

## The Council of St Monica Trust

# The Russets

### Inspection report

1 Pegasus Place  
Sandford Station  
Sandford  
Somerset  
BS25 5AD

Tel: 01934 825900

Website: [www.stmonicastrust.org.uk](http://www.stmonicastrust.org.uk)

Date of inspection visit: 7 July 2015

Date of publication: 10/08/2015

#### 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

We undertook an unannounced inspection of The Russets on 7 July 2015. When the service was last inspected in July 2013, we had identified concerns that care and treatment was not always planned in a way that ensured people's safety and welfare. We found there were no appropriate systems to identify and manage risks relating to wound care and records completed in relation to wound care were not always accurate. During this inspection we found the provider had made the appropriate improvements.

The Russets provides accommodation for people who require nursing or personal care. They are registered to provide this regulated activity for up to a maximum of 105 people. Within the service up to 73 people are accommodated in The Russets which provide care and treatment for people living with dementia, whilst separate accommodation for up to 32 people with general nursing care needs is provided in the area called Sherwood. At the time of our inspection the service was providing nursing and personal care to 100 people over both areas.

# Summary of findings

A registered manager was in post at the time of inspection. 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 felt safe and staff demonstrated awareness of how to respond to actual or suspected abuse. The provider had appropriate safeguarding adults and whistleblowing policies for staff that gave guidance on the identification and reporting of suspected abuse.

People's risks were assessed and risk management guidance was produced whilst promoting people's independence. People and staff told us that staffing levels were sufficient and we made observations to support this. Safe recruitment procedures were completed.

The service had systems that monitored the safety of the environment and the equipment used within it. People received their medicines on time and the service had arrangements in place for the ordering and administration of medicines. Medicines records had been completed appropriately and the provider had an auditing system to monitor people's medicines.

People praised the effective care they received from the staff and told us they received a high standard of care. Staff received regular training and regular updates on essential training subjects. An appraisal and supervision processes meant staff felt supported by the provider.

People were asked for their consent before any care was provided and staff acted in accordance with their wishes. The registered manager understood the Deprivation of Liberty Safeguard (DoLS) framework and appropriate applications had been made. Staff understood their obligations under the Mental Capacity Act 2005 and how people should be supported to make informed decisions.

People's risk of malnutrition was monitored and people received the support they needed during meal periods. People were supported to see healthcare professionals when required and records showed that staff responded promptly to people's changing needs. The service had appropriate systems that ensured referrals to healthcare professionals were made.

There were caring relationships between staff and people. People spoke very highly of the staff that provided their care and we also received very positive feedback from people's relatives. People and their relatives were involved in decisions about the care package they received. We made continual observations during the inspection of people being making encouraged by staff to make independent decisions.

People told us the service was responsive and they received the care they needed and when they needed it. All said their agreed care package met their needs. There were a wide range of activities for people to partake in and we observed people engaged in activities during the inspection. The provider had a complaints procedure and people had been given appropriate information about how to raise a complaint if required.

The registered manager was highly spoken of by the staff. Staff felt supported in their roles and the management had sufficient systems to communicate with the staff. There were good links with members of the local community and local school.

People and their relatives knew the management structure within the service. Staff told us they worked in a positive environment and that they could raise suggestions. The registered manager had systems to monitor the quality of care provided and auditing systems to monitor records and documentation used by staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People felt safe and spoke positively of the staff that supported them.

People's risks were assessed and risk management plans were completed.

Staff understood their responsibilities in relation to safeguarding adults.

There were sufficient staff to support people and recruitment procedures were safe.

People were supported safely with their medicines.

Good



### Is the service effective?

The service was effective. Staff were appropriately trained to meet people's needs.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

When required, the service acted in accordance with the principles of the Mental Capacity Act 2005.

People were supported with their nutrition and hydration. There were measures in place to ensure people's assessed nutritional needs were met.

The service had dedicated GPs to enable people to use relevant services.

Good



### Is the service caring?

The service was caring. There were good, caring relationships between people and the staff team.

People and their relatives had written positive comments about the caring manner of the service and staff.

People were treated with consideration and respect by staff.

Staff understood people's needs and offered people choices.

People's privacy was respected and their independence was promoted.

