

Denville Hall

Denville Hall

Inspection report

62 Ducks Hill Road
Northwood
Middlesex
HA6 2SB

Tel: 01923825843
Website: www.denvillehall.org.uk

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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

Denville Hall provides long term accommodation with nursing care for up to 40 older people, some of whom were living with dementia. There were 34 people living in the service at the time of the inspection.

The inspection took place on the 27 and 28 October 2015 and the first day was unannounced.

During the last inspection which took place on the 25 and 26 November 2014 the provider was not meeting the legal requirements in relation to ensuring there were clear procedures in place to report any safeguarding concerns, records were not detailed and accurate to ensure staff cared for people using the service safely and appropriately. Staff were not being supported regularly and effectively and the service did not have systems in place to assess and monitor the quality of service provision. At this inspection we found the provider had made improvements and was now meeting the legal requirements.

There was a new 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.

People and their relatives were positive about the care and support provided at Denville Hall. Staff knew people well and understood how to meet their individual needs. We observed positive relationships between staff and people at the service and their relatives. Visitors were welcomed and people were supported to maintain relationships with those who were important to them.

Risk assessments were in place that reflected current risks for people at the service and ways to try and reduce these. Care plans were being regularly reviewed to ensure the care provided met people's changing needs.

The service had re-introduced the Butterfly project in the dementia unit and staff were receiving information and training on how to implement the principles of this. This encouraged staff to help people using the service to express themselves and for staff to reflect on how to support people and see them as an individual.

Activities were designed to meet people's interests and previous occupations, such as showing live theatre shows and films. These were promoted in the service and people could take part in whatever they wanted to.

Staff received training to help them undertake their role and were supported through regular supervision and appraisal. Staff had training in working with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People's capacity had also been considered and assessed to ensure staff supported people where possible to make daily choices and decisions.

There were recruitment procedures and checks in place to ensure staff were suitably vetted before working with people. There were enough staff to meet the needs of people using the service.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse.

People told us that they felt able to raise any issues or concerns and these were dealt with promptly and satisfactorily.

People had a choice of meals and staff were available to provide support and assistance with meals.

Staff referred people for input from healthcare professionals when required.

There were systems in place to monitor the quality of the service being provided and staff met regularly as a team to look at what was working well and where improvements could be made.

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 ●

We found that action had been taken to improve safety. People and their relatives were happy with the service and people said they felt safe. There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were identified and appropriate steps taken by staff to keep people safe.

Staff received training in administering medicines. People were given their prescribed medicines at the times they needed them and these were stored safely.

Appropriate staff recruitment procedures were being followed and people confirmed there were enough staff available to meet their needs

Is the service effective?

Good ●

We found action had been taken to improve how effective the service was. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People were involved in the assessment of their needs and had consented to their care, treatment and support.

We found staff were well supported through regular supervision with their line manager and through training and development. Staff had the right skills and knowledge to meet people's needs.

Is the service caring?

Good ●

The service was caring. Staff treated people with dignity, respect and kindness. They were knowledgeable about people's needs, likes, interests and preferences.

People using the service and their relatives and carers were happy with the care they received. People spoke positively about staff and said they were caring.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place and reviewed on a monthly basis. They were focused around the person's needs and wishes. Therefore staff had the information they needed to support people appropriately.

People were stimulated and occupied when they wanted to be.

People and their relatives told us they felt very confident to express any concerns or complaints about the service they received.

Is the service well-led?

Good ●

We found that action had been taken to improve how well-led the service was. People using the service and staff were encouraged to give their opinions about the service and these were listened to and acted on where required.

Staff were supported by the management team.

Improvements had been made to the service. There were various checks and monitoring systems in place to assess the quality of the services provided and to look at ways to make improvements.

Denville Hall

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 27 and 28 October 2015 and the first day was unannounced.

The inspection team consisted of two inspectors and a pharmacist inspector.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us. We also contacted the local authority's quality assurance and safeguarding teams for their views about the service.

