

Stow Healthcare Group Limited

# Halstead Hall Care Home

## Inspection report

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Date of inspection visit:  
03 December 2018

Date of publication:  
24 December 2018

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

Halstead Hall is registered to provide accommodation and personal care for up to 65 older people and people with dementia related needs. There were 24 people living at the service on the day of our inspection.

This was the first comprehensive inspection of this service with the new owners, Stow Healthcare Group Limited and was undertaken on 3 December 2018. The service was previously known as Attwood's Manor Care Home and had a history of providing poor care, the Care Quality Commission took enforcement action against the previous providers. Stow Healthcare Group Limited, the new provider took over the management of the service approximately one year ago and their registration meant that people were able to stay in the service and did not have to move out.

This inspection on 03 December 2018 was unannounced and we planned to check on the changes that the new provider had made. We found they had invested in the service and in the staff. There was a strong ethos of personalised care and people were enabled to live full and interesting lives. The service and the people living in the service now benefited from outstanding leadership.

A registered manager was in place and was present on the day of the 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.

Risks were identified and managed. The new provider had overseen improvements to the health and safety of the service and equipment was serviced and checked to ensure it was safe to use. The service was clean. Some work had been undertaken to improve the environment and the communal areas looked welcoming and comfortable. People's rooms were almost all in the newer part of the building and there were plans in place to further adapt the building and facilities to the benefit of people living in the service.

Incidents and accidents were reviewed, and the information used to develop practice and improve the care provided.

There were sufficient staff available to support people. Staffing levels were continually reviewed to ensure that there were enough staff to meet people's needs. Arrangements were in place to check on staff suitability as part of the recruitment process.

Staff knew people well and were knowledgeable about their needs. They had embraced the training from the new provider and strived to improve the quality of care. Competency assessments were undertaken to check on staff's understanding and ensure that they were putting what they had learnt into practice. Safeguarding was understood by staff and the procedure followed when concerns were raised. Peoples medicines were safely managed.

People liked the food and we saw that this was a strength of the service. The cook prepared meals from fresh ingredients including some which they had grown in the services garden. The cook knew the people living in the service and ran a weekly cookery club to help people engage with food and use their skills. People's nutritional needs were assessed, and people provided with homemade smoothies and snacks which had eradicated the need for prescribed supplements.

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 practice.

People told us that staff were kind and motivated to provide compassionate care. There was a clear emphasis on respect and dignity. Staff understood the importance of people maintaining their independence and the beneficial impact this had on their wellbeing.

People received high quality person centred care. Staff were attentive and made efforts to ensure that people maintained their interests. Staff went the extra mile to ensure that people's lives were fulfilling and meaningful. There was a timetable of regular events, but people benefited from ongoing spontaneous activities, which took place in different parts of the service.

Since taking over ownership of the service the provider had started to build relationships within the local community and children and their parents regularly visited the service for a music and movement class. These sessions had a real impact on people's quality of life and some people had become less isolated and more integrated into the life of the service.

The provider sought feedback from people and involved them in the development of the service. People, their relatives and staff all agreed that the service was exceptionally well managed. They told us that the new provider had made significant strides since taking over the service and all praised the commitment and skills of the new management team. Governance was embedded in the running of the service and there was a strong emphasis on continuous improvement.

## 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

Risks were being monitored and the information used to mitigate and manage risk effectivity.

Medicines were stored safely and managed in a way that provided people with protection.

There were sufficient numbers of staff who had been recruited in line with requirements.

Staff had a good understanding of safeguarding procedures and how to report concerns.

There were systems in place to keep the service clean and manage infection control.

### Is the service effective?

Good ●

The service was effective

Staff had a comprehensive induction and provided ongoing training to support the development of staff.

People had access to external health professionals when additional needs were identified.

People were provided with nutritious meals and received the support that they needed at mealtimes.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities.

The environment was being developed and upgraded for the benefit of the people living in the service.

