Bondcare Willington Limited

Richmond Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 7 April 2016 was unannounced.

The service was last inspected in April 2014 when the provider was compliant with the regulations.

Richmond Court is part of the Willington Care Village, a group of homes owned by Bondcare Willington Limited. Richmond Court is registered to provide care for up to 49 people and includes three separate units. One unit is for individuals with dementia care and nursing needs and the other two units for people with learning disabilities which also included respite facilities. These latter two units whilst registered with CQC under the overarching service Richmond Court are also known as Binchester and Raby Court.
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There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider carried out checks on staff before they started work in the service to see if they were suitable to work with vulnerable people.

We found the home to be clean and the registered manager had in place cleaning schedules to reduce the risks of cross infection.

Staff demonstrating to us they had a good understanding of safeguarding and what to look out for if a person was being abused.

We found people's medicines were given to them in a safe manner and staff had been assessed to ensure they were competent to apply people's topical medicines.

There were regular checks in place to ensure the building was safe, these included health and safety checks, fire alarm checks and fire drills. Checks were also in place for water temperatures and to ensure window restrictors were working.

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. We found the service worked within the principles of the act and when required had made applications to the appropriate authority to restrict people's liberty and keep them safe. The Deprivation of Liberty Safeguards (DoLS) provides guidance to enable care providers to do this. We found the service had followed the guidance.

Kitchen staff were aware of people's dietary needs and their preferences. We found people were supported

to eat when needed by staff and staff encouraged people during their mealtimes to eat. People's weights had been stable with only minor fluctuations.

Staff had received training pertinent to the role. We found staff completed e-learning training and then were tested by the registered manager using a workbook. This meant the registered manager endure they were competent to carry out their roles.

Staff were viewed by relatives as very caring and supportive to the people living in the home. Relatives expressed confidence in the service.

We observed staff approaching people and treating them with dignity, respect and kindness.

Activities coordinators were employed by the service and we found people were engaged either in group or individual activities according to their preferences. People appeared to enjoy the activities.

We found there was a strong management presence in the unit. Staff and visitors to the unit made favourable comments about the manager.

The home had a range of quality audits in place to monitor the service. We found if any deficits were noted these were addressed and reported as having been carried out.

The manager had in place staff meetings where they resolved issues and gave direction and /or permission to staff to improve the service.

Surveys of the home had been conducted to monitor the service provision. The responses to the surveys were positive.

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.

The service had in place a robust recruitment procedure. We found all required checks were carried out on staff members before they started work.

We found the service had arrangements in place to ensure the home was clean and the risks of cross infection were minimised.

We found there were sufficient staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

The service had adhered to the Mental Capacity Act and appropriately followed the guidance on the Deprivation of Liberty Safeguards to ensure they could protect people.

Staff were aware of people's dietary needs and supported people to eat their meals when required.

We found staff received supervision and support from their management team. The registered manager also had in place a training matrix which showed when staff training needed to be renewed.

Is the service caring?

Good

The service was caring.

Relatives told us they found the service to be caring and in the feedback to the registered manager's quality surveys gave specific incidents where staff had proved their caring abilities.

We observed staff treating people with dignity and respect. Staff had a detailed knowledge of people's backgrounds, their likes and dislikes.

The staff made referrals for advocates for people when they were

unable to speak up for themselves.

Is the service responsive?

Good

The service was responsive.

We found people's care planning was detailed and person centred.

Arrangements were in place for the service to contact other professionals to support people in a timely manner. This meant staff were able to respond appropriately to people's needs.

Activities were in place for people and staff engaged people in activities which were of interest to them.

Is the service well-led?

Good

The service was well led.

We found the registered manager proactively led the service. Staff told us they found the manager approachable.

The quality of the service was monitored through a range of audits and actions were put in place to address areas which needed improving.

There were community links in place which meant other professionals were invited into the home to support people. The activities coordinator told us they had forged links with local schools and showed us examples of visitors brought into the home to diversify people's activities.

Richmond Court

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 April 2016 and was unannounced.