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We used different methods to obtain information about the service. As some people were not able to contribute their views to this inspection, we used the Short Observational Framework for Inspection (SOFI) to observe care and interactions between people and staff. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with nine people who use the service and three relatives. We also spoke with the registered manager, nominated individual, the interim business manager, administrator, human resources consultant, the maintenance person, the chef, a catering assistant, the activities coordinator, three nurses and four care assistants.

We looked at five people's care records. We reviewed records relating to the management of the service including medicines management, three staff records and incident and accident records.

Following on from the inspection we also received feedback from one healthcare professional.

Is the service safe?

Our findings

During the last inspection in November 2014 we found that there were no procedures in place for reporting safeguarding allegations and concerns. Some allegations had been reported to the local authority and to the Care Quality Commission (CQC) but not always, making it difficult to know if these had been investigated. The provider told us that the breach of the regulations would be addressed by 30 April 2015. At this inspection we found improvements had been made and safeguarding allegations had been appropriately documented and reported. The safeguarding file contained a tracker log to indicate brief details and progress of each incident and whether the alert had been closed. An incident notification report had been filed in each case outlining the details of the incident, confirming relevant professionals had been informed along with any action taken as a result. The registered manager confirmed they would ensure they also included if there was any follow up action along with details of any resolution so that they clearly showed all action taken.

People using the service, relatives and staff reported that they had never had any cause for concern with regard to the safety or well-being of the people living in the service. One person told us, "I feel safe here," whilst another person said, "Yes I feel ok here." One relative confirmed "I have never once heard a member of staff raise their voice or treat residents with anything other than respect." Staff confirmed that they checked people's well-being all the time and we saw as staff walked past people's bedrooms they would check with the person to see how they were doing.

Staff told us they had been trained in safeguarding and all were able to provide definitions of different forms of abuse when asked. They were aware that the service had policies and procedures for safeguarding and whistleblowing and were able to explain the procedure for reporting any concerns to the lead nurse or the registered manager. Contact numbers for the local safeguarding team were displayed on noticeboards in the staff office and staff confirmed they knew they could also report concerns to external agencies such as the Police.

Risks to people's health and welfare had been assessed. There was a care risk profile sheet in care files which gave a clear one page overview of needs and risks. This covered a range of different aspects including mobility, personal hygiene, communication, skin care, level of independence and daily routine. Where risks had been identified measures had been put in place to manage and minimise these. In one case a person required regular turning to prevent pressure sores developing and charts were seen in the daily file to record this.

Risks were regularly reviewed and scores were seen in all care files viewed to assess the risk of pressure sores and these had been updated every month. Body maps were used to record any injuries, bruises or other skin changes.

Accidents were recorded on an accident form by the reporting member of staff and this was attached to a critical event report. This provided important information such as, the detail of the accident, name of the person involved and reporting staff, plus any witnesses along with detail of any injury and follow up action

taken. There was a log of accidents recorded for each month showing the date, name and brief details of each accident. Records were also available on the falls history for each person so the registered manager could respond accordingly.

The building was checked to ensure there were no hazards or issues by both the service's maintenance person and relevant organisations. The maintenance person had completed training in fire awareness and provided training to all staff working in the service. Regular checks were carried out on all aspects of fire safety and prevention. New equipment had been obtained such as ski pads so that people, if needed, could escape a fire safely. The fire emergency plan was reviewed in October 2015 and individual personal evacuation plans had been completed. These highlighted people's differing needs such as if they needed assistance from staff to evacuate the building. The fire risk assessment was due to be reviewed early November 2015. Any recommendations made from the current assessment we saw had either been completed or were ongoing.

Maintenance and servicing records were up to date and we saw systems and equipment including lifts and portable appliance tests were being serviced at required intervals.

We observed that there were enough staff on duty to attend to people's needs and people using the service and relatives confirmed that they considered there were adequate levels of staffing at all times. One staff member told us the staffing levels had, "improved" and were "good." A healthcare professional said the, "staffing level and continuity have improved considerably recently." We saw that staff responded swiftly at all times when people asked for help or required assistance. We observed that call bells were promptly answered. The staff rota for October and early November 2015 showed that the registered manager arranged cover to ensure people's needs were safely met. We saw that where a person needed one to one support this was arranged and documented.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, two references, proof of identity and Disclosure and Barring Service (DBS) checks.