### Is the service caring?

Good ●

The service was caring

People told us that staff were caring and kind.

People, their relatives and staff were encouraged and supported to voice their views about the service.

People were treated with dignity and their independence was promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had an individualised plan which outlined their needs and was subject to regular review. Staff knew people well and care was person centred.

Activities were available which enhanced people's wellbeing.

The service supported people to live as full as life as possible and maintain relationships important to them.

The service was building good links with the local community and bringing the community into the service.

There were clear systems in place to respond and address complaints.

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

**Outstanding** ☆

The leadership of the service was outstanding

Enormous strides have been made since the new providers have taken over the ownership of the service. The lives of people living in the service have been transformed.

There was a clear vision and culture of personalised care which placed people at the heart of the service.

The leadership team were available and led by example. People, their relatives and staff consistently told us that this was a well led service.

Quality assurance was embedded in the running of the service. High levels of engagement were in place with people using the service, their relatives and staff.

# Halstead Hall Care Home

## 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.

The inspection was undertaken on 3 December 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in older people and dementia care.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During our inspection, we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

As part of the inspection, we spoke to ten people who used the service and five relatives. We spoke with seven care staff, a visiting health professional, the registered manager, clinical advisor and provider.

We reviewed a range of documents and records, including three sets of care records for people who used the service. We viewed the recruitment records of three staff who had recently been employed, complaints records, medication, accident and incident records. We looked at a range of quality audits and management records.

# Is the service safe?

## Our findings

People told us that they felt safe and were happy living at Halstead Hall. People spoke about the improvements that had been made since the new provider had taken over. One person told us, "It is okay here, I think I am well looked after." Another said, "I slept well here from the first night, they are so kind and attentive to me, it was a revelation to me, [the staff] are so good to me here, they don't rush me, they go about their work."

Staff received training in safeguarding people from the risk of abuse. Staff were clear about whistleblowing procedures and the actions they would take if they suspected or witnessed abuse. We saw that the registered manager had a good understanding of safeguarding and had made appropriate referrals to the Local Authority when they had concerns.

People, staff and visitors to the service were kept as safe from harm as possible. Since purchasing the service, the registered provider told us that they had undertaken significant work on areas such as fire safety, electrics and water safety. Ongoing maintenance and safety checks were completed at regular intervals on areas such as fire safety, hoists and water temperatures to make sure that the equipment was working effectively. However, where spot checks were undertaken, staff were not recording which piece of equipment was checked and the action taken to resolve faults. The provider told us that they were reviewing their documentation, and this would be addressed.

People had individual risk assessments which formed part of their care plan which addressed areas such as skin damage and mobility. A range of specialist equipment was in place such as pressure relieving mattresses to minimise the risk of skin damage and sensor mats to reduce the likelihood of falls. Care plans and risk assessments were reviewed following incidents.

Accidents and incidents were logged and reviewed by the registered manager to identify learning and trends. We saw for example that a person had used a staff exit door at the rear of the building to go into the garden and, following a review of this incident, the door was taken out of use and a safer alternative provided.

People told us that they felt safe and there were sufficient members of staff to meet their needs. One person told us, "It's very good, staff are so helpful, they chat to you, there are not so many staff over the weekend, but they still have time to chat." The service used a dependency tool to review the dependency of the people using the service and told us that they adjusted the levels of staffing accordingly. We observed that staff were visible and attentive to people needs. The service was in the process of recruiting staff and, in the interim, they were using agency staff. Where possible, the registered manager tried to use consistent staff, who knew people living in the service.

Staff recruitment processes were in place and these helped to ensure suitable staff were employed. We looked at three staff files and found satisfactory checks were in place for staff, which included written references and checks from the Disclosure and Barring Service to ensure they had no offences which might

make them unsuitable to work in a care setting. There were clear arrangements in place for the use of agency staff and the registered manager asked the providing agency to give details of the checks that they had completed.

