

Integra Care Management Limited

374-376 Winchester Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this inspection on 13 February 2017. The inspection was unannounced. 374 – 376 Winchester Road provides accommodation and support for up to eight people who have a learning disability or autism. There were six people living at the home when we carried out the inspection.

The home was last inspected on 13 July 2016, when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued warning notices telling the provider they must make improvements. We subsequently inspected the service on 21 November 2016 to check that improvements had been made and the warning notices had been complied with. At that inspection, we found that improvements had been made. At this inspection, we found that improvements had been sustained and the service was providing care in line with the regulations.

A registered manager was not in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was currently in the process of registering the manager for the home.

Staff spoke highly of the manager and told us they had made changes around the home, which had a positive effect on the safety, efficiency and effectiveness of the service provided. The manager promoted an open door policy, where people or staff were encouraged to come to them with issues, concerns or suggestions.

There were systems and processes in place to monitor the safety of the home and the quality of care. The manager carried out regular auditing and checking of staff competence in their role, then shared feedback and learning to the staff in supervisions, team meetings and training sessions. Incidents were used to enhance learning, understanding, leading to changes to prevent them re-occurring.

The home had a system in place to safely manage people's medicines. Where people required medicines for pain or anxiety, clear plans were in place to support staff to understand when they were needed. People had access to healthcare services were supported to follow a diet in line with their preferences and dietary requirements.

People's care plans were detailed and person centred, identifying steps staff needed to take to maintain people's safety, keep them active, monitor their health and wellbeing and uphold their dignity. Staff were knowledgeable about people, had received relevant training and possessed the skills required in order to effectively support people and keep them safe.

People were supported to lead an active life in the community and staffing had been arranged to enable them to follow their arranged activities as planned. People were encouraged to build their practical skills

and participate in the upkeep and cleanliness of their home environment.

Staff sought consent from people before providing care and support. People's ability to make decisions was assessed in line with legal requirements, ensuring their rights were protected and their liberty was not unlawfully restricted. Decisions were taken in the best interests of people.

A complaints policy was in place. The manager investigated issues and concerns, reflected on feedback and ensured they fed back findings to people who made complaints. The provider informed CQC about important events that happened within the home, in line with regulatory requirements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Systems were in place for the safe management of people's medicines.

Staff received training in safeguarding and understood how to keep people safe.

Individual risks to people were assessed and managed safely.

Infection control procedures resulted in the home being clean and a safe environment.

There were sufficient suitably qualified staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to support them to be effective in their role.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People had access to healthcare services.

People followed a diet in line with their preferences and dietary requirements.

### Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and privacy.

Staff were knowledgeable about people and cared for them with dedication.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided guidance to monitor people's health and wellbeing.

There was a complaints policy in place.

The home provided accommodation for people who required respite services.

People pursued a varied range of activities of their choosing.

### **Is the service well-led?**

The service was well led.

The manager had made changes to the running of the home, which fostered a positive culture within the service.

Effective auditing systems were in place to monitor the safety of the home and the quality of the care.

Incidents were analysed to look for triggers, causes and ways to reduce future occurrences.

The manager had applied to register with CQC and their application was being processed.

**Good** ●

# 374-376 Winchester Road

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 13 February 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

We spoke with two people living at the home and two relatives. We also spoke with the provider's area manager, the manager, five care staff and the provider's quality auditor. We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed staff supporting people in communal areas, and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The home was last inspected in July 2016, when we found three of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a follow up inspection in November 2016, we found improvements had been made and the provider was meeting the requirements of these regulations.

# Is the service safe?

## Our findings

At our previous inspection, on the 13 July 2016, we identified that people's safety was compromised in some areas. We issued a warning notice which required the provider to make improvements. We returned to the service on the 21 November 2016, and found they had taken appropriate action to ensure people's safety. At this inspection, we found further improvements had been made and the identified concerns had been addressed.

