HC-One Limited

Tenlands Care Home

Inspection report

Wood Lane
Ferryhill
County Durham
DL17 8JD

Tel: 01740657201
Website: www.hc-one.co.uk/homes/tenlands/

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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

The inspection took place on 3 and 4 February 2016. The inspection was unannounced.

Tenlands is a residential care home with nursing based in Ferryhill, County Durham. The home provides personal care and nursing care to older people and people with dementia. It is situated close to the town centre, close to local amenities and transport links. On the day of our inspection there were 36 people using the service.

The home had a registered manager. 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.

We spoke with a range of different team members; care, nursing, senior, kitchen staff, students and volunteers who told us they felt well supported and that the registered manager was caring, passionate and approachable. Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had a positive rapport with the registered manager and with each other. The atmosphere was welcoming, homely and relaxed. We saw that staff interacted with each other and the people who used the service in a friendly, supportive, positive and respectful manner.

From looking at people's detailed care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made good use of pictures, personal history and described individuals care, treatment and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, continence advisor or chiropodist.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

When we looked at the staff training records they showed us staff were supported and able to maintain and develop their skills through training and unique development opportunities were accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicine and we found that the medicine administering process was safe.

People were consistently actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including, outings and regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were not only being supported to go out and be active in their local community, but were also valued members of the local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and fresh homemade snacks. The daily menu that we saw offered choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were overwhelmingly complimentary to the care staff, management and the service as a whole. People also had access to advocacy services if they needed it.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views at meetings.

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

This service was safe.

There were sufficient staff to safely cover the lay out of the building and the needs of the people using the service.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures.

Medicines were managed, reviewed and stored safely.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes. These were taken into account in the planning of their care.

Staff were offered internal development opportunities and were encourage to develop skills within champion roles.

Staff were regularly supervised, appropriately trained with the skills and knowledge to meet people's assessed needs and choices.

The service understood the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

Is the service caring?

Good

This service was caring.

People and their families were valued and treated with kindness and compassion and their dignity was respected.

People were understood and had their individual needs met, including needs around social isolation, age and disability.

Staff showed consistent concern for people's wellbeing. People had the privacy they needed and were treated without exception with dignity and respect at all times.

Is the service responsive?

Good

This service was responsive.

People received care and support that reflected their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were actively involved and able to make their views known about their care, treatment and support.

People had a range of activities and outings to access, that they valued.

A robust complaints and compliments procedure was in place and used appropriately.

Is the service well-led?

Good

This service was well led.

The manager had a strong leadership approach that focussed on fairness and supported transparency and an open culture.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood and delivered by all staff.

There were effective quality assurance systems in place to review the service including safeguarding concerns, accidents/ incidents.
There were good community links and partnership approaches to tackling social isolation and inclusion.

Tenlands 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 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 3 and 4 February 2016 and was unannounced. This meant that the service were not expecting us. The inspection team consisted of one Adult Social Care inspector. At the inspection we spoke with five people who used the service, three relatives, the registered manager, the deputy manager, the activities co-ordinator, two nursing staff, kitchen staff, one student nurse, one volunteer and visiting professionals including; an incontinence advisor, advanced nurse practitioner and chiropodist.

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 observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.
We also reviewed records including; staff recruitment files, medication records, safety certificates, care plans and records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and policies.

Good

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe living at Tenlands care home. One person who used the service told us "I know I have to stay here now and I am safe here." Another told us "I do feel safe here, the doors are locked. We have buzzers and the staff answer them as quick as they can. The staff are always about; soon as anything happens they're there, on hand."

The service had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure that people were protected from abuse. Together with the comments we received during the inspection this showed us that people felt safe and were happy.

The staff we spoke with were aware of who to contact to make safeguarding referrals to or to obtain advice from. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision. Staff we spoke with confirmed this happened and we saw that safeguarding was a regular team meeting agenda item. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "If it's safeguarding then we report to a senior or the manager or there's a number to call, the number is all over the building. I would whistle blow if I had to." This showed us that staff were informed and confident to react to safeguarding issues.