The inspection team consisted of one adult social care inspector and two specialist advisors. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One specialist advisor had a background in learning disabilities whilst the other specialist advisor had a background in caring for people with dementia.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with four people who used the service and six relatives and friends. We interviewed staff and observed their interactions with people. We also carried out observations of people in each unit to check if they were comfortable. We spoke with the registered manager, nursing staff, eight care staff, kitchen and maintenance staff and activity coordinators.

We reviewed six peoples' care records and four staff recruitment records. 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.

Before the inspection, the registered 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. We used this information to inform our inspection

Good

Is the service safe?

Our findings

We spoke with one person's relatives who told us they felt their relative was, "Very safe." Another relative expressed their confidence to us in staff keeping their relative safe. We observed people's behaviour and found they were relaxed in the company of staff. People sought staff attention with smiles and readily engaged with staff who approached them. We spoke with people who were able to communicate with us by nodding their heads and saying, "Yes." In response to our questions they told us they were happy living in the home.

The service had in place a robust recruitment procedure. Prospective staff were expected to complete an application form detailing their previous experience and training and providing the names of two referees. The service then sought references and under took a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. Bondcare Willington policies gave advice to managers on what actions to take if a staff member was found to have committed offences. This meant the service applied rigorous standards to the staff they employed.

The registered provider had in place a whistle-blowing (telling someone about their worries) policy which said, 'No Staff Member will be penalised for raising a concern provided that the matter is raised in good faith; is true; and is not raised for the purpose of personal gain or out of any form of malice'. Staff spoke to us and said they would tell the registered manager if they had any concerns. The registered manager told us there were no current investigations into whistle-blowing concerns.

We looked around the home to check if it was clean and risks of cross infection were minimised. Staff we spoke to told us how they reduced the risk of cross infection. We saw there were cleaning schedules in place which had been completed by staff to show they had carried out cleaning duties. People's room and the communal areas of the home appeared clean. We saw there were alcohol gel dispensers situated around the home for staff to use when supporting people. Staff wore appropriate personal protective equipment when carrying out personal care tasks.

We saw there was enough staff on duty to support people. Some people had 1:1 staffing to ensure they could be kept safe. The registered manager told us the staffing levels were always under review. Discussion with the staff on duty indicated that they felt that the staffing levels were appropriate for the client group. They told us staff worked flexibility should there be any planned activities or situations that required more staff or for staff to be away from a particular part of the home. This meant changes in people's needs were accompanied by changes in staffing levels if required.

We saw the registered provider had in place a Safeguarding Vulnerable Adults Policy. Prior to the inspection we looked at the number of safeguarding notifications received from the registered manager. We spoke with the registered manager about our findings. They demonstrated to us that the rise in notifications was due to the changes in accommodating people with increased behaviour patterns which challenged the service. We

looked at the patterns of the incidents across 2014 and 2015 and found there were no identifiable trends. During our inspection an incident occurred which could not have been predicted. The registered manager explained the incident to us and following our inspection submitted the required notification to us.

We discussed with staff safeguarding and whistle indicated a good level of understanding in relation to aspects of 'whistleblowing', including describing various scenarios in which they would consider doing this, including potential abuse from another member of staff, or family member.

We saw the registered manager reviewed accident and incident reports and put actions in place to address any issues. For example where a member of staff needed to improve their practice the registered manager had carried out a reflective supervision with them. This meant the registered manager took action in response to accidents and incidents to prevent any re-occurrences.

People who lived at Raby Court and Binchester Court were unable to administer their own medicines. Each person's medicines in Raby Court and Binchester Court were stored in locked wall mounted cupboards in their bedrooms. Keys were held by the Senior Care Assistant who usually administered medicines. We saw that medicines were supplied on a 28 day basis via a national pharmacy chain. Staff reported no problems in relation to prompt delivery and told us if supplementary medicines are required if ordered before 14.00 hrs they can be delivered the same day. They also had access to an out of hour's pharmacy. People who lived on the Richmond Court side of the home had their medicines administered by a nurse or senior carer.

No homely remedies or covert medicines were being used, although we saw in preparation for such events the registered provider had in place a policy. Staff had also been assessed to be competent in the application of topical medicines. This ensured staff understood and were able to apply people's prescribed topical medicines.

