

Heathcotes Care Limited

Heathcotes Wendover House

Inspection report

137 Wendover Road
Stoke Mandeville
Aylesbury
Buckinghamshire
HP22 5TF

Tel: 01296612598

Website: www.heathcotes.net

Date of inspection visit:

09 December 2019

10 December 2019

Date of publication:

07 January 2020

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

About the service

Heathcotes Wendover House is a residential care home providing accommodation and personal care to five people, with one person on extended leave at the time of the inspection. The service can support up to seven people.

The service accommodates people in one adapted building. The service is set over two floors with three bedrooms on the ground floor and four bedrooms on the first floor. All the bedrooms have an ensuite shower with access to a bathroom for people who like to have a bath. The service has a small sitting area at the front of the property with a larger sitting room at the rear. There is a kitchen/ diner, laundry room and a rear enclosed garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People and relatives felt safe care was provided. They acknowledged the new manager had made positive changes and new staff had been appointed, They found the new manager approachable and felt issues they had raised were or had been addressed. However, they felt there was still a lack of continuity of care and that communication between them and the organisation could be improved.

Systems were in place to safeguard people and risks to them were identified and mitigated. Safe medicine practices were promoted. Accident and incidents were recorded and reviewed to promote learning and prevent reoccurrence. Staff were suitably recruited. The service had a number of people on one to one staff support throughout the day and two to one staff support in the community. The rotas showed the required staffing levels were maintained through the use of their own staff, agency staff and staff from other services run by the organisation. They tried to use regular agency staff to promote continuity of care but the use of agency and staff from other services meant continuity of care was not always maintained. The provider was actively recruiting into the vacancies and two staff had been appointed subject to clearance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's health and nutritional needs were identified. The menus viewed were not varied. We have made a recommendation to address this.

Staff were inducted, trained and supervised. The training and supervision matrices showed gaps in training and supervision. This had been identified by the manager and was being addressed.

Staff were observed to be kind, caring and had positive relationships with people. They promoted people's privacy and dignity. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The service was working towards providing people with opportunities for them to gain new skills and become more independent.

People had person centred care plans in place. Individual activities were encouraged. Their communication needs were identified and promoted. Systems were in place to enable people and their relatives to raise concerns.

The service has had inconsistent management since it was registered with us in August 2017. A new manager had been appointed in August 2019 and was not yet registered with the Commission. The provider and manager had systems in place to audit the service. They had identified areas for improvement and had an action plan in place to enable them to bring about the required improvements. Staff were positive about the manager and the changes they had already implemented which they felt benefited people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 October 2018).

Why we inspected

The inspection was prompted by a change in the manager of the service. At the previous inspection the well-led domain was rated as requires improvement as there had been three registered managers and one interim manager since the service was registered with us in August 2017. Another change in the manager of the service had the potential to increase risks and we made the decision to inspect and examine any potential risks.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Heathcotes Wendover House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Heathcotes Wendover House 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.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed and was in the process of applying to the Commission to be registered. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the manager, two team leaders and two support workers. We 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.

We reviewed a range of records. This included three people's care records and five medicine records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including health and safety, complaints, meeting minutes and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas, policies and quality assurance records. We contacted health professionals for feedback on the service and spoke with three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. The service had safeguarding policies and procedures in place. These were also provided in a user-friendly format and accessible to people.
- The person we spoke with told us they felt safe. They commented "Yes, I like living here and staff keep me safe". Relatives commented "I feel confident now that [family members name] is safe as the whole ethos of the house has changed and less agency staff are being used" and "Yes I believe [family members name] is safe although, there has been a high turnover of staff which has concerned me".
- Staff were trained in safeguarding people. They were aware of their responsibility to report poor practice and who to escalate their concerns too if required. Staff commented "I have previously raised concerns and action was taken". "If I see or feel something isn't right I would have no hesitation in reporting, we are here to ensure we safeguard the people who live here".
- A record was maintained of all safeguarding alerts made and the local authority was informed as is required.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed. These included risks associated with epilepsy, medical conditions, nutrition, life skills and community access. People had behaviour support plans in place which outlined specific strategies for deescalating situations to mitigate risks to them, others and staff. These were kept under review and updated. For one person an historic risk referred to on their initial assessment was not considered and the risk mitigated. The manager agreed to get more information on this to enable them to establish the current level of risk and best way to mitigate the risk.
- Staff were aware of people's risks and how to support people to minimise the risk of injury to them. During the inspection we observed staff had a good awareness of when people were becoming distressed or were unhappy. They responded quickly to deescalate the person's distress, provide reassurance and prevent behaviours that challenge being displayed.
- Systems were in place to promote a safe environment. An up to date environmental risk assessment was in place which outlined the risks to staff and visitors.
- People had a Personal Emergency Evacuation Plans (PEEP's) in place. Fire and legionella risks assessments were carried out.
- Equipment such as the gas, electric and fire equipment were serviced. Alongside this daily, weekly and monthly checks of the fire equipment were carried out. In house health and safety checks took place which included checks of the water temperature, window restrictors, shower chair and a person's wheelchair.

