Leonard Cheshire Disability

Bradbury Wing

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out over two days. We visited the service unannounced on the 15 July 2014 and announced on the 21 July 2014.

The Bradbury Wing provides care for up to 20 adults with a physical disability and specialises in providing care for people with a wide range of conditions. The service was fully occupied on the days of our inspection.

Summary of findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with a number of health and social care professionals including a consultant in palliative care. She told us, "I do think it's safe, the care they deliver is effective, it's caring and responsive to people's needs and it's well led."

There were procedures in place to keep people safe. Staff knew what action to take if abuse was suspected. In March 2014, our inspection found that the care home provider breached regulations relating to care and welfare and staffing levels. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that improvements had been made and there were sufficient staff on duty to meet people's needs and risk assessments relating to specific areas, such as choking, were personalised.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff.

Staff were appropriately trained and told us they had completed training in safe working practices and were training to meet the specific needs of people who lived there such as those with complex nursing needs.

Staff working in the Bradbury Wing were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected.

People informed us and records confirmed that there was an emphasis on meeting social needs and that the service promoted their hobbies and interests. We saw that people accessed the local community and holidays were regularly planned.

The registered manager assessed and monitored the quality of care. Surveys were carried out for people who lived there and a new family and friends' survey had been introduced to obtain their views. Audits and checks were carried out to monitor a number of areas such as health and safety and medication.

A GP with whom we spoke said, "It passes the friends and family test, I mean, if I had a friend or family member I would be happy for them to be there" and "They get a big tick from me."

Summary of findings

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. Staff with whom we spoke knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The service had effective systems to manage risks to people's care without restricting their activities.

We found that the service was meeting the requirements outlined in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service effective?

The service was effective. We saw that people and relatives were involved in their care and were asked about their preferences and choices. People received food and drink which met their nutritional needs. They received care from staff who were trained to meet their individual needs. People could access appropriate health, social and medical support as soon as it was needed.

Good

Is the service caring?

The service was caring. During our inspection, staff were kind and compassionate and treated people with dignity and respect. There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes for people who are not able express their wishes. People and relatives told us that they were involved in people's care. Surveys were carried out and meetings were held for relatives and friends.

Good

Is the service responsive?

The service was responsive. An activities programme was in place. People were supported to access the local community and holidays were regularly planned. A complaints process was in place and people told us that they felt able to raise any issues or concerns.

Good

Is the service well-led?

The service was well led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service. The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

Good

Bradbury Wing

Detailed findings

Background to this inspection

The inspection team consisted of an inspector; a specialist advisor in physical disabilities and an expert by experience, who had experience of physical disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On the first day of our inspection we were accompanied by the expert by experience. On the second day, the specialist advisor joined us.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We consulted the registered manager, four nurses one of whom was an agency nurse, 10 care workers, a volunteer receptionist and two chefs. We looked at eight people's care records and five staff files to check recruitment procedures and details of their training.

We spoke with 11 people, five of whom were able to communicate verbally and answer our questions. We also spoke with three relatives who were visiting the service and contacted 11 relatives by phone after our inspection to find out their views.

Before the inspection, the provider completed 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service and 10 healthcare professionals. These included a palliative care consultant, a consultant surgeon, two GPs, a dietitian, a care manager, a dentist, an optician, a Parkinson's Disease specialist nurse and an Independent Mental Capacity Advocate (IMCA) to obtain their views about the care provided at the service. The role of the IMCA is to work with and support people who lack capacity, and represent their views to those who are working out their best interests.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

At our previous inspection in March 2014, we found that care plans were not always up to date to reflect people's current needs and some risk assessments were general and not appropriate to ensure people's safety and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection, the provider wrote to us and told us what actions they were going to take to improve.

At this inspection, people who were able to communicate verbally with us stated that they felt safe. We spoke with one person who used a special typewriter to communicate. We asked her whether she felt safe, she typed "yes" in answer to our question.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. One member of staff said, "I would always report it straight away, I would let Eni [registered manager] know or one of the nurses."

