and saw I was losing so much weight that she changed things, so that if I want something that isn't on the menu they get it for me."

Chef Paul and his team have also developed a way of shaping pureed foods so they look like the food other residents are eating, making the meals much more appealing. They can represent 90 per cent of their menu, from green curry to mash and veg. It takes a lot of planning, but the outcome is that it encourages residents to eat more than they would otherwise.





# Ottley House Nursing Home

**August 2016**

Rated as good

**July 2015**

Rated as requires improvement

**December 2014**

Rated as inadequate

**Ottley House (part of Barchester Healthcare Homes Limited) in Shrewsbury provides accommodation on two separate units for up to 72 people who rely and depend on nursing and dementia care.**

An inspection in December 2014 found the home to have ineffective leadership and it was rated as inadequate. In July 2015 CQC inspectors awarded an overall rating of requires improvement after finding action had been taken to improve the care and support people received.

By August 2016 Ottley House was able to demonstrate it was providing good care across all of CQC's five key questions and overall.

## **Reaction to the initial inspection report**

Kat Lynch, Head Chef, has worked at Ottley House since 2011 and describes how it made her feel: "The papers got hold of it and there was awful stuff put on the internet – death threats and people saying they hoped we would die. I felt there were people here that shouldn't have been care staff. I didn't think we were ticking along brilliantly, but for myself and others that worked here, the report absolutely devastated us."

Around the time that the report was published, staff member, Adrian Morris, had given up his role as a Senior Carer because he didn't feel supported enough to do his job properly. Adrian explains, "Families were complaining all the time and justifiably so. We simply weren't delivering what we were supposed to be. We couldn't as we had no good continuity. There was 'Joe Blogs' coming in one day from one agency, 'Fred Smith' from another agency the next day, only one or two members of our own

staff – and this is how we were expected to deal with it all of the time. It was a nightmare. Horrid.”

David Morris, whose Mum is cared for at the home, adds “You only had to walk in and know the inspection would fail that day. Ottley was very chaotic at that time with management being out of their depth and you could tell staff morale was very low.”

## Approach to improvement

In January 2015 Ottley’s improvement journey started with the arrival of Jamie Stubbs – an ex Flight Lieutenant Nursing Officer who had served for almost 20 years in the Royal Air Force.

Jamie was recruited as General Manager and is the first to admit coming to Ottley was about as far away from the hot and dusty environment of Basra, in the middle of the Iraq conflict, as you can get!

But he knew he had made the right choice: “What really interested me when I left the Air Force was, what can I do that can make a difference and challenge me? Ottley was something I felt I could make a difference in.”

He adds, “While I’d never worked in a care home before, my belief is that as long as you can get the team and standards right then you can do anything. It didn’t matter how bad the home was as my expertise lies in people and building teams – setting the standards, showing people what the standards are, providing clearly defined roles for everybody and bags of support.”

## Leadership

It’s clear that Jamie’s role has been integral in leading to a positive impact when it comes to the morale of staff and the quality of people’s care at Ottley. “If I was to define my role, I would say I’m 80% leader and 20% manager”, he says. “I’ve always wanted to give care staff so much confidence that they believe they are a leader – they can lead a shift. I’m not going to shout at them. I’m going to give them big thumbs up and buy them a bunch of flowers!”

He adds, “I had four clear objectives – 100% CQC compliance, 100% occupancy, zero agency and financial control of the home. But I couldn’t do that on my own; I needed my Heads of Department. So there was a massive change programme going on with me saying, these are your departments, these are your budgets, this is your home, please take ownership of it. And do you know what? No-one let me down.”

**“There’s a saying that to be a good leader you’ve got to have good followers. No. To be leader you’ve got to breed more leaders.”**

Jamie Stubbs, Senior General Manager

Staff at Ottley now look forward to coming to work which is down to the way that Ottley values their workforce. Jamie says, “We had staff here not believing in themselves. Rubbish. You can be who you want to be.

## Communication on the frontline

When Jamie was working in Iraq he witnessed amazing transfers of care in the most difficult of environments: “My argument is, if gold standard care can happen at 30,000 feet in the air, when someone’s care is passed over from one person to another, to another, to another – why can’t it happen in this home, or any other home?”



