Care Quality Commission

Roseberry Care Centres GB Limited

Springfield Park

Inspection report

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Ratings

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

Overall summary

Springfield Park is a residential care home which provides accommodation for up to 30 older people, who require support and personal care; some of whom have dementia. At the time of the inspection, there were 23 people in receipt of care from the service.

The inspection took place on 18 and 19 November 2015 and was unannounced.

The manager, who had registered with the Care Quality Commission (CQC) in July 2015, was on duty during our inspection, as was a team of care workers and domestic staff. A registered manager is a person who has registered with the CQC 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.

Staff were knowledgeable about safeguarding procedures and there were systems in place for staff to report any concerns to the manager. People told us they

Summary of findings

felt safe and that they liked the staff who provided their care. Incidents which had taken place were documented and the manager had taken appropriate action in a timely manner.

Risks people faced in their daily lives had been assessed and documented within people's individual care files. Steps had been taken to ensure actions to mitigate risk were available for staff to follow. These assessments were reviewed monthly and there was evidence that changes to people's needs were cascaded to staff through team meetings and key worker sessions.

There were enough staff employed at the service to meet the needs of the people who lived there. Staff files showed that the service safely recruited suitable people into their roles. Staff had a mix of skills, knowledge and experience to meet individual needs. The manager ensured that competency checks were carried out regularly and staff told us they were encouraged to develop professionally.

Medication were managed safely and securely stored. A senior care worker was responsible for administering medication and thorough records were kept to document this. One person said, "They are always there when you need them, they give me my medicine when I need it. I think they are wonderful". The service had recently introduced daily auditing of Medicine Administration Records (MARs) to ensure any anomalies were highlighted and dealt with immediately. Staff displayed knowledge and competency regarding the management of medicines, including the administration of medicines covertly, for people assessed under the Mental Capacity Act 2005 (MCA) as requiring this level of support. Best interest decisions had been documented in each MARs to document the necessary action required by staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Manager told us there were several people living in the service who were subject to a DoLS. Records showed these decisions had been made in the person's best interests and had involved other healthcare professionals.

Communal areas of home was clean and pleasant. The service employed domestic staff for cleaning and maintaining the home. We observed staff followed national patient safety guidance and used colour coding equipment to clean in different specified areas of the home. The bedrooms we were invited to observe were also clean and tidy.

Meals were well-balanced and nutritious. The menu was varied and people were given a choice of food options if they did not like the meal prepared. Snacks and hot drinks were served twice a day and cold drinks were available at all times in the lounge areas. We observed staff encouraged people to drink and offered people cups of tea throughout the day in addition to the set times. Staff listened to people's preferences and offered them choices.

Staff were recruited safely, well trained and supported in their role through regular supervision, appraisal and staff meetings.

It was evident that the staff cared about the people who lived at the service. They treated people with kindness and compassion and staff were able to tell us about people's life histories and individual preferences. We observed lots of positive interactions between staff and people throughout a variety of different activities. Staff were continually promoting socialisation and they encouraged people to interact with each other as well as the activity. On the upper floor, the décor had been improved to provide stimulation to people with dementia care needs. Doors were painted different colours and had laminated photographs fixed to them to help people identify their own room. The manager had recently introduced memory boxes which were on display outside each bedroom.

Care plans were in place for each person and they contained detailed information about the individual. There was evidence that the staff were working in partnership with external healthcare professionals and other agencies to achieve the best outcome for people. Care files contained hospital passports and the Alzheimer's Society "This is me" document, so that personal information would travel with people if they needed to leave the service. Care plans were reviewed monthly by keyworkers and changes were shared with the staff team through team meetings.

The manager kept robust records, such as those related to complaints, accidents and incidents. These records showed investigations had taken place and where

Summary of findings

necessary action plans were drafted to manage the situation and prevent repeat events. The manager also had a record of relevant people she had informed including the local authority and CQC.

The manager was proactive with quality monitoring. There were a number of audits in place to monitor that the service was providing safe, quality care. Where issues had arisen, action plans were in place to address these.

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?

Good

The service was safe.

Safeguarding procedures were in place and these were followed correctly by the manager and staff team.

Risk assessments were in place to ensure people's safety. People's individual needs had been assessed and control measures were in place with actions noted for the staff to follow.

Staff recruitment was safe and robust. Enough staff were employed.

There was evidence that people received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

People's consent was sought in relation to their care and treatment. Where people did not have the capacity to make their own decisions about their care, the staff had documented evidence of best interest decision making in line with the Mental capacity Act.