At this inspection, we found that the new registered manager had made improvements to how medicines were being managed. We saw caring interactions between people using the service and staff when medicines were being administered. All prescribed medicines were available and stored safely, in clean, well-ordered rooms. People's medicines were reviewed regularly by the GP and there was input from the diabetic nurse and the community mental health team. For people prescribed high-risk medicines, such as warfarin and insulin, we checked, and the correct doses had been administered. There had been two medicines errors with these medicines in the last 5 months, and appropriate action had been taken to reduce the risk of further errors by introducing separate records. There was very little use of sedating medicines for people with particular needs, indicating that staff knew how to support people well without resorting to medicines.

One person was supported to retain their independence and manage their own medicines, this was risk assessed as being safe. There were individual protocols in place for as required (PRN) medicines, including pain relief, and we observed staff asking people in a caring manner if they needed pain relief. We noted that the pain protocols were not sufficiently detailed for people on the dementia unit, where some people weren't able to communicate their pain very well. In addition, care staff and nursing staff confirmed topical medicines such as creams were being used, but records did not always evidence that these were used as often as prescribed. The registered manager confirmed they had addressed these issues shortly after the inspection.

Clearly completed records were kept of oral medicines received, administered and disposed of. When we checked stocks of oral medicines against medicines records, there were no discrepancies, providing assurance that people were consistently receiving their medicines as prescribed.

The provider had a detailed medicines policy in line with current national medicines guidance which was available for staff on both units, and we saw that this was being followed. Staff had received medicines training, and the registered manager had assessed the competency of all regular staff except for one new member of staff. There were daily, weekly and monthly medicines audits, as well as audits by the pharmacy. Following on from the monthly audit, the registered manager sent out a memo about issues they had identified, and had provided regular coaching sessions on various aspects of medicines, all of which had helped to aid learning and improve medicines safety.

Is the service effective?

Our findings

During the last inspection in November 2014 we found that the majority of staff were not receiving one to one supervision and annual appraisals. There had been no systems in place to ensure staff received support from their line manager. The provider told us that the breach of the regulations would be addressed by 30 June 2015. At this inspection staff confirmed they had received regular one to one supervision and support. Staff said they received good support and one staff member said, "Any problems I go to the manager." We saw evidence that supervision meetings took place and that the registered manager checked with senior staff to ensure they were also providing this type of support to staff.

Feedback on the staff team from people using the service and relatives was complimentary. One person said, "The staff are very good and friendly." A relative commented, "It's astonishingly good and I'd give it 10/10. The staff are very, very good."

New staff went through an induction to the service and one new member of staff described the induction process which involved familiarisation with policies and procedures, completing mandatory training and a period of shadowing and supervision by an experienced member of staff. We saw evidence that the service would be using the new Care Certificate for new and inexperienced staff to ensure people were supported by skilled and informed staff. New staff were also assigned a mentor so that they could seek additional support from a named colleague.

Staff indicated that they received regular training in all relevant aspects of their work. Training was delivered in the service with dedicated time set aside for this. Staff told us that they had received training in how to care for people living with dementia and those unable to make decisions for themselves. The training matrix showed staff received training on a range of subjects both online and face to face. Subjects included, moving and handling, infection prevention and equality and diversity. Staff also had the opportunity to study for a health and social care qualification and many staff had completed this. There was a training plan available which monitored forthcoming training so that the registered manager could plan who needed to attend this.

