

# Empowering U Healthcare Limited

## Charnwood

### Inspection report

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West Midlands  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Charnwood is a 'care home' without nursing and is registered to provide accommodation and support for 19 people. At the time of our inspection, there were 14 people living at the service. People living at Charnwood were older people, some of whom were living with dementia.

People's experience of using this service:

People were not always safe living at Charnwood. Whilst most risks to individual people's health, safety and well-being had been assessed and acted upon, we identified avoidable environmental risks during the inspection.

The provider had not addressed the areas of the building which required updating, maintenance and making safe. Some of these areas posed both safety and infection risks to people and staff.

People were happy living at Charnwood, felt safe and enjoyed their lives there. They received personalised care and support which met their needs and preferences. Each person had a care plan in place.

Staff were recruited safely and only those staff suitable to work with vulnerable people were employed. Staff received supervision and appraisals in their work. People received care and support from staff who had been trained to do their jobs properly and who worked as a team.

People were supported by kind and caring staff who promoted independence and a sense of well-being. There was enough staff on duty to meet people's needs. Positive and trusting relationships had been built up and staff knew people and their families well. People were treated with privacy and dignity and spoken to in a respectful way. The service ensured people were not discriminated against and promoted equality and diversity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

Accidents and incidents were analysed to identify any patterns or trends. People were protected from potential abuse by staff who had received training and knew how to raise concerns.

Where specialist advice was required, the service contacted the appropriate professionals.

People received their prescribed medicines safely and were offered and enjoyed a variety of meals.

There was new leadership at the service and the registered manager promoted an open culture.

There was a homely and welcoming atmosphere at the home. People were aware of how to raise concerns if they needed to.

There were effective quality assurance systems in place to assess, monitor and improve the quality of the service provided. People, relatives and professionals' views were regularly sought and acted upon.

We have made one recommendation about the lunchtime experience.

Following the inspection, the registered manager sent a comprehensive service improvement plan as agreed with the provider. This included all the areas of concern identified during the inspection and gave timescales for completion. This will be monitored and followed up on the next inspection visit to the service.

Rating at last inspection:

At the last inspection the service was rated good in all areas and as an overall rating (4 November 2016).

Why we inspected:

This was a planned comprehensive inspection based on the last report rating.

Follow up:

We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well Led findings below.

**Requires Improvement** ●

# Charnwood

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one adult social care inspector and one adult social care manager.

#### Service and service type:

Charnwood is a care home for 19 people without nursing. People who live in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

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

#### Notice of inspection:

We visited the service on 14 May 2019 and it was unannounced.

#### What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required to send us by law. The registered manager had completed a provider information return (PIR). This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the visit the inspection team spoke with 9 people living at the service. A number of people who lived at Charnwood were unable to speak with us because they were living with dementia. We therefore carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experiences of those people who were unable to speak with us about their life at Charnwood.

We spoke with: the registered manager; six staff including senior care workers, care workers, housekeeper; six visiting relatives, and one visiting health care professional.

We looked at three people's care records in detail and sampled other records. These included: risk management records; mental capacity assessments; medicine records; food menus; staff recruitment, training and supervision records; accident, incident and complaints records; audit and quality assurance reports: infection control, and statutory notifications.

Following the inspection, the registered manager sent us further information relating to the running of the service and the improvements they had made since the inspection took place.

# Is the service safe?

## Our findings

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

At the last inspection, safe was rated as good. At this inspection the rating had deteriorated to requires improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

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

- People were at risk by two excessively hot radiators in the lounge area. These were on full heat during a warm day. This made the temperature very hot for people to sit in. The radiators had no safety covers fitted and therefore also put people at risk of burns.
- Two smaller windows in the ground floor lounge had no restrictors fitted. As the service was adjacent to a main road, this put people at risk from unauthorised people entering the building and was a risk for people who should not leave the building unaccompanied. All other windows in the service had restrictors applied.
- The laundry room contained exposed hot pipework. People using the service could enter the laundry without restriction. Despite having a keypad fitted, this was not used throughout our visit.
- The kitchen was dirty and unclean. The cooker extraction canopy had grease and dust attached to it which presented a fire risk.

Following the inspection, the registered manager forwarded a service improvement plan (SIP) which had been agreed with the provider. Included were the planned improvements to the safety of the building. They confirmed the deficits in record keeping had been addressed and sent us a copy to demonstrate compliance. Staff had been instructed to keep the laundry area secure at all times and use the keypad to gain entry. A 'deep clean' of the kitchen had been organised to take place by the end of June 2019. The maintenance person was tasked with the boxing in of exposed pipework in the laundry room as a matter of urgency.