The service had a Health and Safety policy that was reviewed and up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.
We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire door checks, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; nutrition falls and skin care. This meant staff had clear guidelines to follow to mitigate risks.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny

that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to ensure people were immediately safe.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. 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.

On the day of our inspection there were 36 people using the service. We found the layout of the home was spread over two floors. On each floor there were bedrooms which were personalised. The service also had shared lounge areas for people to use. On the ground floor there was a dining area a small lounge and a larger lounge for everyone to access and both were used regularly for events. We saw that the larger lounge was the most popular and people tended to gather there.

We spoke with the registered manager about staffing levels, they told us they were using a dependency model and explained how this was calculated on a monthly basis but that they brought extra staff in when needed. They explained how the dependency tool worked out how many staff were required to care for people based on the numbers of people using the service and their needs.

During the inspection we observed the deputy manager and the nursing staff administer the medicine. We discussed all aspects of medicines with the deputy manager, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw the medicine records which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked at the handover of each shift.

We noted that within the MAR (medicines administration record) there was a person centred approach that stated clearly exactly how the person liked to receive their medicine for example '[name] likes to have orange juice to take tablets and likes them to be given from a cup.' This showed us that there was time spent valuing peoples preferences when it came to administering medicines in a personalised way.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medicine protocols. These were readily available within the MARs folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet and preferred method of administration documented. Any refusal of medicines was recorded on the MAR record sheet and we saw evidence of concerns being raised with the GP. All medicines for return to the pharmacy were disposed of safely in storage bins and recorded. We could see that improvements had been made to the medication system and this was working very well.
We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. Staff made use of protective clothing and equipment and were trained in infection control.

Good

Is the service effective?

Our findings

During this inspection we found there were enough skilled and experienced staff to meet people's needs. We looked at the most recent stakeholder survey feedback and 100% of the responses said that they were 'completely satisfied with the overall standard of the care home.' In relation to the staff being skilled; of the 17 respondents 14 said they strongly agreed and three said that they agreed that the staff were capable of caring for the needs of their relatives.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'care certificate' induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files.

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; end of life care, medicine, dignity and person centred approach to dementia care, food safety and vocational training for personal development. We could also see that staff had started their NVQ (National Vocational Qualification) Level two and three in health and social care. The registered manager told us; "We offer both face to face and 'touch training' (online) for our staff as well as further development opportunities." There were development opportunities within the service for care staff to work towards either in senior roles or as a nursing assistant that could develop further.

The service had developed a 'champions scheme' that developed staff to lead on training with their peers and be responsible for updating the team on their champion area these included; mental capacity, infection control, dignity, safeguarding, health and safety, falls, moving and handling and fire safety.

We saw staff meetings took place regularly. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. The meetings covered the following on a regular basis; safeguarding, standards, staff attitude, training and customer care.

Individual staff supervisions were planned in advance and the registered manager had a reminder system in place and clear record of who had received their supervision. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to raise concerns and discuss personal development.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and fresh homemade snacks and support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal

and was compiled with the people who used the service to reflect their favourite meals. We could see that if a person didn't want what was on the menu or even changed their mind that this wasn't a problem and other options could be arranged. One person who used the service told us "I haven't eaten much of my dinner today; I've had plenty of snacks." Another told us, "The food is good, there's a choice and if you don't want it you can get something else. There's always plenty they're not stingy."

The inspection team observed the people who used the service having their lunch in the dining room. We saw members of staff sit down at the table with the people who used the service for a chat while they were enjoying their lunch. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were enjoying their lunch, chatting to staff and giving positive feedback. We observed one person request a different cup for their drink and this wasn't a problem and the staff changed the cup immediately, no questions asked.