At our inspection on 13 July 2016, we identified that the provider had failed to ensure they had safe systems in place to manage people's medicines. This related to safe storage, recording, auditing processes and guidance for staff to follow to support people with 'as required' (PRN) medicines. During this inspection, we found that the manager had made improvements, implementing a robust system to manage people's medicines.

The manager had introduced a medicines management system, which involved checking level of medicines stocks daily and weekly. Staff also cross-referenced medicines administration records (MAR) with stock level at the time of administration. This meant that any errors in administration or recording were identified quickly and staff could seek medical advice promptly. The manager showed us an example of where an administration error by staff was quickly identified using this system. The person's doctor was called immediately and they suffering no ill effects as they received their medicines within the prescribed timeframe. The manager had also introduced a system where two staff checked each medicine was correct prior to taking it to the person. They then each initialled the MAR to confirm this had occurred and the person had received their medicine. This was in line with good practice guidance issued by the National Institute for Health and Clinical Excellence (NICE).

There were systems in place to ensure that medicines were stored safely and in line with manufacturer's guidelines. All medicines were stored securely in locked cabinets within a locked room. Some medicines required storage at cooler temperatures. The manager had a fridge available for the purpose of storing these medicines. Although, nobody was receiving such medicines at the time of inspection, the manager had implemented daily checks on the fridge temperature to ensure that the fridge was suitable for use if required. Some people required a prescribed topical cream. Staff told us how they marked the opening date of the containers to ensure that they were disposed of in a timely manner consistent with manufacturer's guidelines. There was a stock management system in place, which helped ensure the safe return of unused medicines to the pharmacy and prompt re-ordering of new medicines so people had the appropriate supply available.

Some people were prescribed 'as required' (PRN) medicines and had individual guidelines detailing when they were needed. Staff referred back to these guidelines in order to judge when people required these medicines. Each person had their medicines listed, with the reason people were prescribed them and the possible side effects from taking them. This gave staff comprehensive knowledge of why people were prescribed their medicines.

At our inspection on 13 July 2016; we found that the provider did not have in place adequate infection control systems and processes, which ensured that the home was always clean and hygienic. At this inspection, we found significant improvements, which resulted in the home being clean and providing a safe environment.

The manager showed us how they had worked in conjunction with the local authority to improve infection control processes within the home. They had invited representatives from the local authority to carry out an infection control audit of the home. The manager had addressed all the issues identified within this assessment and had implemented a regular infection control audit, which checked the cleanliness of the home environment.

At our inspection on 13 July 2016, we found that people were at risk, as environment risk assessments had not ensured the safety of the home. This was in relation to the safety of window restrictors, maintenance of emergency fire equipment and appropriate storage of flammable items and household chemicals. At this inspection, we found that the manager had made improvements and taken steps to ensure the home was a safe place for people to live in.

The manager had fitted window restrictors to all windows. This allowed for adequate ventilation whilst ensuring the windows did not pose a risk for people falling out of them. We found that all emergency fire equipment was safely stored and maintained. The manager carried out weekly checks of all emergency equipment to ensure their effectiveness in the event of a fire. All household chemicals were securely locked away. This helped ensure the safety of people when they accessed the kitchen independently. We checked storage areas of the home and found that flammable items were stored away from areas which could pose a potential risk, such as near fuse boxes. The manager also completed a regular health and safety audit of the home. This audit prompted the manager to make checks about the suitability and safety of the environment and make changes if potential risks arose.

People and their relatives told us they felt safe at 374-376 Winchester Road. One person said, "Yes, I feel safe". Another person smiled and nodded when asked if they felt safe living in the home. Relatives comments included, "It's all going well", and "It's a stable and safe environment for [my relative]".