Care staff demonstrated that they were familiar with different individual needs and characteristics and were able to explain how to support individual people using the service. Staff said they all worked well as a team and comments included, "There is good communication in the team," and "we work well together."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. We saw all relevant documentation in relation to Deprivation of Liberty where an application had been made to the relevant local authority, including a record of best interest assessments and decisions. The registered manager was fully aware of their responsibilities for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unlawfully restricted. Staff we spoke with were aware of encouraging people to make daily choices and had completed training on the Mental Capacity Act

2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's ability to make choices was clear in the records along with mental capacity assessments which had been conducted where necessary. One person told us, "I can do what I like within reason here, it is good and I am given space when I need it." Staff were clear that people's ability to make choices could vary all the time throughout the day. We observed staff giving people various choices during the inspection, including what they ate at the mealtime and where they wanted to spend their time.

We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a person. These had been fully completed, involving people using the service, and their relatives, where appropriate, and signed by their GP.

There was evidence that if people's relative had Lasting Power of Attorney for health and welfare this was known by the registered manager. We spoke with one visitor who was clear that although they had this legal power to make decisions on behalf of the person using the service they worked closely with staff to ensure any decision would be in the person's best interests.

Nutritional status was assessed for all residents on admission and updated monthly in all the care plans we reviewed. Information on people's files recorded if there were any nutritional requirements such as difficulty swallowing or the need for a diabetic, fortified or soft diet.

Weight was monitored and charted monthly along with any risk of malnutrition. All information was up to date in the files seen. Where there was a concern about nutritional status for example, weight loss, we saw that this had been identified immediately and a system of food and fluid monitoring had been introduced until the person's weight had stabilised.

There was a weekly menu plan for each month which offered a varied and balanced selection of food. Food choices were made on the day by people which we observed at lunchtime where staff showed people the choices they had. The chef told us that other ethnic or cultural requirements would be accommodated if necessary and that people could change their mind at any time about food selected. Hot and cold drinks were available at all times during the day. There was a bar on the ground floor which was open twice a day and served alcoholic beverages.

People had access to a range of healthcare professionals and one person confirmed, "I have access to the GP and other medical care as needed." People confirmed that the service arranged transport for them and that staff accompanied them if necessary. There was good evidence of communication and visits with GPs and other health care professionals, such as opticians, dieticians, and physiotherapists. The GP visited every week, or as required, for consultations with people or to conduct general health or medicine reviews. Annual health checks were also conducted by the GP. Relevant correspondence was also filed alongside these records and was dated and well ordered. Records of contacts were well maintained, legible and visits were dated and signed with relevant information and comments.

People's needs and preferences were being taken into account in how the premises were adapted and decorated. All doorways, corridors, lifts and other access points were wide and easy to navigate for those with walking aids, wheelchairs or limited mobility. There was a garden providing a safe and engaging space for people living with dementia. There were plenty of rooms for people to sit quietly alone or with relatives and friends. The environment in the area for people living with dementia was being updated. We saw new flooring had been laid and there were plans to have certain areas such as bathrooms and toilets painted in a

different colour to help people identify them more easily. Noticeboards displayed information about upcoming events such as film screenings and poetry readings. We saw a photograph album of a recent commemorative event reflected the sense of community warmth in the service.

Is the service caring?

Our findings

We observed caring and positive engagements between people and staff. Feedback on the staff team was complimentary. One person told us, "I've been very impressed with the amount of tender care that is shown by all the staff. It's consistently good." Another person using the service said, "It's very comfortable here. The staff are very good." A healthcare professional told us, "the staff do seem to be competent and caring."

At lunchtime staff took time to sit with people and encourage them to eat their meal. Staff were attentive and respectful at all times and supported people with patience and good humour. They took time to engage with different people throughout the day, initiating conversations, joking with some and taking time to listen to people. If people wished to be left alone this was respected and we saw that staff always knocked on doors before entering bedrooms.

We saw that relatives and visitors were made welcome and that there was a positive and friendly relationship with staff. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. People had support from friends and family and there was no-one currently with an independent advocate. The majority of people living in the service could express their opinions and make daily decisions.

Staff described the strategies that were used in the service to improve the quality of life and well-being of those people living with dementia. This included staff not wearing a uniform, night staff wearing night wear when on duty so that people understood and recognised it was time to sleep and staff taking their meals at the same time as people. Staff showed a good level of understanding of people's needs and how best to support people. We saw staff distract people and/or offer them comfort when they were distressed.