Staffing and recruitment

- Sufficient and suitably recruited staff were provided. Relatives told us there had been a high turnover of staff and use of agency staff which did not provide continuity of care. However, they told us the staffing seemed to have stabilised with more familiar faces around when they visited. Relatives told us they had no way of knowing if one to one staffing or the amount of two to one community hours was consistently provided. One relative told us some community activities such as going for a drive did not take the amount of time their family member was allocated.
- The rotas showed the staffing levels varied. There was a core of five staff on each day time shift with two staff working either 9am to 5pm or 10am to 6pm to support community activities. Agency staff and staff from other services run by the organistaion covered the staff vacancies. The service had seven staff vacancies with two of those vacancies recruited into and awaiting clearance prior to starting work at the service. We saw from the rotas that some permanent staff worked excessive hours over a two-week period. The manager confirmed this had been identified and was being addressed.
- Staff were responsible for cooking and supporting people with cleaning and laundry. Staff felt the staffing levels were suitable and the required staffing levels were maintained.
- Systems were in place to ensure staff were suitably recruited. Potential candidates completed an application form and attended for interview. Checks were carried out such as medical clearance, obtaining references from previous employers and Disclosure and Barring Service checks (DBS), which is a criminal record check. In one staff file viewed one of references provided did not correspond with the work history outlined on the staff member's application form and curriculum vitae (CV). However, two other references had been obtained. None of the staff files viewed had a photo on file. The manager agreed to address that.

Using medicines safely

- Systems were in place to promote safe medicine practices. A medicine policy was in place which outlined the procedure for medicine management. Medicines were stored appropriately, and records were maintained of medicines ordered, received, administered and disposed of. Stock checks of medicines were completed to enable discrepancies to be dealt with in a timely manner. One medicine administration record viewed showed a gap in administration. However, this was established it was a missed signature as opposed to a missed medicine.
- People were assessed to establish the level of support required to take their medicines. At the time of the inspection all the people living at the service required staff support with their medicines Guidance was in place and or had been requested from the prescriber on the use of "As required" medicines such as pain relief and tranquilizers.
- Staff involved in medicine administration were trained and had their competencies assessed to enable them to administer medicine safely. Staff confirmed they felt suitably trained for the role. During the inspection we observed medicines being administered. This was done in line with individuals' preferences and the providers policy.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of cross infection. The home was generally clean and free from odours. A cleaning schedule was in place to ensure all areas of the home were regularly cleaned.
- Staff told us they were trained in infection control and had access to disposable protective items, such as gloves and aprons. During the inspection we observed a staff member not use gloves whilst dealing with the household bins. This was pointed out to them and followed up with the manager.
- The home had an infection control lead but not all staff were aware who that was. The manager agreed to make that information available to staff. The provider carried out an annual infection control audit. The latest audit in July 2019 showed the service was 94% compliant in infection control. An infection control risk assessment was not in place. The provider agreed to implement this following our feedback to them.