From looking at peoples care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on undernutrition was in place, completed and up to date. Food and fluid intake records were used when they were needed. We saw that special diets were managed and the kitchen staff had up to date information of people's needs on display in the kitchen. We asked the kitchen staff if they took on board peoples preferences and they showed us the meals that had been taken off the menu following feedback and new items introduced as requested by people. The kitchen staff told us, "I went to the resident's meeting and people asked for black pudding and steamed puddings so we have added these. We always take the feedback into consideration; we took one of the soup dishes off the menu when they said they didn't like it."

We saw that people's weight was managed and was recorded regularly. Where supplements or other changes to diet were required this was also recorded individually. There were people receiving supplements and these were recorded effectively. When we asked the kitchen staff how they prepared different meals for individuals they said; "We use a fortified shake we can add it to in desserts or coffee." The kitchen staff also showed us the planned menu and the choices for that day and how it was recorded. This showed us that the kitchen staff communicated well with the rest of the team and had knowledge of individual's likes, dislikes and nutritional needs.

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.
There was a number of people who used the service who needed a DoLs in place and applications had gone to the local authority for processing at the time of our inspection. We also saw in the staff training matrix that staff had received training on DoLs and the MCA. When we spoke to the registered manager they explained the process they followed that complied with the local authority MCA and DoLs guidance.

Good

Is the service caring?

Our findings

When we spoke with the people who used the service they told us that the staff were caring, supportive and helped them maintain their independence. One person who used the service told us; "I like only female staff and that's respected. The staff all make me feel comfortable." One relative told us "From walking in through the door I was gutted about bringing my relative in but the staff told me it would be alright and from then on it was lovely, I felt comfortable."

Without exception we saw staff and volunteers interacting with people in an extremely positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. There was an entertainer at the service when we visited and staff were up dancing with people and everyone was all smiles.

When we spoke with relatives we asked them how the staff treated them and their family members. One person who used the service told us; "I've not got a bad thing to say the staff are all about the people and some of the staff have been here since day one and they wouldn't stay if they didn't like it." Another told us, "We visit every day and the staff are brilliant they are lovely. I must admit it's lovely to be greeted by lovely friendly people every day." This showed us that people were supported by very kind, caring and dedicated staff.

Staff were motivated and knew the people they were supporting very well and had good relationships with them and their families. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One person who used the service told us; "I keep the door open when I'm in my room so I can see who's going by but the staff always knock and close it when they're helping me."

Throughout the inspection there was a consistent relaxed, homely atmosphere at the service. We found the staff were affectionate and people were treated with dignity and respect and privacy was important to everyone. We spent time observing people in the lounge and dining area. One family member told us how relaxed they felt and how homely the service was they said; "We have all booked our places in here too." All of this showed us that people and those that mattered to them were supported by staff in a very caring, dignified way.

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We saw that there was a handy information file and leaflets on display for

visitors and people who used the service to see that held the relevant information for advocacy. We also could see that some people already had access to an advocate. This meant people who used the service had access to others who could act on their behalf and in their best interests.

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner who visited the service daily, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments. We were able to speak with the advanced nurse practitioner who visited the service daily and they told us; "the staff are warm, have compassion and provide a family atmosphere."

During our inspection, we saw in people's care plans that people were given support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected. At the time of our inspection there was no one in receipt of end of life care. The advanced nurse practitioner told us, "What they do well here is the end of life care having the understanding for the person and their families."

The service was currently working towards achieving 'GOLD standards' in end of life care. The registered manager told us, "GOLD standards are about promoting a good death with special measures in place so that people die with dignity." This showed us that the service was committed to developing their caring standards and improving quality in end of life care.

Good

Is the service responsive?

Our findings

During the inspection we could see there were organised activities going on and we observed people enjoying a planned entertainer. We were able to talk with people about the activities and one of the people using the service told us; "We play bingo and we run raffles to raise funds. Singers come in and animals, tiny ones, I didn't like them but that's my choice."