Health and social care professionals with whom we spoke raised no concerns about people's safety. One care manager who we contacted by email stated, "I have no concerns around people being protected from abuse or avoidable risks." A Parkinson's Disease specialist nurse stated, "I have not had any concerns raised to me, either by the patient or their family about safety issues and indeed the staff have always displayed a real sense of urgency in contacting us if there have been any problems. I have no concerns regarding abuse."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager informed us and records confirmed that one person was currently subject to a deprivation of liberty. DoLS are part of the Mental Capacity Act 2005. These safeguards aim to ensure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that she was aware of the recent Supreme Court judgement regarding what constituted a deprivation of liberty. She explained that she was in the process of applying for further authorisations to deprive people of their liberty as outlined in the new ruling.

At this inspection, we found improvements had been made. We looked at people's care plans and found that seven of the eight care plans we examined were up to date and contained specific, personalised risk assessments on areas such as choking and moving and handling. The registered manager explained they were working with one person's care manager to ensure that her care plan promoted her welfare and safety and was agreed by all involved, including her relatives.

At our inspection in March 2014, we found that the service had been operating with reduced staffing levels due to a vacancy within the team. Staff told us that with reduced care workers they were not always able to meet people's expectations about what time they wanted to go to bed and when to get up on a morning. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection, the provider wrote to us and told us what actions they were going to take to improve.

At this inspection we found that improvements had been made. Staff with whom we spoke informed us that there were enough staff to meet people's needs. The registered manager informed us that the staff numbers were dependent upon the level of people's needs. One staff member informed us, "Staffing is very generous" and "Where I worked before, I ran from room to room – it's relaxing here, you have time to care. I'm so happy; we have no one with weight loss and no pressure sores." However, one person told us that more staff would be appreciated. We spoke with the registered manager about this comment. She said that people were always offered the opportunity to go out, but sometimes they chose not to go.

We observed staff carried out their duties in a calm unhurried manner. Staff spent time with people on a one to one basis. They also had time to take people out into the local community.

On the second day of our inspection, we visited the service early in the morning in order to talk to night staff and observe their practices. One member of night staff said, "There's enough staff, the care isn't compromised" and "There's no day or night staff divide, we all work together." Another said, "There's enough staff. We don't have to do the laundry or cleaning at night. We are purely there to meet the needs of the residents."

Health and social care professionals whom we contacted did not raise any concerns about staffing levels at the

Good

Is the service safe?

service. One GP told us, “They don’t have a high turnover of staff which is nice for me because I see the same staff” and “They provide good continuity of care…It’s rare to see a nurse that I don’t know.”

We checked recruitment procedures at the service. We read five staff files. Staff told us that relevant checks were carried out before they started work. One member of staff told us, “They carried out all the usual checks. I had to wait for my CRB and references were back before I started.”

We saw that Disclosure and Barring Service checks had been carried out before staff started work. These checks are carried out to help ensure that staff are suitable to work with vulnerable people. Two references had been obtained, which included one reference from their last employer. We noted that a health questionnaire was completed following an offer of employment which helped ensure people were physically and mentally fit to work at the service. We noted however, that certain questions were not fully completed, for example on their immunisation status. The registered manager told us that she would look into this issue. In addition, it was not clear what actions had been taken when a member of staff answered “yes” in relation to any questions which may affect their ability to carry out their duties. The registered manager told us that this information was always taken into account, but a documented risk assessment was not always completed.

Good

Is the service effective?

Our findings

Staff informed us that there was "plenty" of training available. One care worker said, "We can go to Eni and ask her for any training we want to do. I'm really interested in wound care and she organised for me to go on a course." Another care worker said, "I've had good training, moving and handling, food hygiene, infection control..." One nurse informed us that she had completed a teaching qualification and had undertaken training to meet the specific needs of people who lived at the service. Our own observations showed that qualified staff were skilled at carrying out complex nursing duties such as caring for people who used assistive breathing equipment.