- People were protected from risks associated with their individual care needs. Risks had been identified and action taken to minimise these, such as those relating to skin damage and falls. However, other risks had not always been written in the care records. For example, one person displayed behaviour which may challenge others. All staff were aware of the actions needed to be taken to de-escalate the situation. This mitigated the risk and made the impact on people low.
- Where incidents, falls and accidents had occurred, action was taken immediately to minimise the risk of reoccurrence. The registered manager analysed these records regularly to see if a trend or pattern could be identified. All staff had undertaken recent training in falls and knew the process to follow.
- Where necessary, specialist advice from healthcare professionals was sought. The service had a good relationship with the local GPs and community nurses. One visiting health care professional said the service asked for advice appropriately.

## Preventing and controlling infection

- Some areas of the service posed a risk to people regarding infection control.
- The laundry room did not have separation for dirty and contaminated laundry. Contained within this room was heavily soiled bedding and a bin for clinical waste. Due to the small size of the laundry room, the clean laundry basket was placed on top of the dirty laundry trolley. The only other place to put the clean laundry was on the floor. This meant clean personal clothing and bedding were at risk of becoming cross contaminated by dirty laundry.
- The handwashing sink necessary for staff to clean their hands, was difficult to approach due to the extensive pipework in the way.
- The laundry room was dirty and dusty. The floor had cracked tiles which prevented thorough cleaning. It was difficult to keep walls clean due to limited accessibility from equipment.
- The provider had recently installed a glasswasher in the kitchen to be used as a dishwasher. Staff said this did not get crockery clean and, as a result, people's plates and cups had to be washed three times. The glass washer basket contained engrained dirt and grime.
- The back door had no protection from insects contaminating exposed food in the kitchen. This was because the door screen was unsuitable for purpose and open.
- The kitchen staff member had made sandwiches for people's tea which contained meat and fish. These were left out in the kitchen as there was insufficient space to put them in the fridge to keep cool. This posed a risk to people eating the sandwiches some hours later.

The registered manager acted on all these concerns at the time of inspection. We forwarded our findings to the City of Wolverhampton Council – Food Standards Agency (FSA) as they are the lead regulator in this area. The service last had an inspection by the FSA was July 2018 when they were awarded the highest rating of five stars.

Following the inspection, the registered manager forwarded a service improvement plan (SIP) which had been agreed with the provider. This included a plan to build a shed (starting from the end of July) to relocate the existing laundry room by the end of December 2019. They had arranged for a deep clean to take place by the end of June 2019 and improvements to the kitchen to be completed by the end of September 2019. They had plans to install a large suitable fridge by the end July 2019 and a new dishwasher by the end of August 2019. The provider showed a door screen was now fitted appropriately to the kitchen door.

- Staff understood their roles and responsibilities in relation to infection control and hygiene. They wore personal protective equipment (PPE) in an appropriate way when necessary.
- The home was very clean, tidy and homely with no bad odours. People told us Charnwood was always kept clean and personal clothes never went missing. One person said, "Everyday my room is cleaned, including the weekends." One relative said, "... there is no smell as in some places".

## Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- People felt safe and enjoyed living at Charnwood. People knew how to raise concerns about their safety. One person said, "I trust them (staff)" and another said, "If I had a worry, I would talk to one of the senior care workers." Another person said, "Staff always come when I need them and call them."
- The registered manager and staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff had received training in the protection of vulnerable adults and were confident in raising those concerns to the registered manager if necessary.
- Recruitment practices were safe and only those staff suitable to work with vulnerable adults were employed. All the necessary pre-employment checks were carried out prior to them starting employment at the service.

- Sufficient numbers of staff were employed to ensure people had their needs met fully and were protected from unnecessary risks. One person said, "There is enough staff ... I come in every day ... nice and friendly staff, I am glad (my family member) is back here."

#### Using medicines safely

- Medicines were managed safely. There were systems, records and information in place for staff to use if required. These systems were comprehensive, thorough and well organised. People received their prescribed medicines on time and at the right amount. Only staff who had undertaken medicine training gave people their medicines.
- The medicine administration charts had been completed appropriately. There were detailed records of PRN ('as needed') medicine and when and how these should be taken. There was information relating to what each medicine was and what it was used for.
- Staff undertook audits and reviews of people's medicines to identify any issues or deficits.

