

Amber ARC Limited

# Kimberley Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

The inspection took place on 3 November 2015 and was an unannounced inspection.

Since our previous inspection on 3 December 2014 the provider had ceased to provide nursing care from this home. The home provided residential care to older people and people living with a dementia. The home was set out over two floors and was registered to provide care

for 68 people. However, the manager told us that there was only space for 64 people. One area of the home was called The Willows and this was a secure unit for people living with dementia.

There was a manager at the home; however, they had not completed their registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 3 December 2014 we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that there were not enough staff to support people effectively and staff did not receive effective training. Medicines were not safely administered and people were not fully supported against the risks associated with inadequate food and hydration. Care was not fully planned to keep people safe and meet their needs and people were not treated with consideration and respect. Systems to assess and monitor the quality of the care and identify, assess and manage risks were ineffective.

At this inspection we found the provider had made the necessary improvements and was no longer in breach of any regulations.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. Where people may lack the capacity to make decisions for themselves capacity assessments had been completed. Where people were unable to make decisions, these had been taken in their best interests after obtaining their views of friends, relatives and health and social care professionals. Where people were at risk of being deprived of their liberty they had been appropriately referred to check if a DoLS was needed.

There were enough staff to meet people's needs. Staff had received appropriate training and support to provide safe care to people which met their needs. However, this was not always fully embedded in their work. Staff were able to identify how people may be harmed and knew how to report any harm to their senior care staff or manager. However, they were not always aware of how to raise concerns with external organisations.

Care plans recorded risks people were exposed to while receiving care and the action to be taken to reduce the risk. In most cases care was delivered in line with the care plans to keep people safe. However, lack of understanding of pressure relieving equipment by care staff in the dementia unit meant people were not fully protected from the risk of pressure damage. Care plans were structured so information was easy to find and most contained information needed to keep people safe. However, care plans for people in the dementia unit did not contain information on when to administer medicines prescribed to be taken as required or around diabetes care.

People's medicines were ordered, stored and disposed of safely. Staff had received training in how to administer medicines safely and we saw they followed that training. However, urgent medicines were not always obtained in a timely manner.

The care provided met people's needs and was delivered at a pace appropriate for the person being supported. Care staff and other staff were kind and respectful to people receiving care. People were offered choices in their everyday lives and were involved in decisions about their care. Activities were provided and people had the opportunity to be involved in planning activities for the home.

The mealtime experience was pleasant and planned. Nutritional assistants supported people to eat and people's nutritional needs were identified. People had been appropriately referred to health care professionals for advice and support.

The manager had improved the culture in the home and staff identified that they trusted and respected the manager. Staff were focused on providing person centred care and felt supported to do so. The systems in place to monitor the quality of care provided were effective and people living at the home and their relatives had been able to evaluate the service they received.

# 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 not consistently safe.

There were enough staff to meet people's needs. Staff had received training in protecting people from harm. However, some staff did not know how to raise concerns outside of the organisation.

Risks to people had been assessed and care was planned to keep people safe. However, staff did not fully understand how to keep people safe from pressure sores.

Medicines were administered safely. However, there were no care plans to support staff to administer medicines prescribed to be taken as requires. And systems to obtain urgent medicines were not always effective.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Staff received training and support to keep people safe. Any gaps in training had been identified and action taken. It was not clear what formal training was covered as part of the staff induction.

The manager and care staff were aware of the Mental Capacity Act 2005 and supported people's abilities to make choices and their human rights.

Mealtimes were pleasant and people had choices around their meals and drinks. There were enough staff to support people at mealtimes. People's nutritional needs had been assessed and appropriate referrals to healthcare professional had been made.

The provider was in the process of improving the environment and refurbished areas were bright and welcoming.

**Requires improvement**



### Is the service caring?

The service was caring.

Care staff were kind and caring and knew people's needs. They provided care at a pace people could respond to and knew people's individual ways of communicating.

People were supported to make choices and to be involved in decisions about their care.

People's spiritual needs were supported.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires improvement**



# Summary of findings

Care was planned and delivered to meet people's needs. However, diabetes care for people in the dementia unit was poor.

Activity coordinators had received training in providing activities which met people's needs and were putting those skills into practice.

People knew how to complain and the manager had responded to the only complaint in line with the providers policies.

## Is the service well-led?

The service was well led.

The manager had developed the culture in the home and staff were supportive of each other and committed to improving care so that it was person centred. Staff felt supported by the manager and provider.

Systems to monitor the quality of care provided and to identify risks in the home were effective.

