MAPS Properties Limited

Walsham Grange

Inspection report

81 Bacton Road
North Walsham
Norfolk
NR28 0DN

Tel: 01692495818
Website: www.norfolkcarehomes.co.uk

Date of inspection visit:
07 November 2017

Date of publication:
23 November 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 November 2017 and was unannounced.

Walsham Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Walsham Grange accommodates up to 75 people, some of whom may be living with dementia, in one adapted building. At the time of our inspection there were 34 people living in the home.

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

At our last comprehensive inspection on 14 and 15 March 2017 we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of the regulations for safe care and treatment and good governance. During this inspection the service demonstrated to us that improvements have been made and is no longer in breach of the regulations.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Whilst MCA assessments had been carried out, decisions made in people's best interests were not always documented. We have made a recommendation about this.

Staff received training relevant to their role and this training covered a number of conditions that people may be living with. Staff compliance with training had improved but there were still some staff that had not completed all of the mandatory training set out by the provider.

Staff had regular supervision with a senior member of staff where they could talk about any personal or professional concerns in private. New staff completed an induction and would shadow an experienced member of staff before they worked independently.

People were supported to maintain a healthy nutritional intake and risks relating to people's nutritional intake had been identified and mitigated. People's weights were monitored and where needed, people's food and fluid intake was monitored to ensure that they were maintaining a sufficient amount of food and fluid.

Timely referrals were made to other healthcare professionals such as the GP or district nurses where concerns were identified about a person's health or wellbeing.

People's individual risks were identified and detailed risk assessments gave staff guidance about how to manage known risks. Environmental risks were routinely assessed and remedial action was taken when hazards were identified. Servicing of lifting equipment and utilities regularly took place.

There were enough staff on duty to support people and people's dependency was reviewed on a monthly basis to ensure that there were enough staff to meet people's care needs.

People's medicines were stored, managed and administered in a safe way. Staff who were responsible for administering people's medicines had received training in this area. Topical medicines such as creams and ointments were applied as prescribed and there were also safe practices around the application of pain patches.

The home was clean and tidy. There were a team of domestic staff who worked in the service who maintained a good standard of cleanliness. Staff were observed to be wearing disposable gloves and aprons where needed.

Accidents and incidents were recorded and analysed for any trends or patterns. Steps were taken to reduce further occurrences.

People were supported by staff who were kind and caring. Staff interacted with people in a warm and friendly manner and knew how to offer reassurance to people when they became distressed. Staff showed interest in people and knew how to communicate with people based on their individual needs. People were treated with respect and their privacy was maintained.

People were supported to be as independent as possible. People had adapted crockery and cutlery which enabled them to eat independently. Some people had mobility aids which meant that they could mobilise independently.

People and their relatives could attend meetings with the registered manager. They could put forward any suggestions about how the service is run and be informed of any changes within the service.

Staff tried to ensure that people and their relatives were involved in the care planning process. People's care plans were detailed and person centred. People's preferences and preferred ways of communicating were clearly documented.

There were a number of activities provided by dedicated activities staff. These ranged from arts and crafts to games such as table tennis. There was little in terms of activities for people who were being cared for in their rooms.

A complaints procedure was in place and the home had not received any complaints recently. People we spoke with told us that they would feel comfortable with raising a complaint if needed.

People and staff we spoke with told us that the serviced had improved and that staff morale was better. There were a number of quality monitoring processes that had been introduced and these had proved to be effective in improving the completion of paperwork relating to people's care, in particular daily records.

Staff were involved in making decisions about how the service was run and this was done through regular staff meetings.

The registered manager and provider worked with other agencies to improve the quality of the service being delivered.

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.

Individual risks to people were identified and steps had been taken to manage known risks.

Staff knew what constituted abuse and how to report any concerns.

There were enough staff to meet people's needs and there were safe recruitment processes in place.

People's medicines were stored and managed in a safe way and staff had received the correct training to administer people's medicines.