People's medicines were well managed. We observed that the staff approach followed recommended guidelines. For example, the staff member checked the administration records prior to popping the medicines into a plastic cup; gave the medicine with a drink and supported the person in an encouraging way. When the medicines had been taken, the staff member updated the administration record.

We checked samples of medicines and controlled drugs and saw that they were appropriately signed for and the quantities in stock tallied. Photographs were in place for identification purposes. Homely remedies were recorded and regularly audited. Temperature checks for the room and fridge were monitored and were within an appropriate range.

The service was clean and fresh smelling. The entrance to the service had been improved and looked bright and welcoming. The majority of the people were living in the newer part of the service. This meant that some areas of the first floor were not in use and the provider was due to commence refurbishment work. We found some of the bathrooms had some scale, which meant that they were difficult to clean and some of the toilet seats needed replacement. The provider told us that they were in the process of replacing fittings and furniture. Water jugs looked clean and were lidded and dated.

## Is the service effective?

### Our findings

Since taking over ownership of the service, the new providers had completed a reassessment of people's needs and updated their care plans to ensure that the support provided is in line with current legislation. As part of this process they have contacted health professionals and GPs to ensure that they had a holistic and up to date view of people's needs and were working in unison.

People received care from trained and competent staff. People expressed confidence in the skills of staff. One person told us, "Staff handle situations well, they try and calm people down, they do it well." We observed staff using the skills that they had learnt at training. For example, in helping people to move using moving and handling equipment. Staff were confident with the use of the hoist and made sure that the person being transferred was safe and comfortable. Care staff told us that they had undertaken training in areas such as moving people, first aid, dementia and infection control. Staff were all positive about the quality of the training and one told us, "I feel that I have really learnt something." We saw that there was a training programme in place which set out what training staff had completed and identified those individuals who needed refresher training. Staff were encouraged to undertake external training and obtain qualifications.

The registered manager told us that newly appointed staff undertake the Care Certificate, which is a national initiative to ensure that newly appointed staff are properly inducted into their role. The induction process included the opportunity to shadow more experienced colleagues before working independently. Competency assessments were undertaken to check on staff's understanding of what they had learnt at training and how they were putting this into practice. Staff told us that they were well supported and had supervision to discuss how they were progressing.

Everyone we spoke with told us that they enjoyed the meals. One person told us, "We get a cooked breakfast, good lunch and tea time I had a nice cup of prawns, beans on toast, the sandwiches all nicely filled." Another told us it was, "Great food, they ask if you want more, show you the menu, you can have what you want, they would knock something up for me, I don't like mash, so the cook does potatoes as I like them."

We observed lunch and saw that people were offered choice. The food was presented well and appetising to look at. The pureed meal had all been separately pureed and looked attractive. We observed a member of care staff supporting an individual to eat and saw this was undertaken in a well-paced and unrushed way. People were given the encouragement they needed and we heard a member of staff say to a person they were assisting "Putting a bit of fishcake on your fork, here you go," and to another, "You have not eaten much, don't you like it, would you want to try something else, chilli and rice or something else."

The cook told us that with the change in ownerships the food budgets had increased, and they were able to purchase fresh ingredients locally as well as grow their own in the services garden. They had introduced snacking stations throughout the service where people could access fresh fruit, crisps and biscuits. The cook was actively involved in the life of the service and knew the people living in the service well. They ran a

weekly cookery club with people living in the service and this was helping people engage with food.

We saw that people's nutritional needs were assessed and their weight monitored. The service had eradicated the need for prescribed supplements by replacing them with homemade smoothies and snacks. The registered manager told us that this meant that a number of people who had been under dietician intervention had been discharged.

People told us that their health needs were met, and we saw that referrals were made to health professionals when needed. One person told us, "The doctor comes here regularly, but I have not needed to see them. I've got glasses, the optician came here this year, had eye exam and then got the glasses for reading."