# Is the service effective?

## Our findings

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

At the last inspection, effective was rated as requires improvement. At this inspection the rating had improved to good.

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

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

- People's care needs had been fully assessed before they came to live at the service and this information transferred into a care plan.
- Each person had a care plan in place. People and their relatives had been involved in the planning of their care and their wishes were respected. A relative said, "I am always informed of anything that changes with (family member's) condition."

Staff support: induction, training, skills and experience

- Staff were trained and had the necessary skills to meet people's individual needs. This included induction and follow up training. This was delivered via electronic and face to face learning from outside organisations or professionals. However, there were no competency checks taking place. The registered manager was in the process of setting this system up to check on staff's hands on practice and ensuring learning had taken place.
- For those staff who required it, they undertook the Care Certificate, which is considered best practice induction training.
- Staff felt trained to do their jobs properly and were up to date with the training required.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

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

- People were supported to have enough to eat and drink in ways which met their needs and preferences.
- People had a choice of food from a menu and one staff member considered the food served as 'traditional meals'. However, during our visit the cook was on holiday and staff were covering the kitchen in their absence. As a result, staff told us menus were not being followed and alternatives were being served. People did not have any complaints about the food and enjoyed their meals. Two comments from relatives included, "The food is very good, which they always enjoy" and "The food is amazing – varied and well presented."
- The service had no specialised diets to follow.
- Snacks and drinks were available throughout the day.
- Staff sat with people at lunchtime and ate together. Whilst there was some good interaction and banter seen during their meal, we felt this could have been improved and extended by staff to engage people in more effective conversation.

We recommend the provider reviews and improves the lunchtime experience for people to take part in.

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

- People were supported by staff who worked as a team.
- Staff were kept updated about people's changing needs by handover and written communication.
- Where people needed support from other healthcare providers, such as GP's or Speech and Language Therapists, referrals were made promptly. One visiting health care professional said, "This is a friendly place and we work with the staff". A relative said, "Any medical issues are noticed straight away and dealt with promptly."

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

- Charnwood had a homely and welcoming atmosphere. However, some of the areas of the service required updating and refurbishing. This had already been highlighted by the registered manager and by feedback from staff. Improvements had already been undertaken, such as updating the dining room and new curtains being fitted. The updating required is contained within the service improvement plan with timescales for action by the provider.
- The service was in the middle of refurbishing a bathroom on the first floor which would be a second shower room for people to use.
- The service had attractive and secure grounds for people to walk in. There was a variety of seating to choose from.

Following the inspection, the register manager forwarded a service improvement plan agreed with the provider. This showed repairs to the building which included refurbishing of two bedrooms and a shed for increased storage by the end of June 2019.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and assessments had been undertaken. However, these were not always recorded appropriately.
- Staff and management had a good knowledge of the MCA framework and how it applied to their practice. Staff asked people for consent and choices before supporting them.
- Where people required applications to be made under DoLS, these were appropriately completed. There were two people who required a DoLS, one of these had been authorised and one applied for.

Following the inspection, the registered manager sent us a service improvement plan which included a photograph of how information relating to the MCA and DoLS was now recorded. This was now a

comprehensive and complete record with all the information required to guide staff.