Staff were suitably qualified and knowledgeable. They were supported by the manager through regular supervision and appraisal.

People looked happy and healthy and they were supported to maintain a balanced diet.

Detailed records were kept in care plans of input into people's care by external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff displayed positive and caring attitudes and interacted well with people. They understood and responded well to people's needs.

Staff were knowledgeable about individual people and their life histories.

There was plenty of choice around food, drinks and activities. Staff involved people in making decisions about their care and support.

Staff had an understanding of equality and diversity and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and health and social care needs were assessed. Reviews were carried out monthly and changes were cascaded to the staff team by keyworkers.

Varied activities took place to ensure there was something suitable for everyone to engage with.

Summary of findings

There was a complaints procedure in place and people told us they knew how to complain if they needed to. The manager held a central file with a record of complaints and incidents which were investigated and dealt with appropriately and in a timely manner.

The manager regularly sought feedback from staff and relatives at meetings.

Is the service well-led?

Good

The service was well led.

There was a positive atmosphere in the home and the manager had a clear vision about the future direction of the service. Staff told us they felt supported by the manager.

The manager demonstrated good governance. She had a robust set of central records to monitor the safety and quality of the service.

Audits were regularly carried out to ensure staff complied with their responsibilities and that people received the care and attention they required.

Stakeholders and people who used the service were consulted via surveys and meetings to obtain feedback and we saw evidence this was used to improve the service.

Springfield Park

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 18 and 19 November 2015 and was unannounced. The inspection team consisted of one inspector and one 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.

Prior to the inspection we reviewed all of the information we held about Springfield Park including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted North Tyneside Council's contract monitoring team and safeguarding adults' team, to obtain their feedback about the service. Healthwatch North Tyneside had recently completed their own report and shared this with the inspector. All of this information informed the planning of our inspection.

During our inspection we spoke with nine people who lived at Springfield Park. We also spoke with ten members of staff including the registered manager, the deputy manager, a senior care worker, two care workers, the head cook, a kitchen assistant, the activities co-ordinator, the administrator and the maintenance man, who were all on duty during the inspection. We also spoke with a friend of two people who used the service, who was visiting at the time. We spent time observing care delivery at lunchtime in the two dining rooms and we observed people engaging with activities.

We pathway-tracked four people. This meant we reviewed all elements of their care, including inspecting their care records, risk assessments, medication records, finance records and observing the care that they received.

We looked at five staff files, including a mix of staff who carried out care and non-care related roles.

Good

Is the service safe?

Our findings

People told us they felt safe living at Springfield Park and that they thought their possessions were also safe. People appeared happy and relaxed during our inspection. We observed people being cared for in a safe manner with staff using appropriate moving and handling techniques, and equipment, when necessary. We observed people moved safely around the home.

The manager and staff we spoke with told us about the company safeguarding procedures. Senior staff explained how they also followed the local authority's procedures for reporting safeguarding incidents to them. The records showed the manager had a good understanding and had taken action to safeguard people. These were well documented and there was evidence to show that the actions taken had been shared in a staff meeting.

People's care needs were assessed and risk assessments in each person's file were thorough, documenting individual risks which people faced; such as mobility risks and allergic reactions. The files were up to date and reviewed regularly meaning that changes in health needs were captured quickly and staff were using current information to assist them to care for people safely. Care files contained personal emergency evacuation plans and contained a section for documenting any accidents or incidents that the person has been involved in.

We asked the manager to show us the accident file. This was a thorough record of accidents which had occurred in the home involving people and staff. Records included investigations which had taken place, any action taken, preventative measures and paperwork which showed the manager had informed the relevant people. We cross checked some of the accidents and found the information to be accurate. For example, an accident involving a staff member was further explored in the staff members back to work interview record.

Action had been taken in response to whistle-blowing allegations with detailed records. Staff told us they were not afraid to speak up if they thought something wasn't right and felt supported by the manager who they would not hesitate to approach with any concerns about people's safety.

Staff recruitment was robust. Staff files contained evidence of pre-employment vetting where potential new members of staff had completed an application form, been interviewed, had their identity verified, two references obtained and full enhanced checks from the Disclosure and Barring Service (DBS) carried out. We noted that where information had been disclosed about a person, details regarding the information or any further investigation had not been kept on record. The manager confirmed she had conversations with applicants about any information disclosed on their DBS check and had rejected applicants in the past who have not been satisfactory. The manager told us from now on she would ensure she documented this information.