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibility to record and report accidents/ incidents. Individual records of accident and incidents were maintained and reviewed by the manager. The manager completed a debrief of the incident to ensure lessons were learnt and any changes implemented to mitigate the risk of reoccurrence.
- Recurrent incidents were discussed at team meetings. This practice promoted learning, supported staff and improved outcomes for people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans outlined individuals' nutritional risks and the support and equipment required to mitigate any potential risks. Staff were responsible for cooking the meals. People who required it were supported with their meal and equipment was provided for individuals to enable them to eat their meals safely.
- The person we spoke with told us they liked the meals. One relative told us they thought the menus had improved, whilst another relative felt staff needed to monitor food intake more and follow dietician guidance to prevent their family member putting weight on.
- The service had a weekly menu in place which people were encouraged to be involved in. The menu viewed showed people were offered and provided with alternative meal choices. However, the weekly menu viewed showed processed foods and chips were regularly provided on the menu. Staff told this was to cater for individuals' choices and the need to have dry finger food for some people.

It is recommended the provider seeks guidance to ensure the meals provided are nutritional, whilst suitable and safe to meet people's needs.

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

- People were assessed prior to coming to live at the service. The provider had recently introduced a compatibility questionnaire which they intended to use to screen the suitability and compatibility of a prospective new admission.
- The assessment document identified people's sexual, cultural and religious needs and staff were trained in equality and diversity to enable them to support people's diverse needs.
- People were involved in the transition to the service with visits and overnight stays encouraged.

Staff support: induction, training, skills and experience

- Staff were inducted, trained and supported. Staff new to care were required to complete the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. Staff told us they had an induction into the home. Some staff told us they had completed the care certificate training, whilst other staff told us they were still working through it. At the time of the inspection five staff were still working through their care certificate training.
- Staff told us they felt suitably trained to do their job. A staff member commented "I had initial face to face training and some on line training, it seemed suitable for my role".

- Staff were trained in areas considered mandatory by the provider. This included first aid, safeguarding of vulnerable adults and Non-Abusive Psychological and Physical Intervention training (NAPPI). Alongside this eLearning such as food hygiene, oral care training and service specific training such as diabetes, epilepsy, autism and mental health awareness training was provided. The training matrix viewed showed there was a low percentage of staff who had all the required training and the eLearning was not included on the matrix. The home had two team leaders. They had no specific management training to support them in their role. The gaps in training and lack of management training for team leaders had been identified by the manager and provider and was been addressed.

- During the inspection we observed staff practice which had the potential to compromise food safety and infection control. The training records provided did not evidence those staff had received food hygiene and infection control training. The manager and provider confirmed this training was provided as part of the induction and as eLearning. The manager confirmed after the inspection they had addressed the poor practice with those individual staff and this would be monitored.

- Staff told us they felt supported and had regular supervision. The manager had identified that supervision of staff was not taking place at the frequency required by the provider. They had audited staff files and had commenced formal supervisions of staff.

Staff working with other agencies to provide consistent, effective, timely care

- People who required it, had a hospital passport in place. This was sent with the person on admission to hospital to ensure hospital staff had key information on a person.

- Relatives told us they were informed of changes in their family members and the service sought health professional's advice for individuals in a timely manner.

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

- The service was refurbished and adapted to meet the needs of the people living there. The service had access to a maintenance department to deal with any maintenance issues within the home. Staff told us the maintenance department were generally responsive to their request for repairs. However, relatives told us there was a delay in maintenance issues being addressed. One relative told us after six weeks of reporting that a light bulb needed replacing they did it themselves. Another relative told us the heating in their family members room was not sufficient and there was a delay in that being addressed. The manager advised us that in the last three weeks electronic reporting for maintenance issues had been introduced. This enabled them to monitor response to maintenance requests and escalate delays if necessary.

- Areas of the home were showing signs of wear and tear. The provider had no refurbishment plan in place to indicate when communal areas would be decorated, or items replaced. The manager confirmed the home would be updated and items replaced as and when on a priority basis. The manager told us they intended to improve the rear garden in the spring, so it was more accessible for people to use.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were identified, and they were supported to access relevant healthcare professionals. They had health action plans in place. These outlined the support required with their health needs. People had access to the GP, dentist, opticians and chiropodist.