People's preferences were well documented in care plans, such as sleeping, waking and mealtime routines and there was information on activities and hobbies that they enjoyed. Personal care preferences were recorded along with any wishes with regard to the gender of care staff. One person confirmed, "I don't mind male or female care staff caring for me."

Regular meetings were held for people to express their views and discuss the running of the service. We attended a meeting held on the day of the inspection which was well attended and chaired by a member of the board of trustees. The meeting covered a broad range of issues and people were able to debate and discuss issues freely, and provided a strong level of input on their wishes and concerns. Topics discussed included current issues, such as catering and the ethos of the service as well as forward planning and future events. Feedback was recorded and action points agreed. It was noted that action points from previous meetings had been followed up.

Staff had completed equality and diversity training and were aware of people's cultural, religious and personal needs. Representatives from local churches visited the service and the registered manager confirmed that staff respected people's lifestyle choices.

We observed that people were clean and well dressed and we saw that care and attention had been paid to hair grooming and choice of clothes for those less able to manage their own personal care. A hairdresser visited regularly and there was a well- equipped hairdressing salon where people could book appointments as they wished. Manicurists and masseurs also attended for those who wished to use these services.

Many staff had been trained in end of life care pathway. This helped to ensure staff could collectively provide a compassionate, empathetic and pain free service for people nearing the end of their lives and their families. The registered manager had completed an accredited year long course on palliative care. Currently there was no-one living in the service receiving this type of support but the registered manager was confident that the staff team could meet people's needs when the time came to offer this particular care.

Is the service responsive?

Our findings

Care staff said that they understood the needs of people and could access information by reading the individual care plans. People's needs were assessed prior to their admission and each person had an individual care file with a recent photograph, and information on their needs, abilities, medical conditions and personal history. A visitor confirmed they had visited the service before a decision was made for the person to move in. They said they had brought as many personal items belonging to the person to ensure their room was made to feel welcoming and homely for them.

Care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. Each person's care plan addressed areas such as nutrition, personal care, cognition and emotional wellbeing. The plans were individualised, including detailed information that helped staff to support and care for them effectively.

Information about people was updated as and when necessary. In one case there had been input from the dietician, with clear direction and strategies on how to manage the person's nutritional status. Following changes to their status the care plan had been adjusted to reflect the new circumstance and the dietician's updates were also recorded along with monthly evaluations.

Daily monitoring charts were maintained in a separate file in peoples' rooms as required, including personal care records, food and fluid charts if necessary, activities records and night checks. These files also contained a copy of the care and risk profile from the care file and a support plan which outlined key care needs so that staff had ready access to information. This file also had people's life history with information on their background and family.

The registered manager was aware that there had not been any formal annual review meetings held for people and their family or friends. They confirmed this would be arranged for people so that everyone had the chance to meet and ensure the service was continuing to meet people's needs.

Our observations showed that staff members were pleasant and they had an excellent approach towards people who were living with dementia. Staff continued to chat with people, whilst assisting them, despite some people being unable to respond verbally. Staff were smiling and they looked happy to be at work.

Activities were developed and promoted to engage people in one to one activities and group sessions. The new activities coordinator produced a weekly timetable of events that were taking place. External people also visited the service to provide different activities, this included offering exercise classes and a poetry group. One person told us, "I enjoy the poetry and drawing." The service paid attention to people's interests and preferences and were successful in giving people plenty of opportunities to take part in as much both inside the service and outside as they so wished. Those people who wanted to access the local community did so either alone if they could or with staff or their family members or friends.

Relatives said that although there were no formal meetings for them they visited regularly and attended

social events for example at people's birthdays or Christmas parties where they could meet other relatives and staff.

People and relatives said they were confident that that they could raise any concerns or complaints with the registered manager or a member of the House Committee at any time. One person told us, "I would talk with staff if I had a complaint, no problem." A relative said, "I absolutely know how to make a complaint, although I haven't had to make one."