Staff files included records related to the management of sickness absence and any disciplinary action taken. The files also contained evidence of staff qualifications and training. This shows that the manager was ensuring staff were suitable to work with vulnerable people.

Staffing levels were appropriate and staff did not raise any concerns with us about the numbers of care staff on duty. We observed staff responded to people quickly and efficiently and they had time to spend with people chatting and engaging in activities. The emergency call buzzer rang several times during our inspection and we observed staff immediately attended to people's needs. The manager confirmed no concerns had been raised related to staff response times when call bells are activated.

One person said "Staff are very nice and helpful; they are always there when you need them." Another person said "Everything is alright here, if I press the buzzer they are here quickly – I've got no complaints at all."

Staff were knowledgeable and competent with managing medication. They told us they had completed a safe handling of medication course and were able to tell us about the medicines some people took. For example, they needed to be aware of special techniques that are used with some types of medication. We observed that medicines were stored correctly and securely and that records were kept to monitor usage and disposal.

Medicines administration records (MARs) were clear and concise and medicines that had been administered were signed for by staff on all occasions. The records contained detailed information and a photograph to avoid any cases of mistaken identity. MARs were audited nightly to ensure any anomalies were quickly dealt with. The MARs

Good

Is the service safe?

contained information about people who received their medicines covertly. The information regarding who had been involved in making this decision was attached to individual records.

Staff used the 'Abbey Pain Assessment' tool for assessing whether people without capacity needed any PRN medication. PRN is medication which is prescribed on an 'as and when' needed basis.

The premises were clean, tidy and well maintained. The reception area was secured with a key code door entry and exit system. The communal stairs also had a key code system.

The maintenance man was on duty and carried out minor repairs and checked the safety of the premises during our inspection. Maintenance records showed that monthly checks were carried out on equipment such as the staff call bell system, window restrictors and extractor fans. Visual checks were logged regarding the use of wheelchairs and portable electrical appliance testing was carried out annually. All of the records were signed and dated with details of any faults and remedial action documented.

We observed two domestic staff on duty during the inspection and they had a trolley full of cleaning equipment and products. All of the communal areas were clean as were the bedrooms we observed. Throughout the day, cleaning tasks were carried out around the home. The service was observing the NHS code of practice regarding infection control. The manager had appointed a care worker as the 'infection control champion'. Their role was to ensure all staff understood and were practising good infection control techniques.

Good

Is the service effective?

Our findings

Staff were knowledgeable in key topics such as medication, safeguarding and moving and handling people which they received from an external training provider. Staff had also received specific training in dementia awareness. A relative commented, "I have no concerns whatsoever, I know my husband is in good hands."

Staff told us they completed refresher courses via distance learning, which we saw evidenced in their staff files. The manager told us she had recently signed all staff up to an online training account and registered the staff for topics available to care workers. Staff confirmed they were completing these courses one at a time. Senior staff had higher level qualifications in health and social care.

Staff files demonstrated that all new staff had received an induction into the company, tailored to their role, and they had been supervised during their probationary period. Records showed that new staff were given a named mentor and worked on shift alongside them for support and guidance. Staff recognition schemes were in place including employee of the month and a bonus for staff with 100% attendance.

Regular supervision and appraisal of staff took place and records were thorough. Staff told us they felt supported by the manager and felt confident to raise any issues with her.

Care staff carried out 'hourly round checks'. They completed a chart for each person to ensure their health and well-being was regularly monitored. The chart included monitoring of body maps, any risks to people's general health, their mood, a mattress check, any positional changes required and a check on the emergency buzzer. We saw evidence that issues raised during round checks were passed to an external healthcare professional when necessary.

Staff completed handover sheets during each shift. These were a means of communicating any issues, concerns or incidents which had occurred to the oncoming shift, so that important information was relayed to them and not overlooked.

All of the care files had a section in them which evidenced that people had consented to the care and treatment planned for them. It also showed that people had been involved as much as possible in the development of their care plan. Consent was sought for other things like consenting to having photographs taken during activities. We observed people being given choices and control over their decisions wherever they were able to. For example, at mealtimes and during activities.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Care files showed and the manager confirmed that there were several people living at the service who were subject to a DoLS. Records showed these decisions had been made in the person's best interests and GP's and social workers had been involved in this decision-making process. These were reviewed regularly and the manager monitored when further applications for extending these authorisations were required.

People's general health and well-being was being promoted by staff. Care records showed that their healthcare needs were met and the staff involved external healthcare professionals in people's care where necessary. For example a person was referred to a dietician regarding weight loss. In addition, people were supported to maintain their general health via routine appointments with, for example, GP's, district nurses, chiropodists and opticians.