- People had regular reviews of medical conditions and some people had input from the community learning disability, mental health teams and the speech and language therapist.

- Records were maintained of appointments with health professionals which showed the outcome of the visit and any follow up required.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The training matrix showed 71% of staff were trained in MCA. Staff spoken with had a good understanding of how it related to the people they supported.
- The manager was in the process of completing decision specific MCA's for people and the best interest decision record had been sent to the relevant professionals/family members to sign off.
- The service had people for whom DoLS was applied for and people were supported in the least restrictive way. A record was maintained of the DoLS applications made and the attempts made to follow up on their progress.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A person described staff as being "nice and helpful". They commented "Staff take me out to places".
- We observed positive relationships between people and staff. Staff were supportive, encouraging, engaging and communicated with people appropriately. They used appropriate touch, good eye contact and were respectful in their engagement with people.
- Relatives generally felt the current staff team were kind and caring. Relatives described one staff member as always putting people first. A relative told us "[Staff members name] is a good guy, they know what is right and wrong and addresses issues with staff". Another relative told us "I feel confident if I tell [Staff members name] any issues of concern they will sort it".

Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection we observed people were able to choose when to get up, what to wear and had a choice of meals, drinks and activities they wished to get involved with.
- Individual resident meetings took place. Staff sat with each person and used specific prompts and questions to enable people to contribute to the meeting.
- Each person had a keyworker. A keyworker is a named staff member who supports the person with their care. The keyworker role was still being developed with the intention being for keyworkers to have an active role in supporting the person and their family members with day to day care. Some relatives knew who their family members key worker was. Another relative told us their family members keyworker had changed and they had not yet established a relationship with them.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedrooms. These were personalised and reflected individuals' choices and interests. We observed staff knocked on people's door before they went in and staff were respectful in their engagement with people.
- People's independence and involvement in their care was being promoted and encouraged. People were supported to develop life skills and their involvement in household tasks varied.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

At the previous inspection a recommendation was made that the service seek advice and guidance from a reputable source, about the management of and learning from complaints. At this inspection we found improvements had been made.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Records were maintained of complaints made and action taken. The service had three complaints logged since the new manager had commenced. These showed complaints were acknowledged and addressed. Two of the complaints did not indicate what stage the complaint was at and what action had already been taken. The manager agreed to update the record so that an up to date record was available.
- The manager was proactive in ensuring lessons were learnt from complaints and issues raised were discussed with the team to prevent reoccurrence.
- The person we spoke with told us they would talk to staff if they had any worries. They referred to names of staff they felt able to talk to.
- Relatives were aware of the complaint's procedure. A relative commented "Yes, I know how to raise concerns and so far, the new manager has been receptive to concerns raised".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans in place which outlined the support required in relation to personal care, oral care, health, nutrition, leisure, cultural and spiritual needs. These were detailed, specific and reviewed. Staff were aware of people's needs and the support required.
- Positive behaviour support plans were in place for people who required it. This promoted a consistent staff approach to behaviours that challenged.
- People had access to their care plans but there was no evidence that people or relatives were involved in them. The manager agreed for it to be noted on care plans who was involved in their development.
- People had reviews of their care although relatives told us in house reviews involving them were not regular or scheduled. The manager informed us they planned to meet with relatives individually.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans outlined their communication needs. Some people used pictures and or an iPad to

communicate their needs. Throughout the inspection we observed staff communicated with people using their preferred method of communication.

- The service had a range of easy read policies available such as the complaints and safeguarding policy. Some were on display and accessible to people.
- Pictures were available to enable people to make food choices. However, the weekly menu which was on display was not pictorial and therefore not accessible to everyone. The manager agreed to address that.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with staff support for community activities. Therefore, activities were person centred and based on people's choices. We observed staff used pictures to enable people to make a choice. During the inspection a person went swimming on both days, one person went out for drives, walks and dinner and two people went on the bus to go shopping to Watford and Milton Keynes.
- Some people had an annual holiday away and trips to Winter Wonderland and shows took place. At the time of the inspection people were looking forward to the annual Christmas party.
- Relatives felt the range and frequency of activities varied and was dependant on staff on duty. This was also dependant on drivers been on duty. One relative told us their family member constantly needed to know what was happening next and they felt they would be reassured by having a weekly activity programme, which was still flexible. They agreed to talk to the manager about this.