## Empowering staff to help 'steer the ship'

Staff were given a CQC report from an inadequate care home to see if there was any bad practice they could see in their work, as well as an outstanding report to see if there was anything that could be done at Ottley.

Care staff took over managers' meetings by giving presentations on how they thought they could "steer the ship" and then their changes were implemented.

The ultimate goal was for a Care Assistant to feel so empowered that if the Manager didn't come into work that day, they could go and sit in the Manager's chair and do their job for the day.

We've had five people now leave and go on to University. We've lost five members of staff, but we've won because they're off to get a degree and be a nurse and realise their dreams. They might come back to us, they might not do, but we've won."

## Cultural change

Jamie's improvement drive was supported by Davina Mcloughlin (now Registered Manager) and Claire Williams (now Deputy Manager) who both joined Ottley in May 2015 to help with the challenge. Davina says, "Across the whole home it was about changing people's ways of work and there was lots of resistance to sort out at the beginning. It was completely broken so we had to restructure everything and start again."

Claire remembers it was the culture within the home that was the main obstacle: "With other managers having been and gone, there was real confusion. So we had to work on that – not only through putting clear structures, meetings, support, boundaries and expectations in place – but by gelling as a team on the floor. We got our uniforms on and were hands on so staff could see and believe for themselves that we weren't just talk – we really were with them."

## Staffing

Referring to his first walk around at the home, Jamie says "It was like the 'Wild West' in here. You could see staff that really shouldn't have been here – poor dress sense and clearly not interested. But there were others who really loved the home, had been here a long time and wanted it right. I felt that through bad leadership the home had got to a state and I felt sorry for the staff who wanted it to be right."

One of the biggest challenges for Jamie was tackling the reliance and cost of agency staff: "The home was running on about 250 agency nursing hours a week and about 300 hours of care. So instantly you've not got a team at all. The key was to recruit the right staff as quickly as possible."

Jamie adds, "I was quite specific that we would use agency until we got the right people. Eventually we sorted out the recruitment and whittled it down until it was zero agency. Then we could really start to build a great team."

Adrian, Care Assistant, says, "We were sceptical to start with, but within a few months we could see it was working. Our own staff started walking through the door again thanks to the recruitment drive."

## Person-centred care

Davina tackled the lack of proper systems, processes, procedures or audits being carried out in relation to people's individual care plans. As David Morris explains: "Before, my Mum's end of life care had been lost three times. I don't think they ever did a care plan. The whole attitude to procedures now is different. There's a structure in place and you know everything is running properly."

Jackie Clegg, Administrator, says, "There's now two folders of people's care plans for each unit that are checked twice a day. From checking the

notes on nursing needs – to maintenance and housekeeping – everything is continually looked through and updated thoroughly.”

Kat Lynch explains that it’s everyone’s job to make sure that people using services are at the centre of everything they do: “I don’t just do the catering; I got Level 2 in Dementia Care Services and get involved with the activities too. On the Memory Lane Unit, Jackie and I now make memory boxes for people here and encourage the family to bring photos in.”

**“There’s a lady here who is 98 and wrote a book about her life and gave me the section from 1939 to 1945 – I placed it onto a board and it’s now in the coffee lounge for everyone to see and celebrate. It’s fantastic for the residents, and anyone coming into the home, to see and read their stories like this.”**

Kat Lynch, Head Chef



## Looking forwards

Jamie says, “I want to push this service forward, and you’ve got to think creatively to do that. That isn’t necessarily about having good activities in Ottley, it’s about getting our residents out of the home to do good activities elsewhere in the community. To get the outstanding rating, you and everyone you work with has got to want it and you’ve got to want it so bad that it’s painful – I go to work every day with that mind-set.

### JAMIE’S TOP TIPS FOR IMPROVEMENT

- ✓ Having a clear vision of where you’re trying to get to is vital.
- ✓ You need high standards of discipline.
- ✓ Staff should understand their roles and responsibilities thoroughly.
- ✓ Support staff to be free thinkers and give them the opportunity to express their views and ideas.
- ✓ Take risks – never be frightened to let your staff make a decision. If it’s wrong, you can talk about it afterwards.