Referrals were made to health professionals such as the district nurse, chiropodist and physiotherapist when needed. Records of these contacts and the advice given were maintained. A visiting health professional told us, "The service had improved, and they had good working relationships with staff and they never hear residents grumbling."

The manager understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. 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 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 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, whether any restrictions on people's liberty had been authorized and whether any conditions on such authorizations were being met. The manager told us that they had assessed people's needs and made applications as required to the local authority.

Staff told us that they had undertaken training and we observed throughout the day that staff asked people for consent before commencing support. We found decisions such as Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place and the registered manager told us that these were reviewed on a regular basis.

The new provider had made changes to the environment which had benefited people. The old part of the service was largely out of commission awaiting refurbishment and people were living in the newer part of the service and most people now had ensuite facilities. The entrance to the service had been improved and a new and very comfortable coffee area had been developed. The seating in the communal areas had been reorganised into small groups which meant that people were able to converse rather than sit around the edge of the room.

## Is the service caring?

### Our findings

People felt well cared for and spoke highly of the staff. They told us that they had control over their routines and were enabled to make decisions about how their care was delivered and how they lived their life. One person told us, "I would say this is a good home, one of the best, they don't tell you to go to bed, you get your own choices." We saw that in people's care plans information was included about their preferences and how they wished care to be delivered.

Staff were able to tell us about people's backgrounds and how they used this information to help people to have meaningful lives. Staff went the extra mile and provided exceptional support. We saw that one person had previously not been engaged in life in the service and had been reluctant to leave their bedroom. Staff had encouraged the individual to participate in their hobby of gardening and they were now working in the garden on a daily basis. This meant that this person had a real purpose in life and was fully engaged in something important to them. They proudly told us that they had a uniform to keep their clothes clean and a badge which said, 'Head Gardener.'

People told us that staff were interested in them and had time to spend with them. A relative told us, "There is always staff around, sitting and helping them always. Staff are quite attentive to residents where necessary, it is a nice place." Another said "[My relative] loves the night staff, they have got time to talk to them and listen, they love [names of] two of the day staff."

We saw that staff understood the importance of supporting people to be groomed in a way they preferred so that they felt good about themselves. We observed that people looked cared for, their nails and glasses were clean. People were dressed in clothing which matched the items that they were wearing and looked comfortable. One person told us, "The staff help me to have a beautiful bath, I used to have a shower in the last place, here it is a proper bath, you sit in the chair and it goes down, so the water covers you well, they wash your hair if you want and did it very well. Dry and powder and cream me. Dress me, it was heaven, I have not had a deep bath for such a long time."

The atmosphere in the service was welcoming and calm. We witnessed several caring and compassionate interactions, for example staff stopping to talk to people rather than just walking by as they were going about their duties. We saw that one person had been out for the morning at an appointment. The cook came up to them and said, "I heard you were back, would you like some lunch, no, what would you like for supper, you tell me what you fancy, and I will do it, okay scrambled eggs, bread and butter and beans." We observed one person with dementia walking around the service with purpose and they did not sit to eat at lunch. In the afternoon, a member of staff waited until they were ready and then sat with them and encouraged them to eat and drink. The person ate well and followed it up with a milky drink.

People's privacy and dignity was upheld. We observed that staff knocked on doors and were respectful in their interactions. One person told us, "They always knock on the door, are friendly, some chat a while and I think they listen to me." Another person told us, "They bathe me every four days, they wrap towels around me, I prefer the ladies as I am not embarrassed with them and they respect me."

The service understood the importance of people maintaining their independence and the beneficial impact that this had on their wellbeing. One person told us, "I am independent, they have allowed me to do what I want, I wander around outside, do my own medicines." Another told us, "I like to look after myself as much as I can, wash myself, they promote my independence by agreeing that I can do things myself, I don't like being dependent on others, but I know I do need some help and I am lucky to have them." We observed staff supporting people to be as independent as they could be by giving people the time they needed for example when mobilising and asking people if they wanted help rather than just intervening.