There was evidence that the manager was communicating with people and their relatives. Regular relatives meetings took place. A noticeboard in the corridor displayed posters about advocacy, armchair exercises and dog petting services. There was also a monthly newsletter which included the employee of the month award, birthdays, recipes, reminiscence, poetry, upcoming events and weekly activities. The manager told us this was sent out to all people who used the service and their relatives.

Good

Is the service effective?

A large menu board was on display on the walls of the dining room. There was a rotational set menu including meat dishes and a variety of healthy and wholesome foods. If people did not like the meal or preferred something else the cook told us they would do their best to accommodate their preferences. The cook was also aware that one person was a vegetarian and one person required a soft diet. One person told us they always had their needs met with an alternative meal.

We observed the lunchtime experience. Staff assisted some people to cut up their food. Staff were sitting and chatting with people, whilst at the same time prompting and encouraging them to eat. We observed people telling staff which food items they wanted on their plates and whether they wanted a small or large portion. Tea and coffee was served alongside a cold drink and these were regularly refreshed during the lunchtime period. Jugs of water and juice were available in the lounge areas. People commented "It's lovely, the food is always nice" and "I like my food but if I don't fancy what's on offer I can have an omelette or a sandwich."

One person whose care records showed they had suffered recent weight loss was gently prompted and encouraged by staff throughout lunchtime. Staff told us they were aware of this recent change and kept a subtle eye on what the person consumed. The person ate all of the food they had been given.

The design of the environment on the upper floor where people with dementia care needs were accommodated had taken into account best practice guidance. Bedroom doors had been painted with coloured paint and contrasting colours on corridor walls were used so people would feel less disorientated. People's bedroom doors had a big laminated photograph of the person next to their name. Memory boxes were fixed to the wall outside people's rooms which contained family photos, ornaments and other personal items or artefacts. Display areas had been created on the corridor walls with fabrics of different textures for people to look at and feel. A friend said "X (manager) is very good, there's been a lot of changes since she came, like the memory boxes and the pictures of Forest Hall on the walls."

Good

Is the service caring?

Our findings

There was a very happy atmosphere throughout the home. One person said, “They look after me well, they are very good. I’m happy.” The staff displayed a caring and compassionate attitude. We spoke to staff who were able to tell us about people and their life history. Staff knew people well and understood their needs.

We observed all staff approached people in a friendly manner. One person told us, “The staff are great; they’re very helpful” and another person said, “The girls are alright; they’re Geordies so they can’t be bad”. In an annual survey a relative had commented, “We are very happy with the care X (relative) receives at Springfield Park. The staff are very welcoming and X is happy.” A healthcare professional had also commented, “Staff are excellent with residents; there’s good communication.”

Staff interacted well with people; they were kind and considerate and respected people’s wishes. We observed some excellent interactions between staff and people during focused activities. Staff were friendly and encouraged inclusion. People were painting birdhouses with the staff and there was conversation throughout the activity. Staff encouraged and praised people’s efforts, making comments like, “Oh X (person), that is beautiful.”

Independence was promoted and we observed staff assisting only where necessary. Staff regularly encouraged people to drink juice or hot drinks and we observed a member of staff moving a cup of juice closer to a person so they could reach it easier. We saw staff escorting people around the home so that they could visit the lounge and dining areas on both floors enabling them to choose which activity they wanted to pursue.

The manager told us that everyone living at the service had similar ethnic backgrounds and religious beliefs and there was nobody with an obvious diverse need. They were aware of one person who was a vegetarian and their needs were met by the cook who always provided a vegetarian alternative option at mealtimes. All the staff we spoke with were also aware of people’s individual needs.

We asked the manager whether any person using the service currently used advocacy services. An **advocate** is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The manager told us that she was aware of how to access an advocate if people needed this support. Most people had family who advocated on their behalf. However the manager told us that she was aware of two people who had a friend with a lasting power of attorney for finances and health matters and this was documented in their care records.

People were treated with dignity and respect and their privacy was maintained and promoted. We observed the minutes of a recent staff meeting which showed that privacy and dignity was a regular item on the agenda. The manager told us that she was a ‘dignity champion’. We observed a poster on the noticeboard which displayed the pledges she had made to become a dignity champion. One person told us they liked to stay in their room most of the time and staff respected this wish and brought their meals to them in their room. Another person told us the staff always knocked on their bedroom door before they entered their room. A friend of people who lived at the home said, “Staff treat my friends with kindness, dignity and respect; they are always clean, fresh and well dressed.”