People living at the home and their relatives were supported to identify any concerns about the quality of the service provided.

**Good**



# Kimberley Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 3 November 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had

been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home.

During the inspection we spoke with seven people living at the home and two visitors to the home. Some people had problems with their memory and were unable to tell us about their experiences of living at the home. Therefore, 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 also spoke with 11 care staff, an activities coordinator, the cook, the deputy manager and the manager.

We looked at five people's care records. We also looked at the medicine administration charts for people living in the dementia unit. We looked at records relating to the management of the home which included staff training, complaints and the quality assurance records.

# Is the service safe?

## Our findings

When we inspected on 3 December 2014 we found that risks to people while receiving care had not been identified. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. Care staff demonstrated they had a good understanding of the support that people required and of the different risks to people, such as falling, confusion and behavioural habits that had been identified. However, we saw in one person's care plan a falls risk assessment was in place but there was no care plans to record how to keep this person safe. Care staff knew the person as at risk of falling.

People had risk assessments in place for preventing skin damage such as pressure sores and we saw that people were sitting on pressure relieving cushions. However, the staff in the dementia unit were not aware that pressure relieving cushions offered different levels of protection and so did not ensure people were sitting on the type of cushion they were prescribed.

Where people displayed behaviour which may challenge others, incidents were recorded and there were care plans in place to help staff diffuse incidents without using to medicine. For example, one person's care plans recorded that they would calm down if supported to look at their photographs.

There were plans in place to support staff in an emergency such as loss of power. In addition, each person had a personal evacuation plan to identify if they were able to react independently to an alarm or if they would need support to move to a place of safety.

When we inspected on 3 December 2014 we found there were not always enough staff to meet people's needs in a timely fashion. This was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010, Staffing.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. The manager told us, "I have increased the staff and I monitor that people's needs are being met." Care staff were now assigned to work in defined areas of the home to increase ownership of the work load. In addition to care staff the

provider now employed four nutritional assistants to support people with eating and drinking. The provider had recruited more staff and were now able to fill shifts without the use of agency staff. People therefore received care from staff who knew them and their needs.

Observation showed that overall, staff responded quickly to people in an appropriate and timely manner when people who were visible to them required support. Several people, including people who were given support and personal care in their bed, told us that they were satisfied with the numbers of staff who supported them and said that they never had to wait for support. One person who needed to spend most of their day in bed said, "They (care staff) are wonderful. They always come along quickly to me when I use my buzzer to call for assistance".

The provider had systems in place to ensure they checked if staff had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the service.

When we inspected on 3 December 2014 we found that medicines were not always administered to people safely. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. Medicine was stored safely and the provider has systems in place to ensure medicine was ordered, stored and disposed of safely.

Staff had received adequate training in medicines and systems were in place to support staff to administer medicines safely. For example, we saw each person had their photo in the file and allergies were recorded. The medicines round had been split into four each completed by a senior member of care staff. People therefore received their medicines in a more timely manner. We observed a medicine round and saw that the member of staff administering the medicines did so in a methodical manner which reduced the risk of them making a mistake.

However, we saw that when people required medicine to for an infection it was not always available to them on the

## Is the service safe?

day it was prescribed. For example, we saw the GP had been to one person mid-afternoon on one day and the medicine was not available until delivered by the pharmacy the following day.

Care staff were able to describe different behaviours people displayed when they were in pain which would prompt staff to offer pain relief. However, where people were prescribed medicines to be taken as required, such as pain relief, there was no information available in their care plans to support staff to consistently administer the medicines or to show why medicine had been administered.

People told us they felt safe living at the home. One person said, "I feel perfectly safe from anyone in here and from outside." Another person told us, "Yes, I feel safe and I'm happy in every way."

Care staff told us they had received training to enable them to respond to any concerns of abuse. They told us they would not hesitate to report any concerns or suspicion of abuse to the manager and or management, if this was necessary. Care staff were able to describe how they would raise concerns within the organisation. However, some care staff did not know how to raise concerns with external agencies such as the local authority.

We found that there were suitable arrangements in place to investigate any safeguarding concerns. We found that concerns had been acted on and suitably reported and investigated by the home when this was necessary. Whistle blowing concerns had been fully investigated and appropriate actions had been taken by management. These concerns had been reviewed by the home to ensure that all staff were able to respond to any concerns and were re-trained to ensure the protection of vulnerable people using the service was assured.