We looked at people's Medication Administration Records (MAR) and found these were up to date and accurate with no errors or omissions. Any medicines which had not been given or declined were recorded on the MAR. Each person had a photograph in the MAR folder for identification purposes, and any specific allergies were highlighted together with their preferred way of receiving their medicines.

We found there were clear protocols in place for medicines known as PRN. PRN are medicines which are given to people as and when required. In the event of people having prolonged seizures we saw people had been prescribed a rescue medicine which was stored separately. All senior care staff and care assistants working at night had received training in how to use the rescue medicine.

The registered provider had in place a range of risk assessments to monitor and measure risks to people living in the home. For example we saw there was a fire safety risk assessment and actions were put in place to ensure the risk assessments were up to date. Fire alarms were tested weekly and the home had undergone fire drills. We saw checks were carried out for example on water temperatures and window restrictors. The home had a current gas certificate and electrical checks in place including annual Portable Appliance Testing (PAT). We also saw people had individual risk assessments in place, the assessments mirrored their care plans and actions were put in place to mitigate risks. All this ensured people living in the home were kept safe.

Good

Is the service effective?

Our findings

One relative described to us how the service had been effective and met the needs of their relatives. They told us they could not be, "Looked after any better." We observed staff anticipate people's needs for example when they wanted something to eat and drink.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the registered manager had assessed peoples' mental capacity and had made applications to the appropriate authority to deprive people of their liberty. The registered manager kept a checklist of the applications so they knew when they had made the applications and when they had been granted. The registered manager was waiting for most of the applications to be processed. Staff were aware of when the authorisations were due to expire and new applications were required. Staff told us they had been trained in the requirements of the Mental Capacity Act and DoLS. We saw records to confirm this. We also found each person who was subject to DoLS had a clearly identified DoLS care plan which highlighted what people could and could not do under DoLS. This meant the service had considered people's abilities and the impact of using a DoLS to ensure people's needs and wishes could be met.

We noted one person was subject to the Court of Protection. Staff were aware of the rationale for this action and during our inspection took appropriate action to keep the person safe.

We discussed with the registered manager and staff the use of physical restraint. They told us they do not use physical restraint but do use de-escalation techniques including should a person become disruptive then other people would be removed to a safer and quieter area. We found this approach was described in people's care plans which clearly highlighted the effective actions to be taken.

We carried out an observation over a lunchtime period in two of the sections of the home. We found tables were set with appropriate cutlery, and condiments. People were asked in the morning to indicate a choice; staff told us some people who have communication difficulties were generally able to indicate a preference by sound or movement. The food appeared appetising and people were happily involved in eating their meals. In one of the units we conducted a SOFI and found staff served people in a calm manner. Staff provided encouragement to eat and support to people to eat independently if possible. People's moods

throughout the meal remained positive.

The service had in place up to date nutritional assessments. We reviewed people's weights and found they had remained stable with no significant weight losses. Food and fluid balance charts which record what people had eaten and drank were up to date and there was evidence the service had contacted GP and dieticians if they had any concerns. One staff member told us if they had any concerns with a person's dietary intake they would, "Contact SALT (Speech and Language Therapists) and also Dieticians for advice." In line with the guidance form the National Institute of Clinical Excellence staff were reminded using a notice on the serving hatch that people with diabetes required their insulin checks before being given their meal. This meant people with diabetes received the appropriate care.

We spoke with kitchen staff who demonstrated to us they knew about people's dietary needs and preferences. Care plans were specific in relation to dietary issues, and SALT support had been sought for some people with swallowing difficulties. Pureed and small bite sized food servings were available when required. Hot and cold drinks were available during the day with snacks and biscuits. One person living with dementia took two plain biscuits and turned to us putting their finger to their lips to indicate to keep quiet. The member of staff explained to us the person had diabetes and was only allowed two plain biscuits. This meant staff were aware of people's dietary needs.

We saw within Binchester Court and Raby Court there was a fitted kitchen area adjoining the lounge, with worktops and cupboard space. Cooker control knobs were removed as a safety feature when not in use. A first aid kit was immediately available in the kitchen areas. Staff told us the washing machine and separate tumble drier were currently being re-located to another area, as the noise from them can disturb people watching television, or taking part in activities. We saw piping in an unused bedroom was being adapted to transfer the washing machine and drier.