The manager followed recruitment processes, which ensured that people had suitably skilled and qualified staff. Recruitment files included an application form with work history, references, and right to work documentation. Staff had attended a competency-based interview and had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

People were supported by sufficient staff to meet their individual needs. Staff were available to support people without appearing rushed. They were responsive to people's requests and were able to spend time talking with people about their day. The manager told us that they were in the process of recruiting staff to replace ones that had left the service. In the interim, an agency provided staff to ensure there were sufficient staff on all shifts. Agency staff had an induction to the service, which included; reading care plans and working with permanent staff so they could give them extra support. This meant that people still received support from staff that they were familiar with and who were knowledgeable about their needs. One member of staff told us, "The agency staff are brilliant, we have the same ones regularly, and they are now a part of the team". The manager told us that people's needs determined staffing levels. All the people living at 374-376 Winchester Road required staff support when leaving the home, staffing had been arranged to enable them to access their regular programme of activities in the community.

Staff had the knowledge to identify safeguarding concerns and act to help ensure people were safe. All staff

received training in safeguarding which helped them identify report and prevent abuse. Staff told us about how they would safeguard people and actions they would take if they thought someone were experiencing abuse. One staff member told us, "I would report concerns to the manager, if the manager wasn't there, then I would go up the chain (senior management)". Another member of staff said, "The safeguarding training was good, it gives you an understanding of what to look out for and how to act to keep the people safe".

## Is the service effective?

### Our findings

Staff possessed effective communication skills to meet the people's needs. We saw staff use a range of verbal and nonverbal strategies to support people around the home. Staff were receptive to people's requests, gestures and changes in body language and were able to adjust their approach or activities to keep people engaged, or offer them distraction to avoid their anxieties increasing. One person's care plan stated that it was important that staff remain upbeat and positive as the person picked up upon the mood of staff, becoming upset or anxious if they perceived negative feelings. We observed staff consistently being overtly positive and upbeat around the person, tailoring their interactions so the person felt occupied and included in the activity happening in the home. As a result of this effective practice, the person appeared relaxed and calm throughout the day.

Staff received effective training specific to the needs of the people living at 374-376 Winchester Road. They were knowledgeable about how to support people's health and wellbeing. New staff to the home received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff had received additional training in supporting people who posed a risk to themselves or others. This training taught management and intervention techniques to positively support people with escalating behaviour. One staff member told us, "Yes, I think we needed that training, dealing with situations every day, means you become accustomed to certain challenges, but you need to have the right teachings and skills in order to apply that knowledge, and I think we [staff] do". Agency staff had also received this training, therefore were able to understand the requirements when working with individuals in the home. Staff updated their training regularly to ensure that they had up to date knowledge and skills to support people.

Staff received an induction tailored to the needs of the people living at 374- 376 Winchester Road. New staff received a standardised induction, which covered reading care plans, studying emergency procedures for the home and working alongside experienced staff in order to get to know people better. The manager told us that some people found working with new staff difficult and that, "Staff need to be introduced gradually, on [persons] terms".

Staff received appropriate supervision and appraisal which helped them develop their professional skills. Staff felt that supervisions had become more interactive since the manager started and it gave them an opportunity to reflect on their professional practice. One staff member told us, "The difference is that now I am shown how to do things. Before I was just left to get on with it and I did not really know what I was doing. I'm a lot more confident now, I feel all the staff are". Another member of staff remarked, "Supervision used to be a one way process, all they would do was tell you the things you did wrong. With the new manager, you get real feedback and can have your say too. Now it feels like it means something". Another member of staff said, "Supervision have changed a lot here, they are now more discussions about how we are doing and what kind of support we need, it's nice to get good feedback too, I appreciate that". Supervision included discussions about staff's wellbeing, job performance, training needs and areas for professional development. Staff all confirmed that they regularly received supervision and felt supported in their role by the manager.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Care records confirmed that where people lacked capacity to make decisions, staff completed assessments using the recommended two-stage test. They consulted with family members and made decisions in the best interests of people. These included decisions relating to the administration of people's medicines and consenting to the content of a person's care plan.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. We saw staff supporting one person to make a choice about their activities through verbal communication, supplemented by Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Another person used a picture board to communicate to their choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found 374-376 Winchester Road was following the necessary requirements. The manager had applied for authorisations which had been assessed and approved by the local authority.