## Is the service caring?

### Our findings

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

At the last inspection, caring was rated as good. At this inspection the rating remained good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for and supported by staff who knew their needs, personalities, likes and dislikes well. Staff were able to tell us in detail about individual people they supported and the care they required.
- The majority of the staff group had worked at Charnwood for several years. They had built up positive and caring relationships with the people they supported. Staff sat and chatted with people and their relatives. There was banter and laughter in a friendly, relaxed and homely environment. One social care professional wrote in their review of a newly admitted person, "(Person) happy and content, very settled."
- People spoke fondly of the staff who supported them and commonly used the words "nice and friendly". Comments included, "The girls are fine, they are good girls ... they're all nice and easy to get on with". Two relatives said, "(My family member) is really happy here ... nice and friendly staff" and "All the staff are kind and caring ... they treat (family member) as an individual".
- People and relatives knew the registered manager well. They had not been in post long and were in the process of settling in to the service. They promoted an open culture for people, staff, relatives and visitors. A relative said, "There is a new manager ... they seem fine." One person said, "(Registered manager) is very pleasant, you could go to her if you had concerns, but I have no concerns". One person's face entirely 'lit up' when the registered manager knelt and spoke to them as an individual. This showed they felt comfortable and relaxed in the presence of the registered manager.
- Staff at Charnwood enjoyed their jobs and genuinely cared for the people they supported. A relative said, "They (staff) look after them (people). It's a nice atmosphere." One staff member said, "We are like a family really." Two relatives said, "(Family member) is settled, well cared for, well fed and content ... I couldn't ask for more" and "I can go home in full confidence that my (family member) is well cared for, always clean and happy."
- Staff cared for people's wellbeing. For example, one person had to attend the local hospital for an appointment. The care staff ensured this person was ready to go at the time they needed to be with their hair, make up and clothes ready in time to avoid anxiety to the person. They also made the person's sandwich lunch early so they could leave on time. Their relative said, "(Family member) has had sandwiches for lunch as we are off to the hospital this afternoon, they will have a cooked meal tonight instead." One person commented that staff gave "attention to detail". A relative said, "(Family member) once again enjoys the company around them which is due to the staff encouraging them to socialise which they had stopped doing."

Supporting people to express their views and be involved in making decisions about their care; Respecting equality and diversity

- The registered manager and staff understood the importance of the Equality Act 2010. They ensured people were protected from discrimination due to any characteristics which are protected under the legislation.
- People were fully involved in their care where they were able to. Their care plans included information about people's cultural, personal and religious beliefs.

#### Respecting and promoting people's privacy, dignity and independence

- People living at Charnwood were supported by caring staff who promoted people's privacy and dignity. We saw occasions when staff supported and cared for people in a discreet and helpful way. A health care professional said, "This home has a happy atmosphere ... people always look happy and well looked after ... they are all spoken to appropriately." A relative said, "Charnwood is (family member's) home after home."
- People were able to make choices and decisions in their day to day lives. Comments included, "I can do whatever I like ... they let me do whatever I want", "You can please yourself with what time you go to bed or get up" and "I have a shower every day if I want one ... it's up to me."
- Staff promoted and encouraged people's independence. Care plans highlighted what people could do for themselves and how staff should assist them. One person said, "I love my own privacy and I love my own independence." A family member said, "The staff encourage (family member) to walk (assisting them as they do so) and (family member) feels comfortable with them."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection, responsive was rated as good. At this inspection the rating remained good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- Before they came to live at the service, an assessment was carried out. The service used a 'trusted assessor' service for those people coming from hospital. This meant trained representatives undertook assessments to ensure they were accurate and identified people's needs. The service could then make an informed decision as to whether the service could meet these needs fully.
- Care plans were varied and whilst some contained the information required, others did not. One care plan was accurate to the person's needs but there were gaps in two care plans where people's risk assessments did not always correlate within the plans. For example, one care record did not contain information about their lack of mental capacity to make decisions for themselves and no reference made to the Deprivation of Liberty Safeguards in place. However, despite a lack of recording in the care plans, staff were aware of how to support and care for people properly. Therefore, the impact on people was low in this instance.
- The concerns relating to the care records were discussed with the registered manager. They were aware of the deficits and shortfalls in the record keeping. They were addressing the issue and were introducing new electronic care plans into the service. These would make the information written in the care records more clear, detailed and organised. Senior care workers had responsibility for maintaining five or six care plans. The registered manager was working with the staff to implement the change and support them during this time.
- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard (ensures people with a disability or sensory loss are given information in a way they can understand). Where people wore hearing aids and spectacles, staff ensured these were in place, clean and working.
- People were supported to take part in activities to provide them with stimulation, entertainment and socialisation. One care worker had responsibility for planning and organising the activities programme within the home.
- The activities organiser was very enthusiastic, motivated and organised a full and varied activities programme. Activities outside of the home included; shopping trips, pub meal outings, café trips and a barge trip. Other activities in house included; DVD/takeaway nights, motivation/exercise workshop, Tai Chi, hand massage, arts and crafts, games and puzzles, cooking, gardening and church visits. A summer fayre was scheduled to take place in July which people were looking forward to.
- Activities were also based on people's individual interests. For example, one person followed motor racing, so the activities organiser promoted this interest. Another person took charge of feeding the fish in the pond in the garden and saw it as 'their job'.
- There were photographs on the wall of activities people had enjoyed. These included the recent Easter

baskets made. On Valentine's Day, people were given a red rose to celebrate the occasion of love.