During our inspection we saw people who used the service singing and dancing and enjoying the entertainer. We saw that people were involved in planning the activities and regular resident's meetings were held to discuss and organise activities. We could see that there was a range of activities planned for people to choose from including: bingo, outings, arts and crafts, music and games. The people who used the service and the staff told us about the relationship they had with the local community groups and how they visited the local amenities including the church hall and local cafe. This meant people were protected from social isolation and were encouraged to remain involved and part of their wider community.

As well as entertainers and the hairdresser that visited, people were able to go out and enjoy trips out, one person who used the service told us "We go on trips out to the metro centre shopping, Hartlepool Marina, Hardwick Park and South Shields. We have our own bus. Last week we visited the local drama group who put on a tea dance with a three piece band in the community centre it was very nice and next time I'm going to watch their play." Local shops also came into the service to offer an in house shopping experience offering toiletries and also local shoe store.

When we spoke with the activity co-ordinator they told us how they involved people in the planning of the sessions and how they engaged people who could be reluctant to join in at times. They told us "We made 'fiddle cushions' for people living with dementia and these have been well used, they give different textures and are tactile. We spend time at resident's meetings and also sitting down and talking to people and finding out what they like. We talk with their families too, we get a lot of information from them." One person who wasn't able to take part in group activities told us "The activity worker calls in on me every day for a chat and brings me things to do and to see if I want to do something else and we chat, we have tried lots of things, my eyesight is too poor now but I'm happy here I have my visitors here every day."

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. The care plan held a 'one of a kind one page profile' that listed all that you would need to know to care for that person in a person centred way. Peoples histories were also recorded in the care plans in a 'my life' document that was easy to follow and included photographs.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. One person who

used the service told us "I smoke, I go outside and the staff support me to do this."

When we asked the staff if they knew how to manage complaints they told us; "I take any issues I have straight to the manger and its sorted right away. I could also go to the deputy or a senior if I or someone else wanted to complain." We could also see that issues raised by relatives in the resident's meetings were taken on board. This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments that the service had received and one complaint. One of the compliments stated, 'I can give this home my whole heartedly recommendation. Tenlands is clean and activities to do if you want to. The hairdresser is great and the food is good at times too much! The staff are very friendly and treat you with respect."

A handover procedure was in place and we saw the completed record that staff used at the end of their shift. Staff said that communication between staff was good within the service. The handover covers each person and included their daily patterns any wellbeing issues, visits or appointments and was clearly recorded and complete. This showed us that communication between shifts was in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for over four years. A registered manager is a person who has registered with CQC to manage the service. One member of staff told us; "We are definitely supported by the management 100%."

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider. We saw up to date evidence of inspection records from the company's head office covering; people who used the service, their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we met with spoke very highly of the registered manager and said they were kept informed about matters that affected the service by them. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. We could see that the registered manager held regular staff meetings.

We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community and they told us; "We have two different churches that come in to offer a service. We encourage the community to come all the time we have the salvation army and churches. We advertise ourselves out there in the community at local fairs and we hold coffee mornings and we had people in for Christmas dinner, It's a tight knit community and everyone knows everyone, including us."
The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been one recent complaint made and there was evidence that the registered manager had investigated, recorded the complaint and responded appropriately.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us, "I lead by example and people work better when they are part of it. I want everyone to be treat how we would like our parents to be treat, with the upmost dignity and respect. I believe my values are being carried out and I really believe we are achieving that."

The registered manager explained how they developed a 'champions scheme' for staff to take the lead in allocated areas. The manager told us, "Following appraisals I found out what staff interests were and then got them involved in training e.g. infection control. I identified people's strengths and promoted that for the benefit of the team and the residents. It gives the staff ownership and authority to encourage their passion for what they like to do."

When we spoke with the registered manager they told us how passionate they were about the service and the staff team and how the senior nurse had nominated them for 'The Nursing Times -Leadership Award' and theirs was the only nomination at the awards from a social care setting.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, Local Authorities and other social and health care professionals. This showed us how the service sustained improvements over time.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.