People were supported to maintain relationships with friends and family whilst staying at the service. Relatives could visit at any time and a new coffee area had been developed at the entrance to the service. We observed people using this area to see their visitors and they told us that it meant that they were able to access drinks independently and have greater privacy.

People's views about the service and how it should be developed were welcomed. Regular meetings were held, and relatives confirmed that they were also invited. There was a feedback station in the entrance to the service which was assessable to people, staff and health care professionals. There was also a suggestions log which displayed archived suggestions and the actions taken. A few of the recent suggestions which had been actioned included, an inflatable shampoo basin to aid staff in washing people's hair, which had been made by staff and a clock in reception along with hand sanitizer which had been suggested by a relative.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People told us that they received personalised care and the routines within the service enhanced people's lives and did not prevent them doing what they wanted to do. One person told us, "I have a bit of a lay in bed some days." Another person told us, "Sometimes I want to be by myself, they understand it, come and see if I am okay, bring me a cup of tea, I am happy to have that time by myself."

Care plans had been rewritten since the new provider had taken over. They set out people's preferences for carrying out everyday activities. For example, for one person their plan covered whether they wanted their bedroom door open or closed and how many pillows they wanted at night. Another person did not communicate verbally but their care plan was clear that they communicated using facial expression and eye contacts. The plan stated, 'Their eyes widen in surprise or wince when they have pain. Sometimes [name of person] may not smile and this can be an indication that they are not having a good day. Staff to sit and establish what is wrong and see if they can make [the person] feel better.'

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. We found that the provider had started the process of making information such as service user guide and procedures assessable to people.

Ongoing monitoring of people's needs was undertaken. For example, how much fluids they had taken and how often they had been repositioned. Relatives told us that the service communicated well with them and ensured that they were updated on any changes to their relative's health or needs. One told us, "They have my relatives wellbeing at the forefront."

We saw that one individual's health was deteriorating and that staff had discussed this with their relative to ensure that their views were taken into consideration and there was a clear plan in place. Advance care plans were in place and set out what actions staff should take if an individual suddenly became unwell.

A number of people told us about the changes in the service and how this had benefited them and improved their wellbeing. One person told us, "I am very happy, they look after you, staff are nice people, before you could not talk to the staff, I was run down but with their help they brought me back up. I have put weight on, they have done a good job." Another person told us, The Christmas fayre was very good, and I enjoyed being down there, I helped the lady selling toys. Definitely more happening here, it is a good thing as I get to meet other residents and there are one or two residents who are very interesting to talk to. I like going down and taking part in things."

Since taking over ownership of the service the provider had built relationships with several different local groups and opened the service to the community to the benefit of the people living there. We saw for example that charity coffee mornings had taken place, church services were held and there had been a visit

from the press and local dignitaries. One of the recent initiatives had been 'Diddi Dancing' where children and their parents in the local community come into the service and joined people for a dancing and movement class. People told us how enjoyable these sessions were and we saw from photographs that much fun was had. We saw that the management of the service was monitoring the impact of the activities on people's wellbeing and heard that prior to these sessions some people were reluctant to come out of their bedrooms but now were keen participants.

Adhoc activities were promoted as well as a timetable of regular events. We saw for example that there was an activity programme which was organised by the activities coordinator which included celebrations of special events. However, on the day of our inspection, the activities coordinator was on holiday, but we observed throughout the day several care staff initiating activities in a myriad of things. There were small groups of activities taking place in different parts of the service with lots of laughter and participation. One individual was knitting, another was doing a puzzle, we observed nail painting, a reminiscence session, bingo and crafts.

People were involved in the life of the service and Halstead Hall was a busy thriving community in which people felt a part. One person told us, "I help with the washing up, if you keep doing something, they encourage you, it is all right, I do it voluntarily, they don't ask me, I am part of the team." There was a garden where a person was enabled to grow vegetables and fruit for cooking and had won the providers inaugural 'Stow in Bloom' inter-home gardening competition. There was a weekly cookery club where people prepared items to eat. The providers had purchased two budgies for the service which people voted to name. These had proved to be a huge success and talking point for people living in the service. So much so, this had led to the creation of a pet therapy board with memory cards for people and staff to share their pet memories and reminiscence.