# Is the service effective?

## Our findings

When we inspected on 3 December 2014 we found staff had not always received the effective training to ensure they had the skills to care for people safely. This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. We observed that when people were supported they had their individual needs and preferences provided by staff with the necessary skills and knowledge. Care staff demonstrated an in depth understanding of people's behaviour, their habits and their preferred needs. They told us they had received a range of training and repeat training in various topics to help them provide safe care. They told us that a lot of training had been provided for them in the past four months.

However, the training matrix showed there were still some staff who had not received all their required training. For example, some care staff had not received training in dementia. This was important as the home had people living with a dementia in both the secure dementia unit and other areas of the home. We discussed this with the deputy manager, who was aware of where further training was needed and records showed training was planned and booked to support all staff.

The induction arrangement that was in place for new care staff ensured that new staff had a suitable awareness of the needs of people. Care staff observed and assessed during their induction. One other member of staff, who had recently been recruited, explained how they were supported by a nominated mentor and that this support arrangement had enabled them to learn and provide care in a person focused manner. They said, "I know I can ask my mentor for support about anything. They are always willing to help me." The induction programme covered specific topics to ensure that new care staff should be skilled at providing basic care to people. However, it was not clear in the induction programme whether any formal training was included or would be provided within any specified timescale.

There was an effective system in place to ensure that all staff were regularly supervised and their performance appraised. The deputy manager explained how they

completed observations on care staff before they had a supervision and any concerns identified were discussed at the meeting. Staff told us they had received regular supervision from their line managers and that they could ask for advice support and direction from their managers whenever they required this.

When we inspected on 3 December 2014 we found people were not supported to access a choice of food and drinks. In addition, food was not kept warm and there were not enough staff available to support people with their meals. This was a breach of Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. We found that mealtimes were person focused and that people were appropriately supported to make choices about where they ate, the food they ate and were given assistance to eat whenever this was necessary. People told us they were happy with the meals provided. One person said, "The food is very good and always has been and there is plenty to eat. While another person told us, "It's a very good dinner and there's all sorts of things for tea." People told us if they did not like the food on the menu they would be offered alternatives and if they felt hungry between meals they would use their call bell and something would be provided. One person said, "If I felt hungry I would just ring my bell and they would provide something."

We saw that risks such as swallowing and choking on solids that had been assessed by health professionals and were recorded in people's care plans were being followed by staff. Advice that had been provided by health specialist in providing a soft diet, or 'pureed' food or 'thickened' liquids for people were being followed and each person's needs were well known by the kitchen staff, care staff and nutritional assistants.

Meals were arranged with sufficient staff available to ensure that people ate together and that the mealtime was a shared communal experience so that people started and finished at the same time. One person told us, "I prefer to eat in the dining room because I like to have the company."

We observed that people were assisted to eat in a considerate manner so they had time to choose when to eat and what to eat. Staff communicated effectively to inform people of the assistance they were going to offer and allowed people to make comments about this.



## Is the service effective?

We saw that people nutritional intake was being monitored where risks had been assessed and identified such as poor nutrition, weight loss or gain, eating and swallowing difficulties or other related nutritional needs such as skin integrity and continence. Daily charts were used to monitor people's nutritional intake. We discussed with the manager that improvements could be made to ensure that more detail could be included on these charts about the precise type of fluid and daily totals were always recorded.

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.

Care staff had an understanding of the Mental Capacity Act and how this was applied. We saw that several people had capacity assessments for aspects of their care such as the restraining use of bed rails. We saw that Deprivation of Liberty applications had been made where these had been appropriate.

Community nurses visited the home every day and GPs had planned visits to the home on a weekly basis to review people's needs as well as being available for urgent issues.

Referrals to hospital consultants had been made by GPs when people required this. Staff had direct access and had referred to community based nurse such as dieticians and nutritionals, continence nurse advisors and to speech and language teams (SALT). We found that staff had directly made such referrals when necessary. We also saw that care had been planned to ensure that people had access to an optician and to a dentist.

The internal decorative condition of various parts of the building had been improved since that last inspection in December 2014. For example, the dementia unit lounge had been refurbished and was bright and airy and was a pleasant space to spend time in. However, the non-dementia lounge was not such a pleasant place. All the chairs were arranged around the walls and none were vacant. It felt very crowded.

We were informed by the manager that further improvements had been planned and that the Provider's intentions were to conduct a complete and gradual refurbishment of the internal decoration and to replace several fixtures and fitting. Most rooms were numbered but not every room had a number affixed to the door and there was inconsistent personalisation to help people living with dementia find their own room in all areas of the home.