Good



### Is the service responsive?

The service was responsive to people's needs. People received care which met their needs when they needed it.

People's records were personalised and contained unique information

Activities within the home were provided for groups and individuals.

The provider had a complaints procedure and people felt able to complain.

Good



### Is the service well-led?

The service was well-led. People spoke highly of the management team at the service.

Staff felt supported and valued by the management team.

The service had good community links.

Good



# Summary of findings

The provider communicated with staff and staff could express their views and opinions.

There were quality assurance systems to monitor the quality of the service provided.

# The Russets

## 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 was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During a previous inspection of this service in July 2013, we had identified concerns that care and treatment was not always planned in a way that ensured people's safety and welfare. We found there were no appropriate systems to identify and manage risks relating to wound care and records completed in relation to wound care were not always accurate. During this inspection we found the provider had made the appropriate improvements.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at five people's care and support records.

We spoke with 16 people who used the service, two people's relatives and a visiting GP. We also spoke with 11 members of staff. This included the provider's operations manager, the registered manager of the service, the deputy manager and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

People gave positive feedback about staff at the service and told us they were cared for in a safe environment. All of the people we spoke with gave a positive account of the safe feeling the staff at the service gave them. One person told us, "I feel safe because there are plenty of staff and I have a buzzer to use if I need anything." Another person said, "I am safe, I trust everyone to know what to do for me." One person commented to us, "I am happy, I am in good safe hands."

Medicines were managed so that people received them safely and as prescribed. There was guidance for staff at the front of the medication administration records on how people preferred to receive their medicines. For example, one record read, "[Service user name] can take tablets themselves but needs supervising in case they drop a tablet." Medicines were stored safely and the service had appropriate systems for the disposal of medicines no longer required and appropriate records were maintained. Nursing staff worked closely with the service pharmacy and people's GP to ensure people's medicines needs were met.

Specific medicines that required storing in accordance with legal requirements were stored correctly and records relating to these medicines were completed accurately. Medicines that required cold storage were stored correctly within refrigerators and temperature records were generally well maintained. We identified minor recording omissions by staff to the registered manager. Audits of medicines were completed monthly by the nursing staff and six monthly by the provider. Staff said they were informed of the outcome of these audits and areas requiring improvement were identified. Additionally, the nominated pharmacy who supplied medicines to the service audited the medicines every six months.

The home had sufficient staff on duty to keep people safe and meet their needs. The registered manager explained how the service currently used a structured set staff number throughout the day which enabled them to meet people's needs. People commented there was always staff available to support them and this was observed during the inspection. Staff we spoke with told us they could meet people's needs on the current staffing levels. Call bells were answered in a timely manner. The time taken for call bells to be responded to was monitored and audited weekly and

excessive response times were discussed with the staff that had been on duty. In addition to responding to call bells, the service had recently introduced a more structured approach to supporting people whereby staff conduct checks on people at set times to assess and manage their needs. People and staff told us this system was working well.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Reported incidents and accidents were reviewed to establish any patterns or trends. Staff completed an incident or accident report form at the time of the incident and the provider had a system that ensured the registered manager was also immediately notified of the incident. The provider had a system to monitor reported incidents, accidents and near misses and the data was then analysed to establish patterns or trends. From the records produced and from the information we received from the registered manager, there were no current evident patterns or trends that required the registered manager to take action.

Staff understood their responsibilities in relation to safeguarding adults. The provider had safeguarding and whistleblowing policies for staff that gave guidance on the different types of abuse people may be at risk of and what action should be undertaken by staff should they be concerned for a person's welfare. Staff were knowledgeable about safeguarding reporting procedures and told us they had received training in safeguarding which was supported by training records. Staff understood the term whistleblowing and how they could contact external agencies in confidence if they had any concerns.

People were protected from harm through appropriate assessments of their risks. Care records contained risk assessments for people's risk of falls and the level of support they required for moving and handling. Where a risk was identified there were plans in place to inform staff how to keep people safe. The care records had been reviewed and amended when people's needs changed. Staff had accessed specialist advice to keep people safe, for

## Is the service safe?

example physiotherapy assessments. Care records reflected the documented advice given by healthcare specialists and gave clear guidance to staff. For example, one plan contained a moving and handling risk reduction profile as staff had identified the person was at high risk of falling. Physiotherapy advice had been sought and an assessment had been completed. The person had subsequently been provided with a walking aid and their care records showed that as the person's confidence and mobility improved, the plan had been changed accordingly to promote their independence.