The home was clean and tidy and there were infection control procedures in place.

Accidents and incidents were documented and monitored.

Is the service effective?

Good

The service was effective.

Decisions made in people's best interests were not always documented.

Staff had received training relevant to their role but not all staff had completed the required training.

People's mental capacity had been assessed where required and appropriate applications to deprive them of their liberty had been submitted to the relevant authorising body.

People were supported to maintain a healthy nutritional intake and where people were nutritionally at risk, appropriate advice was sought.

Prompt referrals were made to relevant healthcare professionals where there were concerns about a person's physical health or wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People were encouraged and supported to maintain their independence.

Staff were deployed to ensure that people's needs were met in a caring way.

Staff treated people with respect and upheld people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and person centred and staff had a good understanding of people's individual needs.

People and their relatives were involved in the planning of their care.

People could access a range of activities provided within the home but one to one activities for people being cared for in their rooms was not provided.

There was a complaints procedure in place and people felt able to raise any concerns with the registered manager.

Staff had a good understanding of how to care for people at the end of their life and further improvements were being made in this area.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were processes in place to monitor and assess the quality of service being delivered but these were not always effective in identifying shortfalls.

The registered manager was approachable and open to discussion.

Staff were motivated and morale within the staff team was good.

The registered manager worked with other services to assess the service and what improvements they could make.	

Walsham Grange

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 7 November 2017 and was carried out by two inspectors and a medicines inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback at meetings we attended about the service from the local authority and safeguarding team.

During the inspection we spoke with two people who lived in the home. Due to the conditions that people were living with, some people were unable to tell us about their care. We also spoke with the relatives of four people and four members of care staff. In addition to this we spoke with the provider and registered manager.

We reviewed five people's care plans in detail and looked at people's medicine administration records (MAR) charts. We looked at three staff recruitment files as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits undertaken by the registered manager and other senior members of staff.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 14 and 15 March 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's nutritional and hydration needs were not met and individual risks were not identified, managed or mitigated. We also found that people's topical medicines were not administered as prescribed. At this inspection on 7 November 2017 we found that the provider had made improvements and was no longer in breach of this regulation.

People we spoke with felt safe living at Walsham Grange and people's relatives felt that staff cared for them in a safe way. One person's relative told us that if they were concerned about their relative then they would be happy to speak with one of the nurses. Staff had received training in safeguarding and knew what signs to look out for if they suspected someone was being abused. Staff knew who they would report any concerns to and were aware of in house and external protocols for reporting concerns.

Individual risks to people's health and wellbeing had been identified and risk assessments in people's care files detailed how known risks could be managed. For example, there were a number of people who were at risk of developing pressure ulcers. We saw that the guidance detailed how often the person should be repositioned and how often topical cream should be applied in order to maintain people's skin integrity. We crossed referenced this information with the repositioning and cream application charts for people and saw that staff followed the guidance in people's risk assessments. One staff member told us, "We look out [for any pressure areas] during personal care and if we see any red marks then the carers report this."

Sometimes people could display behaviour that challenged. We saw where it was felt necessary to use restraint, for example holding a person gently, clear guidance was in place to guide staff on how to support people in the safest way possible whilst maintaining their own safety. We saw from one person's risk assessment around restraint that consideration had been given to using the minimal amount of restraint. This included detailing how their personal care needs could be met in the least restrictive way possible.

Environmental risks were regularly monitored through regular auditing and servicing. We saw that utilities in the home were regularly serviced and fire-fighting equipment was tested. Moving and handling equipment was serviced by an external contractor to ensure that it was still safe to use with people.

We looked at the staff rotas and saw that there was consistently enough staff on duty. At our previous inspection in March 2017 we found that people's needs were not met in a timely way. People's relatives and staff we spoke with told us that a recent increase in staffing had a positive effect on how quickly people could be responded to. One person's relative explained, "If [relative] needs to be changed, before you could be waiting for 20 minutes. Now you hardly have to wait." A member of staff told us, "We've got some good staff now, more caring and with more experience. We do have enough staff. We're meeting people's needs." During our inspection we noted that there were sufficient numbers of staff to respond to people promptly as people did not have to wait long when they rung their call bell.