# The Potteries Care Home

**January 2017**

Rated as good

**October 2015**

Rated as requires improvement

**March 2015**

Rated as inadequate

The Potteries is a purpose built home for up to 80 people who require either nursing or personal care near Poole in Dorset. It is run by Care UK Community Partnerships Ltd.

The home is divided into three separate living suites. The ground floor is for people who maintain a degree of independence; the first floor is for people with dementia; and the third floor is for people who require nursing care.

We inspected the home in March 2015 and rated it as inadequate. A follow-up inspection in October 2015 moved the rating to requires improvement, and an inspection in January 2017 resulted in an overall rating of good and good ratings across all our key questions.

## Reaction to the initial inspection report

As a new home, the Potteries had a difficult start. The closure of a nearby home resulted in more residents being admitted at a faster pace than had been expected (42 in less than seven weeks), and there had been instability due to a number of temporary managers covering for the home's manager who was on long-term sick leave.

**“The first report was not unexpected. We knew bringing in as many people as we had to meant we wouldn't be spot on, but I had not expected it to be that bad.”**

Alison Holloway, Business Administrator

Michelle Stokes, who manages the dementia suite, says “the report was really upsetting because everyone worked so hard” but she recognised that the frequent changes in leadership had taken its toll.

## Approach to improvement

Zita Turner led the work on improvement. She joined the Potteries as a Unit Manager from the nearby home that closed, but stepped up as Interim Manager and then successfully applied for the permanent role.

With her line Manager and Clinical Governance colleagues, Zita consolidated all of the issues raised in the CQC report into a service improvement plan. This plan was then followed to deliver, monitor improvement and measure sustainability and the actions that needed to be taken.

To support the improvement work, Care UK’s head office provided an operational support manager and other resources through its quality improvement and governance teams. The company also put a stop to new admissions while the home worked on improvement. While this helped by taking pressure off staff, it meant no additional income was available.

Zita developed the service improvement plan, which was shared with head office. This wasn’t done in isolation; she held a staff meeting where she told staff about the rating and asked for ideas from care staff. Zita also personally carried out all one-to-one staff appraisals to get feedback from everyone about what they thought had gone well and what had not gone well.

An early priority for Zita was to appoint a clinical lead to get to grips with some of the issues highlighted by CQC’s report, such as concerns about the management of medicines and medication, and focusing on training for nurses.

It was also, says Zita, “about forming good teams. We now have great leadership and have a whole-home approach, where everybody helps. Team leaders need to remain united, have a positive attitude and support staff.” Managers spend time helping out ‘on the floor’, which reassures staff “that managers understand what the job is”.

## Cultural change

From the start, staff were encouraged to share their ideas about improvements. According to Michelle Stokes “Zita was asking how things should be done. She has an open door and she likes ideas.” Hayley Ansell echoes that: “Zita is really approachable. We are able to voice our concerns. She’s firm but fair.”

Staff feel more valued and there are monthly staff awards, where staff nominate colleagues. Managers recognise staff efforts in less formal ways, such as leaving a box of chocolates in a nurses’ station and arranging nights out.

## The turning point

Given the instability that had affected the home’s performance, it was important at the start to bring staff together with clear leadership that involved staff and listened to them. But it wasn’t always plain sailing. At an early stage Zita and the new clinical lead organised a Sunday picnic in a local park for staff. They took food and games, but nobody came. However, they took some pictures of themselves, and put them on noticeboards in the home. “This was a turning point”, said Zita. “It showed staff that we were committed.” Soon after, they arranged a bowling evening and staff turned up in numbers.



## YOPEY Befrienders

The Potteries has teamed up with local schools and YOPEY, the Young People of the Year charity, to help recruit about 60 students from local schools as 'Befrienders'.

Residents look forward to the regular visits, and enjoy chatting with the students over tea and cake – often reminiscing about the residents' younger years.

It's an inclusive culture, with all staff encouraged to engage with residents. For example, members of the maintenance team help with lunches and Head Chef Sarah meets with families and residents regularly to discuss diets.