Staff told us that they had undertaken mandatory training, COSHH, Safe Moving and Handling, Oral Care, Health and Safety, Administration of medicines. We saw the registered provider had introduced a new online training system called 'e-learning' so staff could go on line and carry out learning. In addition having completed the e-learning training the registered manager gave a work booklet to test their knowledge and check if the e-learning had been effective. We saw these books had been completed by staff. One member of staff said, "You have to go on line to watch the video before you can answer the workbook." Another member of staff told us they had done, "Loads of training."

The registered manager also had in place a training matrix which demonstrated the frequency of the required training and which staff were to complete the training. For example fire safety was to be completed by all staff every six months whilst the safe administration of medicines was to be completed by nursing staff and senior care assistants. The training statistics showed all staff had received an induction; however some staff had yet to complete all of their required training on the new programme. Staff had also completed NVQ qualifications appropriate to their role.

We looked at staff supervision and support. Staff reported that they had a supervision meeting with their manager six times a year and that appraisal was carried out annually. Staff told us the process of supervision was a two way dialogue, and told us it gave them the opportunity to put their opinion across. We looked at staff supervision records in staff files and found there were gaps in the pattern of supervision records. The registered manager directed us to supervision records which had yet to be filed. We also saw the registered manager regularly held staff meetings to provide guidance and discussion forum for staff. Although not all staff could attend these meetings, the minutes were made available to staff. Staff told us they felt they had the support they needed to carry out their role.

We observed staff communicating with each other about people's needs throughout the day. The service had in place a handover document where important information about people was written down and transferred between shifts. Each section of the home had a diary were people's appointments were noted and there were boards which provided an at a glance information source about people. This meant the service had in place communications systems which supported people's needs being met.

Good

Is the service caring?

Our findings

One staff member told us, "I love coming to work here, we are all one family, we do everything to make people happy." Another staff member said, "Everyone is happy here." One staff member told us they had worked in the home for over five years, "And loves it." Another staff member said, "It was a privilege to work with people with dementia", and they enjoyed their job. We found staff were committed to the work they do.

We looked at the results of the most recent survey carried out by the service to see what people thought about the care provided to people. All of the responses were positive. One relative had written, "Under the circumstances of [person] medical health problems all the care staff cater for her needs as required in a caring and compassionate way." Another relative had written "All staff are open and friendly with myself" One relative described the staff as, "Amazing" and said they did not worry about the care of their relative as they have confidence in the staff. This was echoed by another relative who said, "I am confident my sister is well looked after by fantastic staff that keep me informed at all times of [person's] well-being. I have no concerns whatsoever".

Staff we spoke with spoke with demonstrated significant knowledge of the individuals being cared for on the individual sections of the home, including birthdays, and significant life events, and knowledge of family. One staff member said, "Coming to work is like it's like part of my family." We found the staff provided a relaxed homely atmosphere and engaged people in conversation throughout the day. Staff appeared relaxed and flexible in their approach, particularly with people who have communication problems.

We observed staff appeared interacting well with residents, and treating them with dignity. We overheard a member of staff call a person, "Sir" and the person responded to this. We spoke with the member of staff about this. They explained the person was from a military background and by calling the person, "Sir" it respected their past and they responded positively to those memories.

A staff member also informed us about their interaction with a person who although could speak English preferred to communicate in their own language. The staff member spoke a few words of the person's language, and would greet the person on a morning with a greeting in their own language. The registered manager told us about a visitor to the home who can use the same language so they would seek their support to converse with the person living in the home. We also found that the registered manager had requested an advocate for the person who could communicate in their preferred language. This meant staff were addressing the issues of equality and diversity.

During our inspection we saw the service had requested advocates for people and had treated relatives with respect as advocates for their family members. One relative described staff as having listened to them and worked with them to support their family member.

At the time of our inspection there was no one at the end of their life. However we found there were people whose death was expected. The service had worked with local GPs and had in place anticipatory drugs for two people to ensure they could be supported to have a comfortable, dignified and pain free death. We saw

staff had been trained to support people at the end of their life. We saw their weight and hydration was well maintained, and staff displayed empathy and warmth. They were being closely monitored by the community matron, and discussion had taken place with family in relation to end of life care. This meant the service was delivering appropriate care that reflected people's needs.