In order to ascertain the correct number of staff needed for the home to run safely, people's dependency was calculated on a monthly basis or sooner if needed using a recognised tool. This helped the registered manager to ensure that enough staff were deployed to meet people's care needs and maintain their safety.

We looked at the employment records for three members of staff and saw that appropriate references had been obtained and that Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) had been undertaken before new staff started work. This helped to ensure people's safety by employing staff who were suitable to work in the care sector.

A member of the CQC medicines team looked at how the service managed people's medicines. This included how information in medication records and care notes supported the safe handling of their medicines.

Medicines were stored securely for the protection of people who used the service and at correct temperatures. Records showed people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks, administration and their records to help identify areas for improvement. We saw an effective system of reporting and investigating any incidents or errors, to help prevent them from happening again.

Staff who handle and give people their medicines had received training and had their competence assessed to ensure they managed people's medicines safely. We observed part of the lunchtime medicine round and noted that staff gave people their medicines in a safe and caring way.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about known allergies and medicine sensitivities. There were additional records in place for higher risk medicines to ensure safety. For example, when people were prescribed medicated skin patches, records showed the patches were applied to different parts of the body each time and also confirming they were later removed before the next patch was applied. When people were unable to communicate their pain levels, pain assessment tools were used to guide staff about whether their pain-relief medicines were needed. When people were prescribed medicines on a when-required basis, there was written information available for medicines prescribed in this way to show staff how and when to give them to people to ensure they were given consistently and appropriately. However, we noted that for some potentially sedating medicines prescribed in this way, more detailed person-centred information was needed.

For people with limited mental capacity to make decisions about their care or treatment and who would refuse their medicines there were records of assessments of their mental capacity and best interests decisions to give them their medicines crushed and hidden in food or drink (covertly). There was also written information available to show staff which medicines were to be given in this way. However, the service should also record that appropriate checks were made to ensure these medicines were compatible with the food or drink.

We noted that the home was clean and tidy throughout. There were full time domestic staff employed and we saw that they would attend to any necessary cleaning in a timely manner. We observed that staff would wear the correct disposable protective clothing when handling food or attending to people's personal care needs. This helped to minimise the risk of cross contamination and spread of infection. Regular infection control audits were carried out and these identified areas from improvement and what dates the remedial works should be carried out by.

The registered manager completed a monthly analysis of any accidents. They identified any trends and would ensure that necessary action was taken to mitigate the risk of any future occurrences. For example, we saw from one person's care records that they were starting to mobilise more. As a result, they were at a higher risk of falls. In order to manage this, we saw that a pressure mat was put in place. This alerted staff when the person was mobilising so staff could attend to the person as quickly as possible.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that some people were deprived of their liberty to ensure their safety. Appropriate applications had been made to the relevant authorising body to deprive people of their liberty but there was a lack of recording as to why certain decisions were made in people's best interests. For example, where a person was assessed as lacking capacity to consent to care and treatment, decisions such as administering medicines or personal care were made in a person's best interests. However, we could not see from the records that other less restrictive options had been considered as part of the best interests decision making process. We highlighted this with the registered manager who told us they would add this to people's care records where necessary.

We recommend that the service explores current guidance from a reputable source (such as the Social Care Institute for Excellence) to ensure that decisions to be made in a person's best interests are identified and documented clearly.

However, we did see that where best interests decisions had been made in relation to the use of bed rails, this was documented clearly. We saw that the rationale and any potential impact of using this form of restraint was evidenced in the person's bed rails risk assessment.

Staff we spoke with had a good understanding of the MCA and were able to tell us why decisions sometimes needed to be made for people. Staff also told us that people had the right to make unwise decisions where they had the capacity to do so.