End of life care and support

- People's care plans included an end of life care plan. These were mainly incomplete, and the service was in the process of liaising with family members regarding people's preference and choices in relation to end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had three registered managers since it was registered with the Commission in August 2017. At the time of this inspection a new manager was in post since August 2019. An application to register the manager had not yet been submitted to CQC and approved by us. Therefore, this limits the rating to requires improvement for this domain.
- The manager was clear of their role and was developing staff to have the skills to fulfil their roles.
- The manager and provider audited aspects of care such as health and safety, infection control, medicine management, staff training and supervisions. Alongside this monthly provider visits took place and a full home audit was completed. The frequency of the full home audit was dependant on the rating and findings from their previous audit. We saw from the home audit report that the internal rating for the home had improved from the August 2019 visit to the October 2019 visit. The provider's auditing was effective, and they had identified areas for improvement within the home in relation to training, staff supervisions, care planning and risk management. An action plan was in place to address their findings and make the required improvements. The progress with actions were followed up at subsequent providers meeting's.
- Records were generally suitably maintained and up to date. Care plans and daily records were not always kept secure as the filing cabinet was in the sitting room and at times during the inspection it was left unlocked. This was fed back to the manager to address.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was clear of the aims and objectives for the service. They wanted to further improve continuity of care. They were also keen to give people the skills to promote their independence and involvement in the service and in the community.
- The manager was new to the role. They had worked alongside staff initially in getting to know staff and the people they supported. They had brought about positive improvements such as they day to day management of one to one support which had reduced people's anxiety within the service.
- Staff were complimentary of the manager. They described them as "Approachable, accessible, calm, relaxed, inviting, supportive, good listener and acts on issues raised". Staff members commented "The manager talks to everyone and listens. They have answers, delegate tasks and are always very helpful", "Communication has definitely improved, and I feel much more involved", and "The manager makes time for us, tasks get done and the workload is distributed equally". "The manager has made lots of

improvements to people's care plans, so we are all better able to work in the same way".

- Relatives were positive about the new manager. They told us the manager seemed capable and acted on issues they had raised. However, relatives felt communication with the senior management of the organisation could be better. Two relatives told us the organisation did not tell them about the change in manager and often new staff are appointed that they know nothing about. A relative advised the new manager had introduced a staff board but that this was not always kept updated with photos of staff on duty.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour regulation and to be open and transparent when things went wrong.

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

- Systems were in place to ensure staff, people and their relatives were able to provide feedback on the service. A survey of staff, relatives and people who used the service was underway. Monthly resident one to one meetings were encouraged, and regular staff meetings were being established. Families were provided with weekly email updates and family visits to the service were welcomed. Relatives confirmed they received weekly updates, although one relative felt the weekly update could be improved and had raised it with the manager.

- Systems were in place to promote communication within the team. Handovers took place and a shift planner, and a communication book was in use to promote effective communication within the team. Staff felt team work had improved under the new manager. Staff commented "It is much clearer what is expected from us", "Teamwork has definitely improved" and "All staff are more involved which promotes good teamwork".

- Relatives felt communication with the service had improved but could still be better. One relative commented "You find yourself repeating the same things and it is like staff are hearing it for the first time". This was fed back to the manager to continue to work on.

Continuous learning and improving care and Working in partnership with others

- The manager was committed to continuous learning and to improving care. They reflected on accidents, incidents and feedback to look at what they could do differently. They had got to know their staff and had identified staff's strengths and areas for further training.

- Staff had specific roles they were responsible for such as health and safety and infection control. The manager was in the process of developing champion roles such as the dignity champion. Staff spoken with were positive about those changes.

- The manager was keen to strengthen their working relationships with other professionals and look to what other resources were available locally to develop and support the team to benefit people.

- The service was looking to support some people into voluntary work placements with staff support. This was due to commence for one person in January 2020.