The complaints procedure was displayed in the reception area of the service. There were leaflets available for people to report complaints, comments or compliments as well as a separate form which staff could complete on behalf of a person using the service if they were unable or unwilling to complete it themselves.

Complaints included both verbal and written complaints so that informal as well as formal complaints were captured. There was a log for each month showing whether the complaint was written or verbal, whether the complaint had been investigated according to required timelines, whether an apology had been issued and whether it had been resolved.

All complaints were well documented. Detailed information on the complaint, notes from meetings, relevant records and follow up actions were evidenced in each case. All complaints had been resolved.

Is the service well-led?

Our findings

During the last inspection in November 2014 we found that many of the records we viewed were not accurate or accessible to us to view. There were no systems in place to check that records were fit for purpose. We also found a lack of regular and detailed audits and checks in place to identify where there needed to be improvements made to the service. The provider told us that these two breaches of the regulations would be addressed by 30 June 2015. At this inspection we found records were more accurate and completed by staff. Records were available to us throughout the inspection and we could see improvements had been made to them, for example, care plans that we viewed were up to date and informative. Audits and checks were more detailed and covered different areas of the service to ensure any areas needing attention were identified and rectified as soon as possible. The registered manager and provider had worked together completing an action plan so that they could monitor the progress of the service, identify any issues and address them.

We received positive feedback from people using the service and the staff team on the new registered manager and on the changes that had taken place in the service over the recent months. People and their relatives said they would talk with the registered manager if they needed to. One person told us, "there's a better sense of organisation," whilst a relative confirmed the communication between themselves and the registered manager was "good." A staff member told us the registered manager was "trying to make improvements," whilst another commented that they were, "hands-on." Both staff and people using the service reported that the registered manager was visible in the service and was always approachable and sympathetic to any concerns or comments.

The registered manager had joined the service in March 2015 and confirmed they received information and support from various sources, including attending a registered manager's forum held with the local authority and meeting with the interim business manager and nominated individual to seek advice and/or guidance. They were a registered nurse and had recently enrolled to study for the leadership and management level five qualification in health and social care. They had introduced a staff newsletter which we saw and there were plans for 2016 for there to be one for people using the service and their relatives. The provider was in the process of recruiting for a managing director to support the registered manager and to ensure the service continued to provide good quality care.

Members of staff we spoke with were very positive about the culture and atmosphere in the service which they felt was supportive and inclusive. All staff reported a high level of job satisfaction and motivation and said they enjoyed working in the service. Meetings were held regularly between various staff members and a listening forum had been set up since the last inspection to ensure the management in the service gained the views of the various staff members and this meeting encouraged staff to contribute their ideas about the service.

The home had recently re-introduced following an innovative project, known as the Butterfly Project which included staff training and a change in approach to care delivery which was designed to improve the physical, emotional and spiritual well-being of those living in the service, particularly those living with

dementia. Once fully implemented the service will have an audit carried out, via the company who run this project, to see if it can confirm the service can obtain an accreditation that this new way of working had been successfully embedded. The emphasis was on people making choices, living in a homely environment rather than working to staff schedules. All staff were very enthusiastic about the project and felt that it had improved their understanding and appreciation of care and enriched their work.

Various audits and checks were in place to ensure the service was safe. A health and safety check was carried out in November 2014. Other external companies visited the service to check on areas such as the water systems and temperatures to minimise any risks to people.

Systems had improved and these provided information to the registered manager so that they could monitor the quality of the service and the care being provided to people. This included completing a monthly report for the provider which looked at different aspects of the service. The report included, reviewing staffing levels and documenting how many staff had left the service and the reasons for their departure. We saw this had reduced significantly since the current registered manager was in post. Training statistics were available to show the registered manager the numbers of staff who had completed various training courses so they could see where there were issues or gaps in staff attending certain training.

Overall the new systems introduced in the service demonstrated that the provider and registered manager were fully aware of their responsibilities in monitoring the service provision and ensuring the service met people's individual needs.