We looked at the staff training records and saw that the provider had devised a comprehensive list of courses that staff were required to complete. The courses consisted of pressure care, manual handling and fluids and nutrition. The training was delivered either face to face or via online courses. One member of staff commented on how good the fluids and nutrition training was. They told us a member of the SALT team came in and staff tried drinks with thickened fluid in. They told us, "Now I know what it's like for people." Some people who are at risk of choking require their drinks to be thickened and some people don't like this, therefore this training gave staff an insight as to how people may be feeling.

Not all staff had completed their required training as stipulated by the provider. The provider told us that they had tried a number of incentives to encourage staff to complete their training. However, we have noted that staff compliance with training had improved since our last inspection in March 2017. When we spoke with staff and observed their practice, they were able to demonstrate that they had the knowledge to care for people in an effective way that met their needs.

Staff told us that they received regular supervision with a senior member of staff. Supervision is a confidential meeting where staff can discuss any training or personal development needs. New staff were required to complete an induction. One member of staff told us, "New staff have a week of induction which involves shadowing and then a senior carer goes through their induction competency checklist."

We observed lunch being served during our inspection. One relative told us that they thought the food was good and commented, "There's plenty of it." We saw that people were able to choose where they wanted to eat their meals and saw that some people sat in the conservatory and whilst others decided to have their lunch in their room. There was a choice of two meals and we saw one member of staff offering people a choice of desserts. We also saw that people's food was prepared according to their dietary needs. We saw that pictures of the meals for the week were displayed on a noticeboard outside the kitchen and people were asked what they would like for their lunch during the morning. We saw one relative saying to a member of staff that their relative would like the other option as they had changed their mind since they were asked earlier in the day. The member of staff replied, "Of course, that's not a problem, we can change it." People's individual preferences were catered for. We saw that one person liked to eat little and often and would like a variety of small portions of food to pick at. We saw that staff took them small portions of what was being served for lunch.

Some people required staff support when eating and we saw that staff would support people in a patient manner and used this time to have a conversation with the person they were supporting. People were offered light snacks and drinks throughout the day.

Concerns relating to people's nutritional intake had been identified in people's care records and we saw that regular monitoring of people's weight and food and fluid intake was recorded. We saw that some people were at risk of choking and this was clearly documented and people were referred to the speech and language therapy (SALT) team in a timely manner when concerns were identified. Any guidance given from the SALT team about the most appropriate diet for people was documented in people's care records. One relative we spoke with told us that their relative was supported by staff to achieve a healthier weight.

We saw that referrals were made to relevant healthcare professionals when concerns had been identified about a person's health or wellbeing. People's relatives told us that their relative was able to access the GP when they wanted. We saw from one person's weight record that they had lost weight. We saw that a prompt referral for a dietetic assessment had been made and we saw that the person's weight had steadily increased since the assessment. The registered manager told us that they had a good relationship with the district nurses who would come out to visit people in the home. They added that they felt able to contact the district nurses for any advice if needed.

The registered manager told us they often contact other services for advice. We saw that they had recently liaised with a number of agencies to develop a care plan and risk assessment for a person who had some support needs that the registered manager had no previous experience of. Sometimes people used hospital transport to get to appointments. The registered manager told us about one person who would become distressed when using this service and the transport staff refused to take them. The registered manager organised for alternative transport where the staff were trained in supporting people with dementia. They

told us that this caused the person much less distress when attending appointments.

Good

Is the service caring?

Our findings

Throughout our inspection we saw that staff treated people in a kind and caring manner. One person's relative told us, "[The staff] want to focus on the individual and they are improving." Another relative commented, "I think the staff are really good, I do. They're so nice here, they've done everything for [relative]." Staff showed genuine interest in the people they were supporting . We saw one person walk into the lounge and a member of staff asked, "Have you had your hair done? It looks lovely."