The environment and equipment used within the service was maintained to ensure it was safe. The provider had

dedicated staff that monitored all aspects of the environment and the equipment within the service. We received information from the provider's Facilities Operations and Health & Safety Manager that detailed the regular maintenance and servicing of mobility equipment undertaken within the service. For example, regular audits of the serviceability of beds were completed, and beds no longer fit were condemned and replaced. Environmental aspects such as legionella risks and lighting were frequently audited. Mobility equipment such as wheelchairs, hoists and slings were also subject to regular checks and servicing.

# Is the service effective?

## Our findings

People and their relatives told of positive experiences in relation to the care provided by staff. People said they felt the staff were well trained, capable and competent and said they were able to ensure people lived as they wished. One person said, "I love it here, everything is wonderful. Lots of lovely people to look after me." People's relatives also spoke positively of the staff and expressed satisfaction. One relative commented, "I have every confidence in staff, they know what they are doing."

People were able to access healthcare services when required. People were registered with a local GP practice. A nominated GP from that practice completed scheduled visits twice weekly to the service but also would attend when requested outside of these times. On the day of our inspection we spoke with a visiting GP who provided positive feedback about the service. They commented, "We [the GP practice] do not have any problems or concerns with the service, everything is fine. Referrals are timely and appropriate and staff do a marvellous job." We observed a meeting between two members of staff and the GP as they reviewed people's health needs. There was a team approach to the review and staff demonstrated a good knowledge of the people they were caring for.

The registered manager had an understanding of the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they and their senior staff members had the responsibility for making DoLS applications. The registered manager told us that four people in the service currently had a DoLS authorisation in place and multiple applications were pending action by the local authority. We reviewed the supporting authorisation paperwork and for people who currently had a DoLS approval and the registered manager was knowledgeable about the listed recommendations associated with people's DoLS approvals.

Where required, the service had acted in accordance with principles of the Mental Capacity Act 2005 and best interest decision meetings had been held. Best interest decision meetings are held when a person lacks the mental capacity at that particular time to make a specific decision about an aspect of their care or treatment. Records showed that

meetings had been held to establish if covertly administering a person's medicines was in their best interest. A meeting was held between staff, a member of the person's family and the person's GP. Additional meetings were also held about the use of bedrails and records of these meetings were appropriately completed to demonstrate the decision making process. Some people had a Lasting Power of Attorney (LPA) appointed by the Office of the Public Guardian. An LPA is a legal document that identifies a person who is able to make decisions on their behalf. Where people had an appointed LPA, the correct documentation was obtained by the service when people were first admitted to the service.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how they applied the MCA to their work. Staff understood the need to promote people's independence and empower them to make choices. One staff member said, "It's important people can choose." Staff were observed offering choices to people throughout the day. For example, people were offered choices of drinks, meals and where they sat. We made one observation where a person had requested a cardigan. The staff member went to the person's room and returned with two cardigans, offering the person the choice of which they wished to wear. Staff were continually observed seeking people's consent before supporting them. For example, many questions began with, "Would you like me to?", "Would you mind if?" and "Will it be alright if I." This showed that staff sought the consent of people before supporting them.

Staff received appropriate training to carry out their roles. Staff felt they were given sufficient training to effectively support people and meet their needs. Staff had received appropriate training in a variety of relevant topics to meet the needs of the people who used the service that included moving and handling, health and safety, fire and safeguarding. The provider had recently introduced a 'Mandatory Update Day' to allow staff to complete a full day of update training in specific subjects. These training days included subjects such as health and safety, first aid, moving and handling, safeguarding, the Mental Capacity Act 2005 and equality and diversity.

Additional training was provided to meet the needs of people. For example, training was provided in dementia and had been provided and undertaken by staff. Training was also completed in subjects such as promoting positive



## Is the service effective?

practice, nutrition and dignity. Nursing staff within the service also had the opportunity for continual professional development. A member of the nursing team told us they had completed training in wound care and diabetes since commencing their employment. Records showed that some nursing staff had completed training in subjects such as male catheterisation, syringe drivers and venepuncture.