- Special occasions, such as birthdays were celebrated with parties, balloons and cake. People were also included in care worker's special personal occasions, such as birthdays and anniversaries. One person showed excitement at a forthcoming care worker's celebration and they happily chatted about what they would do on the day and what sort of cake to have.
- Relatives and families were involved with the running of the home and activities where possible. The activities organiser said, "It is very family orientated here . . . sometimes it's like Piccadilly Circus." On our visit, the home was filled with a constant stream of family and friends who visited their relatives and spent time with them. There was chatter and laughter throughout the day.

Improving care quality in response to complaints or concerns

- People were encouraged and enabled to share their views where possible to improve their care. Regular feedback was sought where people were asked for their opinions.
- Systems were in place to address any concerns raised. There had been no recent complaints.
- Relatives said they had confidence that the registered manager would listen and act on any information given.

End of life care and support

- The service worked in close liaison with the GP and community nursing team who supported the service with people at the end of their lives.
- Staff were made aware of people's decisions on their end of life care and any specific requests. They ensured people were treated with respect and dignity and their religious beliefs listened to and upheld.

# Is the service well-led?

## Our findings

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

At the last inspection, well-led was rated as good. At this inspection the rating had deteriorated to requires improvement.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since the last inspection, there was a new registered manager in post. They had been registered with the Care Quality Commission (CQC) in March 2019 so were new to their leadership role at Charnwood.
- Since working at the service, the registered manager had worked hard to address some of the issues we found at inspection, such as improving the fabric of the building and staffing issues. However, there were other concerns we found which had not been addressed (refer to safe, effective and responsive sections of the report). A service improvement plan, including timescales for action and agreed by the provider, was not in place to rectify the deficits found.
- The provider had instructed an outside professional organisation in December 2018 to carry out an inspection of the service to give them an idea of their current quality rating. From that, there were findings which had required immediate action. The registered manager had addressed these. Other areas for improvement were still being actioned.

Following the inspection, we received a comprehensive and detailed service improvement plan which gave CQC the assurance the concerns had been taken seriously. This will be monitor, followed up and used to inform the next inspection.

- The service had clear lines of organisation, but staff were not fully clear about their individual delegation of roles and responsibilities as these had changed recently. The registered manager was working on identifying the staff team's strengths and weaknesses to develop these roles further.
- The registered manager undertook a variety of quality audits. Any issues raised were addressed and dealt with appropriately and included in the service improvement plan. They had increased the auditing system to include more areas to look at, such as care plans and medicine management.
- The registered manager was aware of their responsibilities to provide the Care Quality Commission with important information and had sent in the statutory notifications required.
- There was an up to date statement of purpose which described the service aims and objectives as "... offering a highly professional care service for the elderly and those living with dementia and a personal touch". The vision for the service was to be "... the best next thing to home." This practice was displayed by

staff during our visit.

- All health and safety checks were undertaken as required. Equipment had been serviced and maintained in line with their individual contracts.

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

- The registered manager was visible at the service and people, relatives and friends knew and saw them regularly. They promoted an 'open door' approach and staff spoke of the registered manager's quiet and gentle approach.

- Staff were in a transitional phase and still getting used to the registered manager and comments included, "The change of manager has been difficult as they are more laid back than the previous one" and "It's been a big change ... I feel a bit lost at the moment." Whilst staff had these anxieties, this did not affect the atmosphere of the service and staff ensured people were unaware. People and relatives said the service was well run. One relative said, "The new manager is lovely". A visiting health care professional said, "The service runs very well and it's very friendly."

- Feedback from people and relatives was sought in various ways, such as meetings and questionnaires. The last questionnaire was sent out to people, relatives, care professionals and staff in September 2018. The feedback had been analysed and showed a high degree of satisfaction with the service. There were many positive comments and a consistent score of either "very good" or "excellent". Family comments included, "You cannot improve on perfection" and "Continue the good work".

- With the exception of senior care staff meetings, staff meetings for all staff had not been held regularly. However, the registered manager was in the process of organising meetings to listen to staff views, involve them in the running of the service and improve staff morale.

Continuous learning and improving care; Working in partnership with others

- The registered manager was engaged during the inspection and dedicated to improving the service.

- The service learnt from their mistakes and worked hard to prevent a reoccurrence, such as when accidents happened.

- The service worked well with other organisations. They had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people.

- The service had some links with the local community, such as the local school. This was an area the registered manager wished to develop further.