Access to an enclosed garden had been created from the dementia unit. This meant people were able to access outside space independently. However, on the day of our inspection the door to the corridor to access the outside space was locked as it was being used to store a person's belongings. This impacted on people's ability to go outside. We discussed this with the manager who said they would get the areas cleared as soon as possible so that people once again had access to external space.

# Is the service caring?

## Our findings

When we inspected on 3 December 2014 we found people were not supported to make choices about the care they received and that staff were directive with people instead of supporting and encouraging. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use the service.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. People told us they were supported by kind and caring staff who were attentive but not dominating. One person said, "If you're worried about anything they'll try to help you." Another person told us, "The staff are all very good to me and I couldn't wish to be anywhere better." There were arrangements in place to ensure people were involved in making decisions about how their support and care was provided. We saw examples where people had chosen to act independently and access facilities in the local community. Some people had chosen not to be involved with their care planning and this was respected. One person told us, "I know I have a care plan because they asked me if I would like to see it but I said no".

Care plans recorded how to offer choice to people and we saw that staff knew how to support people to make choices. For example, in the dementia unit people were shown a choice of meals plated up to help them make a decision. In addition, we saw where a person was unable to make a choice between tea and coffee the member of care staff made them both so the person could choose which to drink.

When we inspected on 3 December 2014 we found staff did not always take the time to treat people with respect. Care

was rushed and there was a lack of concern for people's well-being. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. We observed that throughout the inspection people were treated with respect and consideration by care staff. We saw that staff spoke with people in a quiet manner and in a way that allowed people time to answer or indicate by non-verbal means. Care staff demonstrated they understood the communication needs and the skills to use to communicate effectively. We saw this at mealtimes. For example, one nutritional assistant calmly and patiently sat alongside a person and conversed with them, frequently used their name and had plenty of eye contact. When people had finished their meals they were assisted or moved pleasantly and unhurriedly from the dining room. One person told us, "They look after us quite well as far as I'm concerned".

People told us that staff had taken the time to get to know them and their needs as a person. They told us that they relied on staff to change the care planned if necessary. They all felt the staff knew them and understood their needs. One person said, "I'm sure the staff know me as a person – I'm not just a number." Another person told us, "They come and have a chat if they have a few minutes."

People were supported to maintain their spiritual needs. We saw the local priest came in to give two people communion. We saw that this meant a lot to them. For example, one person was sitting in a chair quiet and withdrawn until they saw the priest. They then sat up, smiled and were talking to the priest as he took them to a private area to give communion.

# Is the service responsive?

## Our findings

When we inspected on 3 December 2014 we found people were not always involved in developing their care plans. We also identified that people were not supported to live a fulfilling life. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use the service.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. Care records were comprehensive and detailed so that staff could easily access information about people. They included information on people's preferences so that care could be personalised to meet people's needs.

We saw that people's views and wishes had been taken into consideration when decisions were made about where they should be provided with care and treatment. We spoke with one relative who explained how their family member had made a well informed decision to remain at the home. Other people told us that they would never choose to live at any other care homes. One person told us that they had been offered another choice of care home. They said, "I think it is so very good here. I would never leave. It is the only place I want to live in now".

The provider had increased the support available for people to pursue hobbies and interests. A committee of people living at the home had been formed to input into the activities planned by the activities coordinator. We saw that the committee had identified that they wanted to have a home choir and this was in place. They were also looking at local transport options such as local authority and volunteer schemes to support people to access the community more.

We saw the activities coordinator spent time in the dementia unit with people and encouraged them to take part in a game. While, initially people wanted to watch instead of participate with gentle encouragement they started to engage and take an active part in the game. The activities coordinator was aware of people's abilities and tailored the game to enable everyone to participate.

When we inspected on 3 December 2014 we found care plans did not reflect people's care needs and people's care needs were inconsistently met by staff. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use the service.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. Staff told us care records supported them to deliver people had been assessed as needing. We observed that these records were used by staff to ensure they understood people's individual needs. We saw that amendments had been made to the records when people's circumstances and their needs had changed. Staff told us that the plans were, "Perfect to use" and "They are much better than they have been". We noted that these records were well organised, the contents clearly signposted and with detailed information about risks, people's preferences, their medication and social history.

People told us that the care provided met their needs. We spoke to a relative of a person who was staying at the home for a short while for some respite care. They said that they had been pleasantly surprised by the care their relative had received at the home. They told us, "This experience here has removed any fears they had about coming into a home."