We saw that staff would take time to speak with people and would use humour appropriately. We could see by people's body language and their facial expressions that they felt comfortable in the company of staff. We heard staff communicating with people according to their individual needs. We observed that staff would speak with people using short sentences and would sometimes use hand gestures to effectively communicate with people. We also observed that when staff spoke with people who were sitting down, they would kneel so they weren't standing over the person.

We saw that people felt able to request staff support when needed and we heard one person asking for a drink. A member of staff replied, "No problem, what would you like?" We saw staff asking people where they would like to sit and ensuring that they had choice about where they would like to be. One person was doing an activity in the lounge with some other people and a member of staff. They got up to go to their room. The member of staff told them, "Don't worry, you can come back and join in when you feel like it." One person who was taking part in the activity started to become distressed and started banging on the table. Staff were quick to reassure them and held their hand. We saw that this had a positive effect on them.

People were supported to be as independent as possible. We saw that staff would support people with walking around the home and they would gently guide people by holding their hand. We often heard staff having a chat with people as they supported them with mobilising around the home. We also saw that a number of people had adapted crockery and cups which enabled them to eat and drink independently.

The provider had revised the staffing levels and had reorganised the rotas so there were more staff working in the morning. This meant that staff could take more time tending to people's morning time routine. In addition to this, there were a further two members of activity staff who spent time engaging people with activities of their choice.

We saw that people were treated with dignity and respect throughout our inspection. Staff spoke with people in a respectful way and we saw that people had been given support with attending to their personal care needs such as doing their hair and choosing clean clothes. People's privacy was maintained, for example, we saw that a member of staff was discreet about asking a colleague to support a person with their personal hygiene needs.

There were meetings for people and their relatives called 'The Friends of Walsham Grange'. We saw from previous meeting minutes that people who attended the meeting were able to have a say about how the home is run and they were kept informed of any changes.

Good

Is the service responsive?

Our findings

People's care records contained detailed guidance about their individual care needs. Records were written in a person centred way which took in to account people's preferences and communication needs. For example we saw in one person's care records how they were not able to express their needs verbally but they would do so by using certain hand gestures and behaviours. Staff we spoke with knew people's care needs well and when we had any questions about a person's care, staff were able to answer us in detail without referring to any records.

People were involved in the planning of their care where they wished to be. Where people were not involved in planning their care, their relatives were consulted. One person's relative told us, "[The staff] were so good at helping me sort everything out when [relative] came out of hospital. They came here after hospital but we thought they would be better off living here permanently." Another person's relative explained how they felt involved in their relative's care and they were able to sit with their relative during their evening meal. They added, "They always keep you informed of how [relative] is." A third relative we spoke with told us about the improvements that had been made with regards to the care at Walsham Grange but said that they would like to be more involved in the care planning for their relative. We discussed this with the registered manager who told us that they would speak with the relative concerned.

We saw from people's care records that they were supported to gain their independence after treatment in hospital. One person who had sustained a fracture prior to moving to Walsham Grange was being cared for in bed. Their relative told us that they are now able to sit in a chair for periods of time. We saw from another person's care records that their assessed levels of dependency decreased. This was due to the fact they were mobilising more after the care they had received since living at Walsham Grange. As they were mobilising more, their falls risk increased. We saw that their care plan around falls and associated risk assessments was updated to reflect this. The registered manager told us that the person was now living on the ground floor so they could access the communal areas of the home more easily. This helped to minimise the risk of falls as they did not have to walk as far to the communal areas.

Two full time activities coordinators worked in the service. One person's relative told us, "[The staff] are always entertaining people." We saw a variety of activities going on throughout our inspection. This included discussing articles in the newspaper, arts and craft and games. In the afternoon we observed a group of people playing skittles with staff in the conservatory. We saw that one person was being encouraged by a member of staff when they kept missing the skittles. We also saw a game of table tennis involving a doubles match consisting of people living in the home and staff. We observed a fun atmosphere where people were laughing and both staff and the people they supporting engaged with the activity. However, we did note that there was minimal activities going on for people who were cared for in their rooms. We raised this with the registered manager who told us that they would speak with the activities coordinators to see what they could do for people on a one to one basis.