The registered manager told us she was in the process of organising supervision and appraisals. Supervision sessions are used amongst other methods to check staff progress and provide guidance. The registered manager explained that certain day staff were overdue their supervision and appraisals. An action plan was in place to ensure that staff received supervision every two months and an annual appraisal was carried out. All staff with whom we spoke informed us that they felt supported. One staff member said, "I have supervision from nurse and I'm given a copy of the notes."

We checked five staff training records. They confirmed the training which staff had undertaken. Information about staff training was also stored electronically but was not always up to date. The registered manager told us that she was aware of this issue and had reported it to the provider.

We conferred with two chefs who spoke enthusiastically about their role in meeting people's nutritional needs. We looked in the kitchen and saw that there was a supply of fresh fruit and vegetables including salad ingredients. Homemade cakes and puddings were also available such as cheesecake and trifle. The chefs were knowledgeable about people's dietary needs. One told us, "[Name of person] has to have the crusts removed from her sandwiches" and "[Name of person] has to have a pear. She doesn't like it when there are none available so we always make sure that she has one." Information was available about people's likes and dislikes in the kitchen. We read that one person, "Likes a bacon or sausage sandwich with red sauce. Not keen on pineapple and dislikes broccoli and spicy foods."

We noticed that fruit was available throughout the day in the dining room. One person said, "There's always fruit which we can have – look it's over there." A hairdresser who was visiting the service told us, "It's like a five star hotel. It's fabulous they can have refreshments whenever they like."

We spent time with people while they had lunch. We noticed that staff provided discreet one to one support. The quality, quantity and presentation of food was good. We saw some people needed soft diets. These looked appetising as moulds had been used so they still had the appearance of a separate portion of meat and vegetables. One person informed us, "There's always a choice, if we don't like something they will make us something else." One relative informed us that on several occasions when she had met up with her family member to go shopping, it was apparent that she had not had breakfast. She told us, "It was as though she had been left in bed until last minute and did not have time to eat." We spoke with the registered manager about this comment. She told us that this person did not like to eat breakfast.

We observed a nurse administering nutritional fluids to one individual via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medication. The nurse ensured that the person was in the correct position and observed him throughout the procedure for any signs of discomfort. We contacted a dietitian by email who stated, "Nine of the service users are enterally fed, [fed directly into the stomach] all have different feeding regimes all of which are tailored to the service users' needs with the invaluable input from the nursing staff. I reassessed all of the feeding regimes and found all of the staff most helpful and all of the information I required was readily available e.g. recent weight, change in weight over several months, additional fluid intake." The GP said, "The staff are really skilled. They had someone [fed via a PEG] and they kept vomiting and they said, 'Why don't we reduce the amount of feed' and it worked…They have the knowledge."

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, podiatrist, opticians and dentists and had attended regular appointments about their health needs. We read one person's care plan which recorded that she had seen her

Good

Is the service effective?

GP, the phlebotomist [phlebotomists are trained health workers who take blood for testing] a member of staff from wheelchair services, physiotherapist, the dentist, dietitian, and Parkinson's Disease specialist nurse in June 2014.

The local authority care manager with whom we contacted by email stated, "The care that people receive is of a high standard; the care team are proactive in promoting a holistic approach to care based on best practice" The Parkinson's Disease specialist nurse stated, "In my opinion the Bradbury Wing does provide an effective service for my client who has very specialist and complex needs. Indeed, this was the second placement for her as her needs were not being met at the previous nursing home. My client and her family do feel that the care staff try to promote good quality of life and understand what is important to her to enhance quality of life."

Good

Is the service caring?

Our findings

People who were able to communicate with us told us they were happy with the care they received. One relative told us staff provided, "excellent care."