We saw staff were responsive to people's needs and informed them about their care and took action to improve the care they received. For example, one person who was in their room used the call bell to request pain relief. Care staff responded to the bell and said they would ask the senior care staff who looked after the medicine. A senior member of care staff explained to the person that they could not have more pain relief at present as there had not been the recommended time since his last dose. They told the person that their GP was coming to see them that afternoon and that they and the staff could discuss increasing the level of pain relief the person was prescribed.

However, we also saw that people in the dementia unit had not had their blood sugars checked for a month. Their care plans stated that it should be done monthly. In addition, most blood glucose readings were higher than the ranges a member of staff told us they needed to be in. There were no diabetic care plans for these people and no action had been taken to raise concerns with the GP or diabetic nurse. We raised these concerns with the manager who told us they would take action to ensure people received a review with a healthcare professional and diabetic care plans would be put in place.

We saw that information on how to make a complaint was available to people in the reception area of the home.

## Is the service responsive?

People were aware of who the manager and deputy manager were and knew they could speak to them or any member of staff if they wanted to complain. However, all the people we spoke with told us that they were happy with the care they received and did not need to complain. One person said “I’ve never had to make a complaint and I don’t know how to.”

Records showed that the provider had received one complaint about the service they provided since our last inspection. The manager was able to show that they had thoroughly investigated the complaint and resolved it to the satisfaction of the person making the complaint in line with the provider’s policy.

# Is the service well-led?

## Our findings

There was a new manager in post. However, they were not registered with the Care Quality Commission. We had received an application for them to register and at the time the inspection took place this was being processed. 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.

When we inspected on 3 December 2014 we found they systems in place to assessed and monitored the quality of service they provided to people were not effective. We also found the systems and culture in the home did not promote a person centred attitude to care This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.

At our inspection on 3 November 2015 we found the provider was no longer in breach of the regulation. People told us they were happy with the quality of care they received. One person told us, "I can't think of anything that would make things better." while another person said, "I'm just happy and contented the way things are."

There was a defined management structure in the home with the manager supported by a deputy manager and team coordinators. In addition, there were senior staff on every shift who care staff could talk to if they had any concerns. Staff told us that the new manager and her deputy were supportive. They said that they were more visible in the home and more approachable. They said they could talk with them and raise concerns and they were confident problems would be resolved.

The staff told us that they felt the home had an open approach to communication and that they could speak to their manager and senior managers at any time should they need to. It was evident that a culture of good care was the focus and major aim of the service. Staff told us that their moral was improved over past four months since a change of management. Staff also said, "Our aim is to

provide good, person-focussed care and that is what we are trying to do. We work as a team and it feels as though we are all of the same intention. That makes the home a good place to work."

Staff said that the regular staff meetings were important to them One member of staff said, "We have regular monthly staff and senior staff meetings. I can raise any subject and ask about the service if I want to. We get news from the owners when they come here they speak to us and that is important. I feel I know what is going on and am definitely kept informed." Staff also told us that they had confidence in the manager and that they valued the support the manager provided.

We found that the systems to monitor the quality of service provided had improved and were now identifying concerns and action was being taken to resolve issues. For example, we found that the supervision of staff had improved since the new manager has been employed. Regular supervision had ensured that staff have been included in decision making and consulted with and were considered part of the development of the service. In addition, a set of internal audits were completed on a routine basis to monitor if the environment and equipment was safe and of an appropriate standard for people. Plans were in place to continue with the refurbishment of the home and improve the environment.

We saw that the provider had engaged with external organisations to support safe care in the home. For example, arrangements for auditing medicines by a pharmacist had ensured the home had worked well with a local pharmacy. In addition, the manager was now meeting with the NHS community nurses on a monthly basis to identify if issues had been identified and to promote closer working. Plans were also in place to meet with GPs to discuss the do not resuscitate paperwork used by the NHS to ensure they followed national guidance and that people were fully included in decisions made about them.

Audits had also been completed around the incidents and accidents which occurred at the home and the care people needed. Where issues were identified action had been taken to improve the care people received. For example, in the July 2015 audit it identified that activities were not meeting people's needs. The manager employed an extra activities coordinator and ensure both activities coordinators had appropriate training. We saw this had resulted in an activities committee lead by people living at

## Is the service well-led?

the home and they had identified what activities they wanted to see in the home. In addition, the views of people living at the home and their relatives had been sought in a survey to identify if any areas of the care provided needed improving. The manager was awaiting the results of these surveys.

The registered manager made sure we were informed in a timely manner about any untoward incidents or events. This was in line with their responsibilities under The Health and Social Care Act, 2008 and associated Regulations. Records showed that they also informed other agencies involved in people's support where appropriate.