## Staffing

The lack of continuity was evident in the reliance of the Potteries on agency staff. At one point, agency workers were covering 600 hours of care a week. Zita's view, shared by many colleagues, was that it would be in the best interests of residents and staff to cease the reliance on agencies. Dementia Unit Manager, Michelle Stokes, emphasised the value of residents having care staff that they know: "They like familiar faces and that makes them more settled – and it makes our job easier."

**"Having agency staff put quite a lot of stress on permanent staff. Some were a pleasure to work with but they had different training and it felt like we were doing two jobs. Stress levels went right back down when staffing went up."**

Hayley Ansell, Healthcare Assistant

While there was an urgent need to bring in new permanent staff, they had to be the right staff: "We have a two-week induction period and we try to get new people to start together in the first week of the month. It's two weeks before they even start to shadow and then they'll spend two weeks shadowing shifts. The clinical lead did a lot of work to make sure 'buddies' were supporting new staff in the right way." Zita meets all new starters and also meets them after they have been at The Potteries for a month: "It's good to get feedback from fresh eyes."

Training overall has been improved, with the Clinical Lead working with staff to raise awareness and improve practice in areas such as stroke care. Head Chef Sarah Beaumont said she is also able to attend training to help improve, for example, the choices she can offer people on restricted diets.

## Communication

At the time the home was rated inadequate, internal communications were poor, with staff sometimes receiving mixed messages from managers. This has been addressed in a number of ways; for example, there is a short daily managers' meeting at 10am, the notes from which are posted in staff rooms and fed back through regular team meetings.

Zita has a 'flash' meeting every day at 3pm to get updated on issues on each floor.

Karen Russell, whose mother is a resident in the home, and who works in the home as a volunteer to do arts and crafts with residents, says she is kept informed and asked for her views through family meetings. There are also resident meetings every two months.

## Person-centred care

More rigour has been brought to care plans, making sure they are developed with residents and families and ensuring that they are followed. Alongside care plans, every resident now has a 'life history book' that includes memories and photos and a range of information about what they like to do. "The activities team needs to evidence how activities link to someone's life history and the information in the books are integrated with daily care", says Kimberley Devlin, Deputy Manager and Clinical Lead.

The home makes a special occasion of the monthly review of a resident's needs. When the review is due, the person becomes the 'Resident of the day'. During the day staff update the care plan and carry out medicines and risk assessment reviews; the Head Chef will spend time with the person chatting about meals and will also serve the resident a special meal of their choosing. In addition, staff check that the person has plenty of toiletries and clothing and the housekeeping staff carry out a deep clean of the person's room. Activities staff also arrange something that the person specifically wanted to do, or something based on the person's life history book.

## Working with partners

The Potteries has a Customer Relations Manager, Rachel Wood, who works with external networks such as dementia support groups, memory clinics, the Women's Institute and church groups. Roz Hanson who, along with her husband Tony, runs a befriending service for older people, speaks highly of the way the Potteries has embraced their work. "Rachel has provided us with booklets on subjects, such as dementia, which we can give to our clients. She's told us we can bring people along to join in with activities in the home. There is a real buzz in the home and people always seem happy."

The Potteries has good links with the local authority – the home has a mixture of local authority and private paying residents. There are also now better links with local GPs and district nurses. The home ensures that GPs and district nurses are contacted just once a day with all relevant information. There is a weekly GP round.

### ZITA'S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Good management with a robust leadership team is key.
- ✓ Empower your team and engage with staff.
- ✓ Support from head office can make a real difference.
- ✓ Balance being a good listener with tightening up on policies.





# St Cecilia's Nursing Home

**January 2018**

Rated as good

**November 2016**

Rated as requires improvement

**May 2016**

Enforcement action taken and rated as inadequate

St Cecilia's is a nursing home, providing a range of services for physically disabled adults in Bromley, Kent. Run by the charity Leonard Cheshire Disability, the home accommodates up to 30 people, most of whom have very complex needs.

In June 2015 the home was inspected and rated as requires improvement before deteriorating further and rated as inadequate in May 2016. But by January 2018 the home had turned things round significantly and was rated as providing good standards of care across all of CQC's five key questions and overall.