People and their relatives, said that they knew how to complain if they needed to. One person told us, "You can always find (the named manager by first name) and any concerns I contact her or the directors. If I had any complaint I would go and see them, but I cannot find anything to complain about and when finished it will be a great place." We observed that the details of how to raise concerns was displayed in the service in an easy read version and a copy included in the resident's handbook. We looked at complaints which had been raised and saw that they had been promptly investigated and responded to.

## Is the service well-led?

### Our findings

At our last inspection of this service we rated safe and well led as inadequate. The service had a history of not meeting the legal requirements and providing poor care over many years. We took enforcement action to remove the registration of the old provider. Stow Healthcare, the new provider took over the management of the service approximately one year ago and their registration meant that people were able to stay in the service and did not have to move out. Since taking over the registration of the service Stow healthcare have provided strong effective leadership and have transformed the service and the care provided.

Comments from people living in the service included, "It is very good, its changed a lot, I am happier than I used to be," and, "I am quite happy with the care, I have pulled myself up, I am putting on weight, that is down to all the staff and management, they have helped me, I get on with them all," and, "Staff now take people out for a walk, now I go down to the coffee shop." A relative told us, "My relative is a completely different person, they now have a purpose in life."

Many of the people living in the service and some of the staff, had lived and worked at the service under the previous provider and had been part of the journey from inadequate to outstanding. The changes have been significant and involved challenge and finding ways of doing things differently across all aspects of the service. The management of the service have provided strong and robust leadership and managed this process well. The result being that staff have been open to feedback and challenge. Many of the changes that have been introduced have been covered in different sections of this report and include areas such as safety, training, activities, meals, care delivery and staffing. We found outstanding elements in a number of these areas within the key lines of enquiry.

However, one of the most significant changes has been in the culture of the service. We found that there was a clear vision of quality and mutual respect. Halstead Hall is a service where people living in the service came first and were involved in the service. One member of staff told us, "It is lots better, now we listen to residents, for example when they want things or when they are ready. Before it was so regimental."

The provider and registered manager have provided excellent leadership and have been great role models for staff. They were passionate about the care that was provided and provided an open-door policy to both staff and people living in the service. The registered manager told us, "It is the residents home and we involve the residents in everything we do, everyone has their say." The provider told us, "We are striving to improve at every turn to make our homes the best they can be for our residents." We saw that they had focused on change being a team effort and been clear about their expectations, addressing shortfalls head on. Staff were extremely positive about the changes that have been introduced and they could see the benefits of the changes and the impact on the people living in the service.

A member of staff told us, "There has been a big improvement at the service, we help out on activities, we can go out for a walk. There is enough staff and there is lots of training." Another told us, "It is a different

place, it is run professionally." Another said "It is 100% management support, everything is lovely, it is a pleasure to come in, they are a nice caring company. I see a lot of difference in the residents, they are happier, as we are, staff are happier, and we can do a lot more with the residents."

We observed that people's lives were very different and there was a much greater focus on them and their wellbeing. One person, for example, had been sitting in the communal area at our last inspection looking unhappy and disengaged. At this inspection they were blooming and fully engaged in life and what was happening in the service. They told us how their life had changed for the better.

Everyone we spoke with were full of praise about the service and what had been achieved. They told us that the registered manager was approachable and helpful. One person told us, "It is well run, I have been to one that was the opposite, it has saved my life coming here, I was at the end at the previous home."

The registered manager and provider were proud of the changes that had been introduced to areas such as meals, staffing and activities and the impact that they had on people and their wellbeing. They had a clear improvement plan which they were working to and had started to make improvements to the physical structure of the building and the layout of the service. We saw that the entrance was bright and welcoming, with comfortable areas for people to spend time in. The registered managers office had been relocated and was central and accessible to people living in the service and staff.