People maintained good health and had access to healthcare services. People had an annual review at the doctors. This helped promote their overall health and wellbeing and helped staff understand people's most current health needs. This information was stored in a document called a, 'health action plan'. This included up to date information about people's health needs and support they required to promote their wellbeing. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. Staff were quick to contact healthcare services such as doctors, district nurses, occupational therapists, speech and language therapists and sensory services (to support people who have experienced sensory loss) when issues with people's health required their professional input.

People were supported to have a balanced and healthy diet at 374-376 Winchester Road. People had their individual dietary needs assessed. This included information about allergies, specialist diets and preferences. Where people required support to monitor their weight, staff supported them to keep a food diary of things they had eaten and regularly check their weight. If required people were supported to receive appropriate meals. For example, one person followed a diet appropriate to somebody with diabetes and another person was following a diet which would aid a gradual weight reduction.

Staff told us people were encouraged to help with meal preparation as much as possible. One member of staff told us, "It's mainly easy things that they [people] help out with, things they can manage. However, everyone seems to want to get involved when there is baking going on! They love it".

## Is the service caring?

### Our findings

People were cared for with kindness and compassion. One person said, "Yes, they are all lovely." A Relative told us, "[Staff member] is brilliant, they are all very good". Relatives felt that the atmosphere in the home had improved since our last inspection and that staff promoted a positive, caring environment. Comments included, "It's a totally different home now", and "I do believe that the ambiance in the home has changed, everything seems to fit together now".

Staff had built up positive relationships with people. Staff were knowledgeable about people's likes and dislikes and spoke with dedication about their roles. Staff showed concern for peoples' wellbeing and cared for them in a meaningful way. In many of the interactions we saw, staff were engaging people using encouragement and humour, using their in depth knowledge about people's likes and preferences to engage them in activities and tasks.

Staff respected people's choice, dignity and privacy. People had free access to move about the home as they pleased. There were different communal areas which people could use. Some areas were busy, whilst other areas were quieter. This meant people were able to retreat to quieter areas of the home without having to go to their rooms. Staff told us that they promoted people's privacy and dignity by knocking on their doors before entering and ensuring that support with personal care was discreetly provided and in a private setting. People's preference for when they went to bed was detailed in their care plans. Some people choose to go to bed in the early evening, whilst other people chose to stay up later. A member of staff told us, "Everyone has their own routine which they follow".

Confidential information about people, such as care records, were discreetly stored in the home away from communal areas. Where staff needed to discuss issues or hand over information to each other, this took place away from people so they could not hear discussions about sensitive information. This helped to maintain people's privacy.

The home had also recently appointed a dignity champion. A dignity champion is somebody who accesses external training and resources to ensure that the service is working in line with the most current principles of dignity within care. At the time of inspection, the homes dignity champion had arranged to attend dignity forums and workshops, which were organised in conjunction with the local authority. The manager told us these would be a place to share good practice and learn how other providers promoted people's dignity.

People decorated their bedrooms in a style individual to their taste. Some people chose to decorate their room with pictures and items personal to them, whilst another person chose to have a sparser arrangement of furniture and decoration as that was their preference. One member of staff told us, "It is how [person] likes it, it may not be to everyone's taste, but we respect their choice". Staff had supported people to display pictures in their rooms and communal areas of the home from events or activities they had attended. People were supported to maintain contact with family or people important to them. One relative told us, "I phone every other day, staff support [my relative] to take the call".

People's records included information about their preferences around end of life care arrangements. People were supported to explore their wishes, which were recorded in a 'last wishes' document. Staff had sat with people to explore choices they could have around their care arrangements leading up and after they passed away. The document was updated yearly and acted as a guide to help ensure people's wishes were respected.