The registered manager had created a reminiscence room decorated with artefacts and memorabilia from the 1940s and 1950s. This was a calm and quiet space with ambient lighting. We also saw that there was

clear signage around the home so people could clearly see where the communal areas of the home were and the bathrooms.

We saw that there was a complaints procedure in place and details about how to complain were displayed on a noticeboard in the hallway. People and relatives we spoke with felt able to raise any concerns with staff or the manager. We noted that the service had not received any complaints recently.

A number of people at Walsham Grange received end of life care. We saw a number of thank you cards and letters from relatives expressing their gratitude to the staff for caring for their relative. A member of staff told us that they try to ensure that people are kept pain free and create a calm and relaxed atmosphere. They added that they were going to attend the Six Steps Programme. Six Steps is a comprehensive training programme that staff attend to raise the quality of care provided to people who are receiving end of life care and their families.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection on 14 and 15 March 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because suitable systems were not in place to monitor, assess and improve the quality and safety of the service. Accurate and complete records were not maintained in respect of each person who used the service. During this inspection on 7 November 2017 we found that the provider had made improvements and was no longer in breach of this regulation. However, there were some improvements that still needed to be made.

We saw that regular auditing of people's care records was taking place. Gaps in people's care records were identified and remedied, but the content of people's care records was not audited. The audits only checked that certain documents were present but did not identify that best interests decisions for people had not always been documented. For example we saw that one person had a call mat in their room but there was no mention of this in the person's care plan. We discussed this with the registered manager who said that they would address this.

A range of quality monitoring reports were carried out by the registered manager and these included health and safety audits, infection control audits and quality surveys. The registered manager told us that they had given a survey to people and their relatives last year but was unable to locate the action plan for this. They told us that they looked at the responses and displayed a notice on the noticeboard detailing what areas they were going to improve as a result of people's responses. They added that they were about to give out another satisfaction survey and will provide an action plan once responses have been received.

The monitoring of daily records had improved. Senior staff would check that daily records such as cream application charts and food and fluid charts had been completed before they left work. One member of staff told us, "The paperwork is a lot better. We're now doing checks on daily charts and this is effective." During our inspection we saw that senior members of staff were checking these records which were kept in people's rooms. We saw that one member of staff had used this as an opportunity to sit with one person and have a chat with them.

Regular staff meetings gave staff the opportunity to be involved in making decisions about how the service is run and to discuss any issues within the staff team. We saw from records of staff meetings that there were meetings held for night staff too. This meant that night staff who may not be able to attend meetings during the day were also involved in any discussions about the service.

Staff we spoke with told us that they felt that morale within the team was improving. One member of staff told us, "When I started it was really bad, I can see a huge improvement." Staff told us that the registered manager was approachable and supportive and was open to suggestions. One member of staff explained, "We thought we needed a bit more training and I've already discussed this with [registered manager]." The registered manager explained to us that they had implemented an 'employee of the month' scheme. They went on to tell us that other staff would nominate their colleagues and they would then make the final

decision based on the member of staffs' overall performance. The registered manager told us that this had improved staff morale as staff feel more valued as a result of any good work being recognised.

The registered manager told us that they had recently made some changes to the staff team. This involved making a member of the nursing team and a senior carer deputy managers. They told us that the two deputies are carrying out duties such as staff supervisions and some quality monitoring. This meant that the registered manager was able to spend more time attending to the overall day to day running of the home.

Both the registered manager and provider told us that they worked with other agencies such as the local authority and clinical commissioning group to improve the quality of the service delivered to people. For example we had previously found that people's medicines were not always managed in a safe way. The registered manager and staff who administered people's medicines worked alongside a community pharmacist to improve their practice in this area. The registered manager utilised the auditing tool suggested by the community pharmacist and improvements have been made in relation to the management of people's medicines.