## Reaction to the initial inspection report

Peter Keelan, Director of Quality, says "It was immensely frustrating as we'd had several inspections over a period of time all pointing in a particular direction, but we had not been able to get sufficient traction on the improvements. There was a lot of reflection and analysis at that point. It wasn't around a lack of understanding of issues, it was around a lack of our ability to grasp them and change them."

Families and staff were particularly saddened when St Cecilia's was given a poor rating, as it is described by many as a flagship service, known well in the local area. Sisters, Josephine McCoy and Anne McCoy, came here 14 years ago to oversee the care of their Mum. They say it initially felt like "winning the lottery" and they had a positive experience for many years. However, over time they became aware of difficulties and real issues with staffing. Anne says: "You're putting 100% trust in the place; you knew

people were trying their best but the structure wasn't working and they didn't make us feel involved."

Josephine adds: "We could see the chaos, they were so short staffed. Our Mum is really vulnerable; she can't speak or communicate and needs an incredibly high level of nursing. We were worried that anything could be happening to her behind closed doors."

Roselyne Ncube, Clinical Nurse Lead, and the only permanent member of the nursing staff at the time, notes that even though she had only just started, she "wasn't really surprised" as the report outlined what she saw was happening in the service. "When I got to St Cecilia's I could tell things weren't in place, there wasn't much support and I really felt like leaving."

However, the benefit of its good reputation was that staff and families were totally invested in the improvement journey and were determined for the service to get back to its former glory. Jane Lightfoot notes St Cecilia's former "good reputation" was one of the reasons she decided to take up the position as Manager to lead the improvement work.

## Approach to improvement

Jane's initial priorities were to organise the care plans, then refurbish the care offices, while trying to lift morale. Jane also set her sights on significantly improving recruitment and trying to establish a more permanent staff foundation. She says: "I wanted to look at recruitment because no service can run on its own. It's all about the team."

Pauline Fretwell, Head of Operations, confirms: "Morale was dire. The previous manager had been off sick for a while, the Deputy Manager had left and this all meant staff were at their wits end. Relatives also felt like they didn't have the ear of anyone to listen."

## Communication

Peter Keelan notes that a key learning area was around engaging earlier with families and relatives. He says, "Our relatives group told us how disappointed they felt that they didn't see me or another director in the early days. They wanted confirmation that this wasn't going to be a short-term fix and that we were taking the problems seriously. We spent a lot of time at the service on improving things, but not enough time talking to and reassuring relatives and residents. Where we have services in that situation now, we meet with families and relatives at the draft inspection report stage so that we can have a very early discussion around what's going on and what's coming down the road. That way people are not finding out through rumour or via the local press."

It wasn't just communication with families and relatives that needed to improve. Pauline adds "Even on a staffing level, you found there'd been little communication – good or bad. They know there's been a CQC report but you need to go through it and explain why, what and how we're going to change things. Once they understand then generally they get on board. Otherwise, they don't feel valued."

She explains: "The response to call bells was very poor with too many delayed responses. So, we asked staff 'If you were sat in bed and had to

**"We knew there was a lot to do but, as residents, we didn't quite know how much 'a lot' was. The fact that we didn't have enough staff to provide continuity of care didn't help and I was concerned the home would close. But I had faith that things would turn around. The ball began to start rolling when we got more staff to help with the paperwork, training and supervisions. Once you start seeing things happen and see things done, it inspires more confidence in the managers."**

Margaret Keep, who has lived at St Cecilia's for over three years



**“It’s much easier to communicate and talk directly about any of our concerns now. The staff are all lovely to us.”**

Tom and Wyn Waller,  
parents of a resident



wait 20 minutes – how would you feel?’ After a relatively short time, you could see response times getting quicker, with staff even starting to get competitive about it.”

Good, open and clear communication was highlighted as a key factor that could help overcome a lot of the initial barriers to improvement. Physiotherapist Lynda Beadnall notes that just feeling like “you are being listened to” was crucial and “management talking to us and listening to us made us feel like we are part of a team” and the decision-making process.