Staff received regular performance supervision and appraisal. The provider had entitled this process as 'Advancing Colleagues Contribution' and staff said they felt supported through this process. They commented it was a process that promoted the opportunity for them to have constructive discussions every three months to discuss their performance, training needs and career progression. The Advancing Colleagues Contribution process also ensured staff annually completed a document that incorporated a personal training and development plan for the following year.

New staff completed a three day induction followed by a period of shadowing senior staff. They would then be monitored by senior staff to ensure they were competent at their role. The induction included training in subjects such as moving and handling, safeguarding, equality and diversity and infection control. We spoke with a member of staff that had recently completed the induction who spoke positively about it. The provider had recently implemented the new Care Certificate and new staff employed at the service would be undertaking this as part of their induction process.

People generally spoke positively about the food at the service. One person said, "Good food, plenty of choice." Another said, "Food is excellent, there is always plenty to eat." Care plans contained nutritional assessments and where people had been assessed as being at risk of weight loss or malnutrition, appropriate guidance and support had been put in place. People's food and drink preferences had been documented in detail within the care plans. People's weight was monitored and it clearly recorded where people were receiving fortified diets. Where required, accurate records were maintained to monitor people's food and drink intake.

People who required support to eat their meals received the support they needed in a sensitive and unhurried manner by staff. Although in the main we observed excellent examples of people being supported with their nutritional needs, we did highlight an instance of staff communicating with each other as opposed to the person they were supporting to the registered manager. Drinks and snacks were available continually throughout the day. During the afternoon we observed people being offered a mixture of cut fresh fruit. During this observation, one person refused to eat any unless staff had some too. Staff responded to this by getting themselves a plate of fruit and sitting beside the resident while they both ate.

# Is the service caring?

## Our findings

We received a range of complimentary and praising comments from people and their relatives when we asked them for their views of the staff and the care provided. The comments we received from one person where, "Staff are good, they are really special." Another said, "Staff are kind, they take an interest. There is nobody horrible, unpleasant or unkind." One person's relative commented, "Staff treat my loved one with kindness, dignity and respect." Another told us, "My loved one is treated well, I like the way they care."

Observations made by our inspection team showed staff had a caring manner towards people. People were well dressed wearing clean clothing and tidy hair. Staff were compassionate with people and interacted in a friendly and caring manner. It was apparent that staff knew the people well and their likes and preferred choices. Staff spoke with people respectfully, and the volume and tone of voice was appropriate and people were addressed by their preferred names.

The provider encouraged people or their relatives to use a national website to give feedback on the service. There was information about the website displayed in the main entrances to the service and in different areas around the service. The website only currently had one review which had been posted in March 2015. The review was positive and described all areas of the service including staff and care as excellent. A comment from the review included, "Where St Monica trust seems to really excel is in the choice and motivation of the wonderful staff." The reviewer said they were extremely likely to recommend The Russets to others.

The compliments log at the service was reflective of the feedback we received during the inspection and the observations we made. A total of six compliments had been received since January 2015. One compliment read, "You should all be very proud of it [The Russets] and the care you provide." Another said, "I am delighted that I found and chose The Russets as a new home for Mum, as not only is she safe and cared for, but she is cherished and valued as an individual."

Staff were knowledgeable about people's care and treatment needs. Staff understood personalised care and demonstrated this when they told us how different people liked to be cared for. This showed they understood the people they cared for. It was evident through our observations between people and staff that there were good, caring relationships and people always appeared relaxed and happy during interactions with staff. Staff comments showed a positive attitude towards promoting a good quality of life. One comment we received from a member of staff was, "I love it here, spending quality one to one time with people is what I love most about my job." An additional comment received was, "We want to make it feel like a home from home."

People felt respected by the staff at the service and told us their privacy and dignity was respected. People and their relatives commented on the polite and friendly nature of staff. All of the people we spoke with felt they were treated with dignity and respect and that their privacy was respected by staff. One person commented, "Staff do everything as I want, I feel quite comfortable when they are doing personal care." People told us that their privacy was respected by staff and that they always knocked on their doors prior to entering their rooms. We made observations to support this throughout the inspection.