We looked at people's bedrooms and found the majority of rooms had been personalised with people's possessions to make them more homely and provide reminders to people about their past or current lives. Some of the rooms within Binchester Court had little in the way of belongings or bedding. We were informed that these people regularly tried to throw their bedding and clothing out of windows. Staff tried to keep each person's clothes clean by storing them in a separate room, and assisted them with a choice of their clothing in the morning and at bed time as well as making the bed up as and when required.

Due to communication difficulties we were unable to discuss in detail aspects of people's care with them. However, from reviewing detailed care plans it was clear that the overall aim was for people to retain as much independence as possible. We observed staff supporting people and giving them choices as well as encouraging them to carry out tasks independently.

We looked at the service user guide and found it was written in plain English. On the front of the document it stated, "This document has been prepared to provide the kind of information that you and your relatives and friends will find useful as you settle into your new home". This meant the registered provider had given people information about the service. We saw on notice boards there was other information available to either people who used the service or their visitors. For example leaflets were available to take away on how to raise concerns about people with the local authority. The results of the surveys were displayed and information was provided on dignity in care. This meant people, their relatives and staff were provided with information to promote people's well-being.

When communal activities were due to start we observed staff giving people information to service users and when required providing them with support and encouragement to join in. We found guidance was provided to staff in one person's care plan to encourage them to be a part of activities. Staff followed this guidance and the person went to watch a film on a large screen in the dining room.

We observed staff knock on people's door and close the doors to give people privacy whilst delivering personal care. Staff responded quickly to an incident to maintain a person's dignity. We found staff respected people who lived in the home.

Good

Is the service responsive?

Our findings

One relative described a situation to us where staff had responded to their family member and said they, "Couldn't ask for better." Another relative confirmed if their family member required a doctor the staff would call one to the home.

We found a staff signature sheet in each person's folder to indicate that they have read the person's care plans. We looked at people's care plans and risk assessments and found them to be detailed and comprehensive. Risk assessments were relevant to people's care needs.

Each person's care file began with a one page profile which gave a personalised social history, including hobbies and interests. We saw people also had information in their care files entitled, "This is my life" which detailed their likes and dislikes, how they reacted at certain points and what actions staff needed to take to support them. Care plans were relevant to individual people and included eating and drinking, skin integrity, falls, and mobility. We found clearly identified plans for community access and participation which took into account any potential issues relating to DoLS and the staff resources required.

People who had significant care needs in any aspect of their lives had very detailed care plans in place. For example one person who required bed rails and floor protection including the use of sensor alarms had a very detailed care plan in place to ensure they were safe. Other plans clearly provided a detailed assessment of needs including physical healthcare needs. In one person's file we saw immediate actions staff were to take in relation to their epilepsy; there was a clear process outlined for dealing with this at various stages, up to ringing an emergency ambulance. This meant people's care plans gave information and guidance to staff to provide person centred care.

People living in the service had a hospital passport which contained detailed information about their health needs and how they were to be treated in an emergency. This would accompany the person should hospital treatment be required.

Staff told us people were usually registered with the local GP practice in Willington, however some people preferred to stay with their usual practice when they moved into the home. We saw staff sent a fax to the local surgery with a list of concerns about people every day and contacted other surgeries when required.

We found appropriate and timely referrals were made to speech and language therapists, dieticians and wheelchair services. Following one assessment by an external professional we saw family members were unhappy at the outcome. Staff had contacted the GP for advice and arranged for a further assessment of the person to be conducted in the presence of the family which led to a resolution.

We saw the registered provider had in place a complaints policy. The registered manager had recorded the complaints in line with the policy and provided each complainant with a response to their concerns. The registered manager had also documented in the complaints file following an anonymous complaint to the CQC what actions they had taken with the outcome. This meant the registered manager took complaints

seriously and followed the registered provider's procedures.

We spoke with the two activities coordinators. One activity coordinator told us they had learned by experience to have one activity per day which people could elect to join in and then have other activities they can draw upon to give people individual time and attention for example one person liked to have time with the coordinator and have a spa bath. The activities coordinator had in place a list of outcomes for activities which include emotional well-being, "Stimulation, achievement and attentiveness." This meant the coordinator was aware of what could be achieved for people through the provision of activities.