Ralph Munro is Chair of the friends and families meeting. His wife has been cared for at the home for 10 years. Ralph notes that better communication was achieved through regular meetings every month, instead of every six to eight weeks as they had been. He says: “The meetings are not about being confrontational. It’s about everyone – Jane, families, residents and volunteers – hearing the same answer at the same time and not feeling inhibited. Those who attend are more prepared to say what they feel now and I do notes afterwards.”

## **Ensuring person-centred care**

The first thing Jane did to help the service improve was to create more person-centred care plans. “I asked to look at a care plan, and said ‘oh my goodness’, because they weren’t organised in the right way. I wanted to get new folders, and get all files audited and separated into support plans, health plans and DNR (do not resuscitate) information so this could be accessible to anyone who wants it.”

Josephine and Anne’s Mum can’t speak, will need palliative care soon and is DNR. They explain the impact of their Mum’s care plan not being in order: “One time, our mother was taken to hospital and shouldn’t have been because of the DNR paperwork. The ambulance service had to take us to one side and tell us that the DNR was only a copy, not an original, which was really serious. They said ‘we know we shouldn’t take this woman to hospital but we have to’. Now, all of Mum’s notes are in order, which is fantastic.”

## **Leadership**

St Cecilia’s struggled most when there was a lack of leadership at the top. It was when there was a period of stability in management that the service could really start to improve.

Roselyne remembers when she first started her job: “There was no one to manage us, there were no supervisions and no one to support us. This meant that if we needed anything we had to call head office.” At the time she felt like the home was just “troubleshooting”.

Acting Manager, Pauline, was then appointed. Lynda notes that she now felt “listened to” and could raise “issues about needing more equipment”, that she hadn’t felt able to before.

The service began to further improve when Jane was permanently appointed. Roselyne comments: “When Jane came in she changed things around and started involving the nurses in how we were going to implement changes very quickly.”

## Supporting staff

The value of training and a move to having more permanent nursing staff that can provide better continuity of care has been instrumental in providing a higher quality service for residents at St Cecilia's.

Roselyne notes that when she first worked at the home, "There was no one to properly induct me, apart from head office. I had to find my way through everything alone as there was no one to manage us and there were no supervisions."

Lynda says the improved communication has made a significant difference to staff training and awareness. She points out the home now has a "visual guide of how to position a wheelchair" so that all staff members can do it the correct way.

Jane also recalls that when she came on the improvement journey a year ago one of her key goals was to try and retain more agency staff on a more permanent basis. She says: "I was able to recruit two previous agency staff to become permanent members of the nursing team."

## Cultural change

With new leadership and a new nursing team, a change in culture at St Cecilia's soon followed. Margaret says: "The culture became more open. You used to have to raise the same issues at meetings. Now, things are different – there's no need for a topic from the last meeting to come up again as it's already been resolved."

Anne explains, "I can send an email on a Sunday afternoon and Jane will have replied by Monday morning with an answer to my question. If I get a response then I don't feel cross or anxious because I know I'm being listened to."

Josephine adds: "Before, if we came to management we were made to feel like we were in the wrong. We don't feel like that now. Jane never makes us feel like we're making a fuss."

Lynda emphasises that an open culture where everyone is continuously learning is key to a good service: "Before, I didn't want to come to work; there was a toxic culture of being too scared to ask questions. Now, it's a pleasure to come in and if there's a problem we can sort it out immediately."

### JANE'S TOP TIPS FOR DRIVING IMPROVEMENT

- ✓ Be a clear and visible leader.
- ✓ Listen and communicate.
- ✓ Remain tenacious. Improvement's not going to happen overnight, so don't give up.
- ✓ Don't put a rosy tint on the situation – be transparent.

## Being inducted into the whole service

Induction in the home has improved considerably. Staff go to all the departments to see how everyone is supporting the resident. Clinical Nurse Lead, Roselyne Ncube says "This means the care is much more holistic."

**"When I first met Jane she gave me a hug and I just cried. She told me she'd put coconut oil on Mum's face every morning and I just felt, 'oh my God, this is the beginning of real change.' If we want to talk about anything, we go straight to Jane. She says 'come in, sit down, let me hear what the issues are.' She puts in so many hours. She's open, honest, loving, efficient, dedicated – she's just there."**

Josephine McCoy, whose mother is a resident



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