Although at the time of inspection no-one was receiving end of life care, we saw that care plans were in place for those who had shared their end of life wishes. The service had documented preferences with regards to resuscitation and withdrawal of medical intervention. In some care plans people had chosen not to share those wishes at the time and this was documented and reviewed.

Good

Is the service responsive?

Our findings

Records about people's care needs were thorough and person-centred. They contained a lot of personal information about each individual including their life history, a hospital passport, an Alzheimer's Society "This is me" document, and photographs. Sections within people's care records were entitled, for example, 'my memory', 'my sleep', 'my pain' and 'my mobility'. All the sections contained information about the individual person's condition and preferences. Each section was reviewed monthly by a keyworker. We found these entries to be relevant and recently reviewed.

Each care record contained a comprehensive pre-admission assessment document which showed the service and other healthcare professionals had considered Springfield Park to be suitable to meeting individual people's needs. There was also evidence that where required, people had been referred to other services for assistance with their health and social care needs.

Each file also contained daily notes completed by staff on duty and evidence of historic 'hourly round checks'. There was also a section for relatives and healthcare professional comments to be recorded. Staff had signed to confirm they had read each file to gain a better understanding of each individual's needs.

The manager told us she reviewed the daily handover sheets at the start of her shift and followed up any information which required her to investigate further.

A newly appointed activities coordinator had brought a lot of new ideas to the service. They showed us an activity plan for the upcoming months which included a Christmas Pantomime, a tea dance and children singing from the local nursery. The activities coordinator was also trying to arrange a charity night to raise money for the residents' fund. The manager told us about a charity called 'Mind Active' who provided spaces for six residents to join them at a community centre in Bedlington once a month. We saw a photo album of pictures which showed people enjoying the activities provided by this charity.

During the painting activity, other activities were also available for people to join in. We observed people on both floors singing along to karaoke, completing jigsaws, playing with a giant inflatable hoopla and throwing and catching a ball. Staff were trying to include everyone in something to keep them active and stimulated. One member of staff told us "I try to think of things to bring in, or if I see something in the shops I think it would be good for them, I get it". This showed the staff understood the importance of stimulation and inclusion, especially for people living with dementia.

The service had been using the same hairdresser for over 20 years but previously hairdressing was carried out in people's rooms. In recent months, the manager had decorated one unoccupied room to simulate the experience of visiting a proper hair salon.

The complaints file contained a form which was completed with relevant details when complaints were raised. We reviewed two recent complaints from the file. An anonymous person had complained about the service having a lack of choice around food and raised concerns over recruitment checks were not being carried out on potential new staff. The complaint record showed the manager had investigated this and spoke with the cook about increasing choice on the menu. DBS checks had all been carried out and this was confirmed during our inspection of staff files. There was also a complaint from a healthcare professional about a lack of staff on duty during a visit they had made to the home. Again the complaint records showed the manager had investigated the matter fully and put an action plan in place which had included increasing staffing levels during the day shift. The manager had also informed the local authority contracts department about the complaints and filled in a 'complaints tracker' form so that different types of complaints could be monitored for emerging trends.

Everyone we spoke with told us they had never made a complaint. They all confirmed they would have no hesitation in making a complaint to a staff member or the manager if there was a need to do so. A friend of a person visiting the home told us "I have never had cause to complain, I've mentioned a few little things to X (manager) and she sorts it straight away." One person said "I have no complaints at all; I have never had to complain. If something was troubling me, I'd tell the girls (staff)."

The manager told us that when she first arrived the attendance at relative meetings was low, however she drafted a letter explaining her vision of future meetings which was sent out to all the relatives and friends and attendance improved as a result. A friend told us "I come to as many of the monthly meetings as I can and they do

Good

Is the service responsive?

listen to you. Another woman raised an idea about having small tables in the lounge next to the resident's chairs and they got some – it's great because X (friend) will sit in the chair and use the table to do some colouring in."

A noticeboard in the corridor displayed several 'thank you' cards. Some of the comments included "Thank you for all the care and support you gave X (relative). I very much appreciate the members of staff who attended his funeral." Another read "Thank you for looking after our mum, she really enjoyed her stay."

Good

Is the service well-led?