Health and social care professionals were also complimentary about the care provided. We contacted a consultant surgeon via email who stated, "I visit the Minories [The Bradbury Wing] every two or three months to see three or sometimes four people who have tracheostomies. I have always had the impression that the staff are kind and caring and relate appropriately and very well to the people in their care. The people I see are always comfortable and very well looked after in a clean, hygienic yet homely and personalised environment. It is certainly my impression that the staff show excellent respect and maintain patients' dignity in a cheerful and friendly way with humour and compassion. The Minories seems to me to be an excellent professional and caring establishment." The care manager commented, "The staff are extremely caring. They treat their service users with compassion, dignity, respect and kindness." The GP said, "They care" and "They have the best interests of the patients at heart." The palliative care consultant said, "They care about people. They spend time reflecting on what's best for that person" and "The care is above and beyond." The Parkinson's Disease specialist nurse stated, "I do feel the staff are generally caring and know my client and her needs very well when I speak to them. They appear to treat her with dignity and respect and compassion."

We spent time observing interactions between people and staff. One person was unable to communicate verbally, we heard the staff member involve him in conversation about plans for the following day, "Should we go and get something for your fish tank, I think that would be a good idea."

Staff spoke enthusiastically about their job and the people they looked after. They knew people well and any achievements or changes in their condition however small were noticed. One care worker told us, "When [name of person] first came in, he didn't acknowledge us. Now his eyes flicker, when we come in." This was confirmed by the IMCA with whom we spoke. She said, "I knew [person's name] when he was at [name of hospital]. It was lovely to see how he had improved. He was up and dressed and sitting in his chair and his eyes followed you. He had also put on weight."

We observed staff respecting people's privacy and dignity. They knocked on people's bedroom doors before they entered. They also spoke kindly to individuals and informed them what they were doing. One staff member gave an example of a person who was unable to communicate verbally. She said, "I speak to him and talk. You've got to tell him what you're doing, it's just courtesy." Another staff member said how she liked to sing to people. She said that one person liked music; however he was unable to communicate verbally. She said, "I often sing to him, I'm sure he likes it."

We carried out our SOFI whilst sitting in the courtyard. A number of people were enjoying sitting outside in the sunshine. Staff were also sitting outside talking to people. One staff member was assisting a person to drink. The individual started shouting and the staff member explained that this probably meant that she wanted someone else to help her with her cup of coffee. The staff member passed the drink to another member of staff and the person immediately drank all of her coffee. One person came outside who was in the middle of having her hair dyed by the hairdresser. There was much laughter between the person and staff when they commented on her half dyed hair style.

People who were able to communicate with us verbally told us that they had been involved in their care. We read one person's care plan and noted that an IMCA had been involved. We spoke with the IMCA following our inspection. She said, "Eni has the best interests of people at heart" and "It's a happy place."

Relatives also informed us that they were involved in their family member's care. One relative said, "I have always been totally involved with the planning of my son's care, as a family we are very pleased." Meetings for relatives were held regularly. We looked at the minutes from the latest meeting which was held in May 2014. Medication, holidays, staffing levels and the Great North Run were discussed.

Surveys were carried out to obtain the views of people. The registered manager had recognised that many people did

Good

Is the service caring?

not have the capacity to complete the questionnaires and therefore she had introduced a family and friends survey to obtain their views. The results of this survey had not yet been collated.

Good

Is the service responsive?

Our findings

Health and social care professionals told us that they felt that the service was responsive. The care manager who we contacted by email stated, "When a person's needs change they would contact the relevant persons involved in the care, I have no evidence to suggest otherwise." The dentist stated, "I have visited one particular resident on several occasions and have been involved in the care of two other residents who attend in clinic. On these occasions, the staff I have met I have found to be very caring and compassionate and they have responded quickly to any dental issues." The dietitian wrote, "If any service users have a nutritional problem in between my visits, the staff contact me promptly and an early review is organised." The Parkinson's Disease specialist nurse stated, "The service is very responsive and is always proactive in seeking help and advice promptly if there is a concern or change in symptoms which they think needs addressing."

A GP told us, "They're really responsive…They're always coming up with ideas and solutions – how do I get this person's temperature down? They're also good at talking to me over the phone" and "They phone me if they're worried about anything and their calls are always appropriate."