## Is the service responsive?

### Our findings

At our inspection on 13 July 2016, we found that the provider was not always responsive people's needs and that some people's care plans contained inaccurate information, staff did not always fully follow people's care guidance and not all care plans included sufficient information about people's needs. At this inspection, we found improvements and that people were receiving person centred and responsive care.

At our previous inspection, we found that people were not always receiving their care as detailed in their care plans. One person's care plan stated that they liked to keep active, but their care records reflected that they had limited opportunities to access the community due to there not being appropriate staffing available. At this inspection, we saw that the manager had made changes to staffing arrangements to ensure this person could have regular access to the community. We looked at a 16 day sample of their care records where they had accessed the community on numerous occasions (sometimes more than once per day), and were supported to keep active with activities of their interests. Staff told us that the increased activity had resulted in a reduction in incidents for this person in relation to their anxiety. One member of staff said, "Compared to how many incidents used to take place before, [person] is in a much better place. There are still incidents that happen, but not as many". The manager monitored people's support hours to ensure they were receiving the full complement of hours that were allocated.

At our previous inspection, we found that not all care plans contained sufficient information relating to supporting people to manage their anxieties and some contained inaccurate or outdated information. At this inspection, we found that improvements had been made and people's care plans contained detailed information about the behavioural support that people required. One person's care plan detailed how the person liked a certain routine when going out into the community. Staff were instructed to give notice of activities occurring, verbal prompts and avoid time waiting as the person could become anxious. We observed staff following this guidance and supporting the person to access the community.

Care plans were personalised and reflected peoples; life history, medical history, health needs and preferences around activities and routines. They included information for staff to monitor people's wellbeing. Care plans included positive steps that staff could take to support people. This included supporting them to manage their anxieties and working towards goals to promote their independence such as participating in housework or cooking. Care plans were reviewed monthly or when people's health or wellbeing changed. Staff told us they tried to do this with people in order to gain their views and ideas about developing care plans further.

People's relatives felt that the service was responsive to their family members needs and kept them informed of updates or changes. Relatives comments included: "You can ask [the manager] for something and you know it will get done", "The communication has got a lot better, now I receive regular emails, phone calls, it's a different environment, I feel we are working together now", and, "I felt like I was banging my head against a brick wall, trying to get them to listen. The manager has changed all of that".

People were supported to follow leisure and social activities inside and away from the home. One relative

told us, "[The manager] has been brilliant at getting activities booked on regular days, she has even arranged for [my relative] to have a lane on their own in the swimming pool". Each person's activities suited their preference and staff were made available to support people to access them. On the day of inspection, some people were attending planned day activities whilst other people chose to go out for walks or go shopping.

The home provided a flexible respite service for people who required temporary care accommodation. One of the bedrooms in the home had been designated to provide accommodation to people on an ad hoc basis. This room was available for people who required a short stay service as they usually lived with their families, who were their primary carers. The manager told us, "I really like the idea of helping out families and this works for people who want to stay with their families but are in need of respite care". There were examples of testimonials from people who had used the respite service. These included, "Your staff showed understanding and kindness from day one, and the care rates very very highly", and "[My relative] seems a lot happy now [they started using 374-376 Winchester Road for respite services]."

There was a policy and systems in place to deal appropriately with complaints. One relative told us, "I feel they [the provider] listens a lot more now, it's a work in progress, but much better than before". People had copies of the company's complaints policy in the service user guide produced by the provider. The policy had been adapted to an 'easy read' format which incorporated simplified language and symbols. This allowed people who could not read to access and understand how to make a complaint. The manager showed us records of complaints the service had received. All issues brought to the manager's attention were investigated promptly, thoroughly and the manager responded to the person making a complaint with findings from their investigations.