People felt involved in decisions about their care and said their independence was maintained. One person commented, "I am an independent person but have to have some care, staff are lovely and let me do as much as I can." People were observed being involved in choices throughout the inspection such as what they wished to do, where they sat, what they had to eat and drink and what clothing they wore. We made observations of how staff supported and promoted people's ability to make daily decisions. For example, during the lunch period a staff member plated meal alternatives and took them to the table for people to choose. This ensured people had a visual aid to help them select their meal preferences.

# Is the service responsive?

## Our findings

People spoke positively about the personalised care they received from staff. People said their care needs were being met and people's relatives had the same feedback when asked. One person's relative told us, "“This place is fantastic, everything about it is first class, the super staff could not be better or do any more than they already do for our loved one.”"

During the inspection we saw examples of how staff responded to meet people's care needs. For example we observed that people had the mobility equipment to hand when they were assessed as needing it to reduce their risk of falls. Staff had ensured that people who had limited mobility had a call bell within reach, and these people told us staff were responsive if they pressed their bell. People received their assessed care needs during meal periods and staff responded quickly to general requests from people during the day.

During our previous inspection concerns had been raised in relation to the responsiveness and management of wound care. During this inspection we saw people's wound care plans were clear and contained photographs to indicate when wounds were improving or deteriorating. A new system for review of wounds was robust. This was due to clearer communication amongst the nursing staff and also because the new electronic care planning system alerted staff when specific actions were required, such as a wound dressing. Tissue viability nurse input was obtained when needed and wound care audits were carried out. The service had also appointed a wound care lead nurse to oversee wound care management within the service. Nurses had been provided with a wound care flow chart and all wounds were checked daily for signs of deterioration in dressings.

The provider was in the process of implementing a new electronic care planning system at the time of our inspection. These care plans were person centred and comprehensive. They gave clear guidance to staff on how to meet people's needs and contained descriptive, personalised details of people's preferences. For example, one person's sleep and rest plan stated "[Service user] prefers one 'V' pillow and one flat pillow to sleep." Another record showed an entry that read, "[Service user] likes the small bathroom light to be left on and the bathroom door should be left ajar". The system held all of the associated

risk assessments for people, together with mental capacity assessments where required and daily records of care delivery. During the inspection it was highlighted to the operation manager and the registered manager that the service would need a robust contingency plan in the event they are unable to access the electronic care records.

Care records showed additional information about people using a 'This is Me' record. Every person in the service had a completed 'This is Me' information booklet in their room and it was clear that staff appeared to know their people well. Staff understood people's likes and dislikes as they were recorded in this document as well as the person's preferences. We observed how this information was effectively used by staff. A staff member sat next to a person and initiated a conversation by asking the person to tell them about a life event recorded in the 'This is Me' record. The staff member then listened while the person recounted the event they were proud of and engaged with the staff member.

A range of daily activities were available for people to participate in. The home had a dedicated activities staff and people were observed engaged in activities throughout the day. Throughout the service there was a good supply of activity materials such as indoor skittles, dominos games, puzzles and rummage boxes. Staff also provided individual activities to people, we observed people with staff doing jigsaw puzzles, card games as well as staff sitting individually with people and playing music of their choice. In one area we observed one person had made a cake with staff.

The service also had external activities for people to participate in. For example musical memories and a band provide musical activities which are open to all people and their visitors. There were a number of volunteers who came in to the home and do various things with people that included gardening, reading and playing chess. The volunteers also assisted the activities co-ordinators with a variety of activities in the purpose built clubhouse which is easily accessed by all of the people in the service. There was also a weekly church service people could attend.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure and this information was readily available to people and their relatives within their service user folders. We reviewed the complaints record within the service that showed a total of eight complaints had been received

## Is the service responsive?

during 2015. The service had acted and responded in accordance with their policy, by sending an acknowledgement letter and subsequently investigating the complaint before providing a written response to the complainant.

# Is the service well-led?

## Our findings

People and their relatives told us they were aware of the management team within the service and knew who to approach should they require any guidance, assistance or support. People were positive about the visibility of the registered manager and told us they frequently interacted with them. One relative commented, “[Registered Manager] often pops in and will stop and chat, I have always found [Registered Manager] to be very approachable.” An additional comment was, “The manager is always present at relatives meetings, listens to relatives and seems to genuinely want to work with us.”