We spoke with a palliative care consultant by phone who gave us lots of examples of how the service was responsive. She said, "I find them very good. I don't see the day to day care but I see the impact that they have on the patients…A gentleman was admitted [who could not communicate and had no family] and they were looking through some of his photos and they saw that he was wearing thick rimmed glasses in the photographs. They immediately asked the optician to visit and got him glasses" and "Another gentleman had a dental abscess. There was a review to decide whether he should go into hospital to have his tooth taken out. They made sure that there was a senior member of staff at the meeting and a decision was made in his best interests not to have his tooth removed. Their focus is always what's right for the individual and making sure that the right decision is made at the right time for each person." She concluded by telling us, "They are always questioning in a positive way about how they can best meet the needs of the patients…They assess people and say 'What can we do to make sure their needs are met?' They don't just give up. I'm impressed to see that they can fulfil people's potential…They go that extra bit"

We observed some people were looked after in bed for most of the time because of their condition. We saw they looked comfortable and well presented. Staff observed people regularly for any signs of pain or discomfort. The palliative care consultant said that staff responded quickly if anyone appeared in pain or distress. She told us, "One patient was uncomfortable and in pain, they looked ahead and were looking at ways to control his pain." She explained that care was planned ahead so that immediate action could be taken with regards to pain relief, "We have all the communication in advance…everything is written up and planned."

Staff told us no one at the service had a pressure sore. They informed us they responded quickly if they noticed any deterioration in a person's skin. The palliative care consultant agreed and said, "One of the patients came back from hospital with a pressure sore and they went overboard to make sure that it healed." The GP also stated, "They've never had any pressure sores on their watch…Yes they've had some when patients have come back from hospital, but they always make it their business to make sure they heal as soon as possible."

Staff followed the best interests principle outlined in the Mental Capacity Act 2005. This states that any act done or decision made on behalf of an adult lacking capacity must be in their best interests. We read one care plan which stated that a best interests meeting had been held when a complex decision needed to be made. The GP also confirmed our findings. She told us, "There was a big meeting recently with lots of people there and the staff managed to come up with what was best for the patient."

People informed us and records confirmed that there was an emphasis on meeting social needs and that the service promoted their hobbies and interests.

Staff told us people could attend the day service which was located next to the Bradbury Wing and join in the activities which were organised there. We spoke with an agency nurse who told us, "They take people out a lot and they take an interest in them which is nice to see." A relative with whom we spoke said, "[Name of person] has a more active social life then me." We read a letter from another relative about the arts and crafts sessions that a member of staff ran. The relative had written, "Dear Eni would it be possible to mention [name of staff member] Saturday creative art sessions in the Leonard Cheshire magazine. These sessions are some of the nicest things I've seen since [name of

Good

Is the service responsive?

person] came here. The atmosphere is relaxed and pleasant and everyone is sitting round like a family group 'having a go.' [Name of staff member] is supportive with everyone and they all seem to enjoy it."

Staff gave us more examples of activities and outings. One staff member told us, "When we go out, we often go into town and do girly things. [Name of person] will go into Marks and Spencer's and have an ice cream and we try on the perfumes…We do things together - it's not like she's out with her carer." Another staff member said, "[Name of person] loves trains and Eni has arranged a trip to a locomotive museum" and "It's sometimes a challenge, but that's one of the great things – taking people out and seeing their enjoyment." During our inspection, the registered manager and staff took three people away on holiday to the Scottish Borders.

We read care plans and looked at photographs and saw that other activities included horse riding, visiting local wildlife centres, museums, attending music concerts and completing the Great North run. The registered manager explained that these activities were available to all people, including those with very complex needs. We met one person who was unable to communicate verbally. We saw a photograph of her at the fun fair on a dodgem car. She was laughing and looked extremely happy.

There was a complaints procedure in place. One relative told us he felt that communication could be improved especially between the registered manager and relatives. The registered manager told us that all relatives had her mobile phone number and they could contact her at any time. Another relative told us she was "contacted immediately" if any changes occurred in her daughter's condition. She said, "I feel that I can talk to any member of staff" and "My concerns are always dealt with." She also explained that she felt the registered manager was "Totally committed to ensure my daughter is able to live her life to the full." She stated she had never needed to make a complaint but said that if she did, "I know it would be dealt with quickly."