The providers were regular visitors to the service and fully engaged in driving improvement and making people's lives better. They told us that they planned to start work soon on a new kitchen and laundry. The provider's focus within the last year had been to get things right for the people who were currently living in the service before admitting new people to the service. They had concentrated on improving quality and people's day to day care experience.

They were now starting to open up to the local community. The registered manager told us "We have been to the doctors, dentists, physiotherapy, local hospital and funeral directors in town inviting them to events and to look around. Previously the service had a poor relationship with everyone, some people were never paid but we have got good relationships now." We saw that they were regularly visited by chiropodists and a hairdresser. The GP held weekly surgeries at the service.

Staff were valued, and excellence shared across the service at team meetings. The registered manager told us that they had started to build on staff skills and knowledge and were planning to run a care home assistant practitioner programme in the new year. The training will follow a program developed by the provider to upskill care staff and offer career progression. Champions or lead roles on areas such as on falls had been introduced to drive excellence and good practice across the service. The registered manager had introduced a Halstead Heroes board for people to identify excellence and the comments included, 'to [staff] thank you for being there for me.'

There were high levels of staff satisfaction and morale was high. Staff were very involved in the changes at the service. We saw that meetings were held with staff across the service to trouble shoot and contribute ideas to shape the development of the service. These meetings were called PULSE and reinforced a team spirit and ensured that all the staff had a say in changes and how the service could be developed. Staff were proud of what had been achieved. One said, "It is a million times better and I cannot praise them enough, it was hard to come in before, not now as I am so much happier, and I enjoy coming in. Staff morale has gone up 10-fold. We have got a very good team now, everyone is so much happier." Another staff said, "How great it has been to see residents come to life."

People living in the service were engaged with and involved. They were part of the change process and seen as equal partners. They were encouraged to give feedback and make suggestions both formally and informally. For example, there was a residents committee which had planned the Christmas fair which had just taken place and had been a real success. People were part of the recruitment of staff and involved in the development of new documentation such as a new resident handbook. People were also involved in areas such as training around the General Data Protection Regulations to empower people to take control of their personal data. Following the training, information in an easy read style had been created and was available for people and their family. Regular newsletters were produced to keep everyone including relatives up to date with what was happening and future plans.

Improvements and changes were acknowledged, and innovation was celebrated both within the organisation and externally. The provider had their own internal mechanisms but the work that had been done at the service had begun to be recognised externally and the Halstead Halls management team have been nominated as finalists in the Caring UK awards. The provider recently won the LaingBuisson Care award for the best residential care group.

There was a strong emphasis on continuous improvement and the provider had an effective monitoring system. The registered manager and deputy manager were an active presence across the service both during the day and at night and completed a range of audits on areas such as infection control, medicines, nutrition and tissue viability. The provider had a quality clinical lead who regularly reviewed the quality of care, systems and their implementation. Regular management meetings were held to review complaints and analyse action taken and identify if further learning was required. The provider told us that they have been engaged in various projects and initiatives across their organisation, such as with the CCG to implement new ideas and improve people's lives. Lesson learnt were shared across the providers services.

To conclude in the last year Halstead Hall has changed significantly. People live in a much safer environment and are supported by staff who have been trained and have the time they need to support them. Staff morale was high, and the service has made important links with the local community. Care was person centred and people were being supported to live meaningful lives. The new providers have provided excellent leadership and have driven the improvements at the service. Governance was constructive and embedded in processes within the service. The providers were able to demonstrate what they had done and how people's lives had improved under their leadership. One person summed up some the changes and told us, "I now want to be involved, I am very happy now, the owners and Directors are very nice." A visiting health professional had written, "It is a delight to see the evolving changes at Halstead Hall. The organisation is superb and staff knowledge of residents is excellent."