Staff felt supported by the registered manager and senior management team. We observed the service had an open and caring atmosphere, staff were observed communicating well with each other and working well together. All of the staff we spoke with were positive about their employment. When we asked to staff to comment on their employment satisfaction, we received comments such as, “I’ve really enjoyed my job since I’ve been here” and “I really enjoy my role here. It’s a great team.”

Staff spoke of an open policy in the service and said the registered manager and senior staff members involved in the daily management of the service were approachable. All of the staff we spoke with said they would feel comfortable in requesting assistance, support and guidance. One member of staff commented, “It’s an open door policy, I can always knock on the door.” Another staff member told us, “[Registered Manager] and [Deputy Manager] are always available to chat with if I need them.” Staff said they were encouraged to raise any ideas for improvements to the service and were actively involved in quality improvement initiatives. Staff said they would recommend The Russets as a place to work and that the culture of the service was ‘positive.’

A staff survey was distributed to staff to allow them to express their views and opinions on their employment. The survey focussed on areas such as employment satisfaction, training and the level of support staff received. At the time of our inspection the results had not yet been fully discussed or reviewed with the registered manager due to them only very recently being collated. A future review of the results of the survey would result in an action plan being produced if required.

Messages were communicated to staff through meetings. Different levels of meeting were held frequently at the service. For example, meetings involving all staff were held that discussed matters such as staffing, activities, confidentiality, care planning and confidentiality. We also saw from the meeting minutes the registered manager also used these meetings as an opportunity to communicate recognition of hard work to staff. Additional meetings were held for nursing staff to discuss people’s care and nursing needs and daily handovers were completed. Additionally, information was communicated by management and staff through communication books.

People and their relatives were actively involved in the development of the service through surveys and meetings. Meetings were held approximately every three months and matters within the service were communicated. For example, the previous meeting minutes showed the new care planning system was discussed with people. In addition to this, staffing changes, the laundry system, the arrival of a new minibus were discussed. We saw the service communicated the meaning of different coloured staff uniforms to people and their relatives to ensure they knew who to approach for different matters.

People and their relatives had also completed a well-being survey given to them by the provider. No areas of concern were identified on the results of this survey. People had the opportunity to comment on matters such as the safety of the service, were staff responsive to their needs, did they receive their medicines when they needed them and if they felt their overall care needs were met.

There were appropriate governance systems to monitor the health, safety and welfare of people. For example, There were infection control audits completed and medicine audits completed. Regular support was also given from the provider’s clinical governance lead in these audit processes. Any areas requiring improvement from these audits were identified to staff. The response times of call bells was monitored to ensure people received the support they needed in a prompt manner. Systems to audit care plan completion and accuracy were completed and monthly risk assessment audits were completed. These ensured people’s risks of malnutrition, skin breakdown and falls were continually monitored.

In addition to the surveys and meetings, service quality audits were also completed in other areas. For example, we saw a recent audit of people’s satisfaction with the laundry

## Is the service well-led?

was completed. This had resulted in the registered manager changing the system used in the service and obtaining new laundry bags. Additional measures were also introduced to minimise the risk of clothing getting lost. A housekeeping audit to establish people's satisfaction with the cleanliness of the service also returned positive results with comments such as, "Cleaning done very well by the team, no complaints" and "Everything works well" were observed on the survey results.

The service had good links with the local community. There were numerous volunteers from the local community that attended the service regularly who supported people during activities and helped provide one to one care with people. The volunteers assisted in providing 'musical memory' sessions, a weekly gardening club and weekly club house sessions. From records we reviewed, these

volunteers had provided an estimated 440 hours of support to people between January 2015 and June 2015. Additional community links with the local church and school were evident. Pupils from the local school had attended the service to sing for people and on the day of our inspection children were entertaining a party of people during an organised 'treasure hunt.'

The registered manager was supported by the provider through performance supervision and business meetings with a member of the provider's senior management team. The registered manager attended regular safeguarding and peer support meetings with other managers and senior managers from the trust. The registered manager was aware of their legal obligations in relation to submitting notifications to the Commission and our systems showed that notifications were received regularly from the service.