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included, “Morale is good. We have respect for Eni and she has respect for us,” “Eni is really lovely, really supportive,” “Eni’s door is always open,” “Eni gives me lots and lots of support. She’s supportive of staff, service users and their families,” “Eni comes in every day for the handover so she knows what’s going on. She works her socks off – she takes them [people] on holiday, she’s there to meet all of their needs,” “Eni is the best manager I’ve ever worked for” and “Eni leads by example.”

The registered manager had received an award from the provider for "Inspirational Woman" in 2013 for her commitment and dedication to the enhancement of people’s lives. She had obtained this award whilst managing the Bradbury Wing.

We saw that the registered manager assisted people throughout the day. At lunch time, she put on an apron and helped people with their meals. One person told us, “She always does that, she’s always around – she knows us and what we like.” However, one person said, “Since the new manager started, things have changed. It’s as though she is penny pinching.” He explained that gloves, aprons and other materials were no longer kept in his room and staff had to spend time looking for them. We spoke with the registered manager about this comment. She said that these items were readily available and this was confirmed by the staff. The registered manager told us that they had removed some of the materials and medical equipment from bedrooms to help personalise the environment and ensure that they looked less clinical and more homely.

Health and social care professionals were also complimentary about the management of the service. The care manager who we contacted by email stated, “The management are excellent and lead by example. They encourage the staff to express any concerns as they would family/friends. There is an open door policy and promote an open /fair culture.” The Parkinson’s Disease specialist nurse stated, “The service appears to be well led and the staff are very receptive to training and education which was given to them on my clients very specific and specialist needs.” The palliative care consultant told us, “Eni has been very innovative. She’s very much an advocate for the patients. Just because it hasn’t been done before, doesn’t mean that it can’t be done… They are proactive and are always questioning practice and moving forward.” The IMCA stated, “Eni isn’t afraid to manage her staff and say what needs doing – she does it in a nice way though.”

Staff informed us that they enjoyed working at the Bradbury Wing. One staff member told us, “It’s a really good company to work for. You get excellent training and you can work your way up the ladder and go further.” Other comments included, “It’s brilliant working here. I previously worked in 10 nursing homes and this is the best.” Another stated,” I’ve been a carer for eight months now, I was previously on the domestic staff, it’s the best job I’ve had in my six years in England.” Other comments included, “It’s a delight to work here. I wouldn’t work anywhere else,” “It’s a lovely atmosphere, for both the residents and the staff,” “I used to work in a hospice and this is the only place where I’ve worked where the standard of care is as good as the hospice” and “I feel valued.”

Following feedback from the latest staff survey the provider was introducing a staff recognition scheme. This scheme included the launch of an annual award ceremony which aimed to recognise staff for their work to promote and sustain the provider’s values.

The registered manager carried out various audits or checks to make sure that the service was meeting recognised standards. The registered manager undertook unannounced “out of hours visits.” The purpose of these visits was to monitor the level of care and support which was delivered outside usual office hours. A minimum of four visits were planned each year. We looked at records from the last visit which was carried out on Saturday 21 June 2014. The registered manager had written, “All staff acted in a professional manner whilst carrying out various activities. Those staff dealing with [people] were engaged with all specific individuals and one group of four were out in the courtyard.” Under the title “actions required” the registered manager had documented, “To continue to provide the standard of care as witnessed on my visit.”

A monthly health and safety checklist was carried out. This covered areas such as infection control, the premises, accident reporting, fire safety and training. No concerns were raised. The registered manager also completed a monthly manager’s report which was sent to the provider’s representative. This covered occupancy levels, staffing, safeguarding and complaints. We noted that there was a care supervisor [deputy manager] vacancy. The registered

Good

Is the service well-led?

manager explained that the absence of a care supervisor had increased her work load. She dealt with this by prioritising her duties and concentrating on those which were most important. She agreed that staff supervision, appraisals and staff meetings had lapsed but she had an action plan in place to address this.