## Is the service well-led?

### Our findings

At our inspection on 13 July 2016, we found that the home did not have an appropriate system to assess and analyse accidents and incidents across the home and lessons were therefore not learnt from them. At this inspection, we found that improvements had been made. The manager had implemented a system which was effective in analysing incidents to put measures in place to reduce likelihood of reoccurrence. The manager had used training and supervisions with staff to ensure they were aware of what constituted an incident, and how it should be reported. One member of staff said, "We are now aware how important it is to make sure we report and record all incidents". The manager collated information monthly about all incidents that took place. They then looked for triggers and trends to these incidents and tried to put measures in place to reduce risks. We tracked incidents for one person who could become quite anxious when they were out in the community. The manager had identified triggers and amended guidelines for staff when supporting the person out in the community. This had resulted in a reduction of incidents for this person.

At our inspection on 13 July 2016, we found that the home's system of monitoring the quality and safety of the home failed to ensure compliance with the regulations. At this inspection, we found that the manager had introduced a system where regular environmental audits helped ensure the safety of the home environment. The provider also had an internal quality auditor who carried out checks on the service, giving it a rating in relation to how, safe, effective, caring, responsive and well led the home was. The manager had recently welcomed representatives from the local authority into the home to carry out a quality and safety audit. We were able to view the results from this, which were overall very positive.

People living at 374-376 Winchester Road and their relatives felt that the home was well run. One person said, "[The manager] is good, I like her". Relatives comments included, "She [the manager] is very committed", and, "[The manager] is very supportive, very good indeed".

At the time of our inspection the registered manager had left the service, a new manager had applied to be registered with CQC, and their application was being processed. Staff spoke highly of the new manager and felt they were supportive. One staff member told us, "It's all changed here now; there was a blame culture from management that is no longer here". Another staff member said, "The manager in all fairness has made the changes that needed to be made". A further member of staff remarked, "The manager has supported us [staff] really well, you can see first-hand the effect the changes have had, they have all been positive".

There was a clear management structure in place within the home. This comprised of the manager and four senior staff, whose role it was to supervise care staff and update people's records. Staff told us they felt supported by the management and felt the home was well run and organised. One member of staff said, "Things have changed dramatically over the last six months. Things are more organised and there is a real purpose about what we are doing". The manager also told us the provider had an area manager that regularly visited the home who had a good knowledge of the people who lived there.

The manager had implemented changes to promote a positive culture within the service, which had

improved staff's motivation and effectiveness in their role. The manager promoted an open door policy where people and staff were welcome to ask for advice or help. The manager told us they had worked hard to instil professionalism and mutual respect between the staff team. One staff member told us, "Now you actually get some praise when you do something well. Success is shared as a team". Another staff member commented, "There are some people who have left that in reality were not doing their job properly, I thought they were doing a good job, but now I know more, I can see why they needed to go". A further staff member remarked, "It is now a lot more enjoyable coming to work. Since the manager has been on board, the atmosphere is a lot more positive".

The manager used a range of resources to monitor the quality of the care. They held regular team meetings, which discussed issues and updates within the home. The manager used meetings as an opportunity to feed back to staff about their practice and take suggestions to improve the service. A recent staff meeting had addressed issues around promoting people's dignity by staff not using their mobile phones in communal areas and respecting fellow staff members, promoting a positive working culture. The manager also regularly undertook unannounced competency based assessments of staff's practice and visited the home during evening and night hours to offer staff support and check working practices and behaviours. This helped enable the manager to have hands on knowledge of the culture in the home and the skills of their staff. A member of staff told us, "We are less complacent now, more open and willing to consider different approaches, change is never easy, but in this case, we needed to change and have. "

The provider and manager understood their responsibilities and the need to notify the Care Quality Commission) CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration. The provider had a whistleblowing policy in place which staff understood how to use. One member of staff told us, "I would have no hesitation if whistleblowing was needed; it's part of our job".