We found one person singing along to a musical. Staff explained it was their favourite musical and was something they liked to do. Staff encouraged one person to look at a newspaper and discussed horse racing with them. They explained it was something they were interested in. We found staff engaged with people in meaningful conversations.

During our inspection we saw people join in a game of Bingo and watch a film on a large screen. A coordinator had arranged for lambs and puppies to be brought into the home. We saw people enjoy the experience of cuddling the puppies and feeding the lambs. The local press visited the home and took photographs. Following the on-line publication of the report a local TV company contacted the home to arrange a visit the following week. The registered manager and the activities coordinator were aware of what actions to take to allow a TV company into the home.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Staff spoke to us about the registered manager and said, "The manager is very supportive". Another staff member told us they could go to the registered manager with any issue and they would get support. One staff member told us the registered manager, "Was supportive and approachable" and told us if they went to them with a training need the registered manager would organise training. Staff also spoke to us about the managers of each section of the home; one staff member said their immediate manager, "Was approachable and helps out."

We found the culture of the home to be warm and friendly. Staff understood the need to keep the atmosphere of the home calm and peaceful.

Since our last inspection the registered provider had rearranged the management structure of the service so that the registered manager was responsible solely for Richmond Court. This enabled the registered manager to focus on the service. We found the registered manager was knowledgeable about social care, the service and the people who lived there. They worked closely with the staff to ensure people's needs were met.

We saw the registered manager had in place a range of audits to monitor the quality of the service. These included a dining with dignity audit; we saw the auditor had written. "Ground floor, Very appetising meal, tables set appropriately, excellent staff support, music playing in the background, condiments in place." We also saw care plans audits carried and actions were put in place to improve the care planning. We found further audits including medicines, catering and health and safety audits were also carried out. This meant the service had in place a range of audits to ensure the quality of the home.

The service has well established links with community organisations, and health teams which was clearly evidenced in the records. Staff spoke with us about contacting other professionals as and when required to make sure people's needs were met. Relatives told us the serviced worked in partnership with them and they were kept to date with their family member's activities and needs.

We saw the registered manager had in place team meetings with for example kitchen staff and care staff. From the minutes we found the registered manager gave directions to staff and permission to improve their aspect of the service. In one of the meetings we saw the manager had set professional standards in the home following an incident where the staff photograph board located at the entrance to the building had been defaced. The manager had raised the issue with staff stating the behaviour was unacceptable and gave a poor image to those entering the building.

In April 2015 the registered manager had sent 28 surveys out to relatives, 14 were returned. We saw only positive comments were made about the staff. Staff also had received quality surveys and it was disappointing to note only nine staff had returned their surveys. However all nine staff reported that they felt able to approach the manager with concerns. This meant there was clear leadership in the home.

We found the registered manager met the requirements of their CQC registration. Notifications had been sent to the CQC appropriately outlining the incidents which took place in the home and the actions which had been taken. The registered manager was clear accountability for the service lay with them.

The registered manager proactively managed the service. We saw the registered manager provided notices to the staff on any training or induction parts which were outstanding. Prior to this inspection we received some anonymous comments about staff. We passed these to the registered manager who carried out a robust investigation and reported their findings back to us. We had also received some very positive comments about the service and had passed these onto the registered manager. We saw our email to the registered manager with the positive comments had been pinned to the notice board so staff knew about them.

The registered manager carried out visits to the home during the night including one at 3am, and completed a checklist which showed they had monitored the people's care and the staff working. This demonstrated the registered manager had put in place auditing to measure a 24 hour service.

The service had community links in place with other professionals including GP's learning disability teams, and community nurses who were invited into the home to support people. The activities coordinator told us they had forged links with local schools who had come into the home to entertain people. They showed us examples of visitors brought into the home to diversify people's activities, for example a candle service which the activities coordinator explained help stimulate people's sense of smell and relaxation.

Care information was maintained securely in a lockable cabinet in the office in each section of the home. Personal and immediate information was easy to locate in the records including details of each person's reasons for admission, underlying health issues etc. This meant care records were appropriately stored.