Our findings

The culture at Springfield Park was relaxed and open. Staff told us they were happy at work and felt fully supported by the manager. Comments included "It's a lovely home, the carers are all nice and get along well together" and "X (manager) is good – she likes her paperwork though, we do a lot more of it now". Staff told us the manager's office door was always open for people and staff to speak with her. People living at the home said they were comfortable and confident enough to approach the staff and manager with any issues or problems they may have. We observed the manager chatting to people as she walked around the home.

The manager told us a lot of improvements had been made to the décor of the home within the last 12 months. The manager had a clear vision for the future of the home and had implemented some best practice guidance around caring for people living with dementia. The environment and atmosphere were welcoming. A friend told us "I come at any time and I've never found anything untoward. The place is cosy, no smells. I'm always made to feel welcome."

There was a statement of purpose in the foyer which included information about how to complain and who to complain to. This meant people had information available to them about the service and what it could offer them. Information about the manager's registration with the Care Quality Commission was also on display, as was the latest food hygiene rating that the service had received.

The manager had been in post since January 2015 and became the registered manager of the service in July 2015. This meant she had accepted legal responsibilities for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service was run. The manager told us this was her first role as a care home manager following years of experience working in care homes and the support from the provider was working well for her.

Prior to our inspection we checked whether statutory notifications were being submitted and found that they were. Records showed the manager had sent several notifications to us about applications for DoLS and notifications of deaths or incidents which had occurred at the home.

We discussed a recent safeguarding incident with the manager, which records showed was thoroughly investigated and dealt with appropriately. All actions taken by the manager were recorded as well as dates and times of all conversations with people involved. Feedback had been given to all parties concerned and the outcome was satisfactory for all. The manager told us "I have learned a lot! I hadn't dealt with anything like it before, but I got plenty of support from my (regional) manager".

We viewed minutes from staff meetings and we found that staff were involved and current issues were discussed including complaints and safeguarding incidents to ensure everyone learned from them.

The manager maintained robust records about all aspects of the management of the service. These were inspected and found to be informative and up to date. We found that general premises risk assessments were up to date. Where repairs had been identified there were corresponding invoices for the repair work which was subsequently carried out. The last electrical test was dated 2013, and this had a statement attached suggesting remedial action. There was no correspondence attached to confirm that repair work had taken place. We discussed this with the manager and she immediately contacted the provider's head of maintenance. They arranged for an electrician to visit the premises the next day to ensure the suggested work had been carried out and to ensure the electrics were safe which they were.

The accident and incident file contained information about these occurrences. An audit and overall summary was in place. This was carried out month by month with statistics available designed to identify any trends. This gave the manager an overall view of accidents and incidents and she told us she was able to monitor trends and put preventative measures in place to protect people.

Care plan audits were carried out monthly by the manager who did a random check of five care files. The audit was thorough and the last one had been carried out in October 2015. The care files we looked at were all up to date and contained accurate information. This demonstrated good governance and monitoring systems were in place.

Staff files were audited by the provider's head of administration who visited the home every three months. The last administration audit was carried out on 3 November 2015 when ten staff files were reviewed. They

Good

Is the service well-led?

found that one staff file had a reference missing; however, this was followed up with an action plan and rectified within a short timescale. The administrator told us that in response to this finding they had increased the regularity of their staff file audits to monthly intervals, to ensure that any further oversights were identified and addressed within shorter timescales.

The administrator also kept a file for each person who used the service which contained terms and conditions of their residency (contract) and financial information. Again these were audited by the head of administration. During the recent audit, three files were identified as having contracts which included the previous provider's details. An action plan has been drafted to modify these and reissue them to the people concerned.

The manager had recently improved the way lost property was managed. An audit was in place to record items of lost property and this contained signatures from the people who claimed the items once they were found. Previously this had not been monitored.

The manager issued quality monitoring surveys to people who used the service, their relatives and other healthcare professionals. The surveys were annual and evidenced that where feedback had been given, action was taken to address this wherever possible. For example, in the March 2015 survey, a relative commented that their relation was staying in their room a lot. The manager had addressed this concern by contacting the person's GP for a check-up and ensuring that they were well enough for some gentle intervention. This was agreed by all parties involved and the manager arranged for someone to attend the home on a fortnightly basis and work with the person to encourage socialisation and stimulation with a series of armchair exercises.

The manager had built community links which benefitted people who lived at the home. People engaged in activities locally with the provider's sister home and the mind active charity in Bedlington which people visited regularly. This showed the provider had increased their profile within the local community to assist in meeting people's social needs. The manager was working with the activities coordinator to make a fresh plan to encourage more participation in activities. They were hoping to involve relatives and the local community more within the organisation of events.