Milestones Trust

Kilvie House

Inspection report

25 Downend Road
Kingswood
Bristol
BS15 1RT

Tel: 01179475858
Website: www.aspectsandmilestones.org.uk

Date of inspection visit:
06 January 2016

Date of publication:
03 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kilvie House provides accommodation, nursing and personal care for eight people. People who live at the home have a learning disability. There were eight people living in the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 6 January 2016.

There was a registered manager in post. They had managed the service for the last five years. 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.
Some of the people living in Kilvie House had a profound physical disability and therefore did not communicate verbally. In order to understand their experiences we observed staff interactions with people over the course of our inspection. Staff were caring and attentive to people.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. The registered person had not ensured that appropriate applications had been made in respect of the Deprivation of Liberty Safeguards and these had not been monitored effectively in respect of expiry dates.

People living at Kilvie House were supported by a team of staff that included a nurse. Nurses were available 24 hours a day to ensure people's nursing care needs were being met. All team members described a team that worked together to meet the needs of people. Sufficient numbers of staff supported the people living at the service. Staff had received appropriate training to enable them to support people effectively. Staff were supported by the registered manager and had regular one to one sessions with a senior member of staff. Team meetings were organised monthly enabling staff to keep up to date, discuss the running of the home and the welfare of the people they supported.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review. Care was effective and responsive to people's changing needs. Staff were knowledgeable about the people they supported and spoke about people as individuals. The essential lifestyle care file would benefit from a review to ensure they were in a logical sequence enabling staff to access information that was current promptly. People were supported to maintain contact with friends and family and take part in activities both in the home and the local community.

People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was positive in respect of the staff's approach to people and delivery of care. Staff were proactive in recognising when a person was unwell and liaised with the GP and other health professionals. Relatives commended the staff on their ability to recognise when a person

was not well and the actions taken to address this.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes. Suitable arrangements were in place to ensure people received their medicines safely.

Systems were in place to ensure that any complaints were responded to. People's views were sought through an annual survey that was completed by a representative from Milestones Trust.

The staff, the registered manager and representatives from Milestones Trust completed regular quality checks on the systems that were in operation in the home to ensure they were effective. Staff were committed to providing care that was tailored to the person.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to any abuse. Staff were trained in how to follow these procedures.
People received their medicines safely and as prescribed.
People were cared for in a safe environment that was clean and regularly maintained. Risks were assessed and care plans were in place to keep people safe.
Staffing numbers were sufficient to meet people's individual needs. There was a nurse on duty at all times who worked alongside the care team.

Recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Requires Improvement

The service was effective.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements. However, systems were not in place to monitor and ensure that appropriate applications in respect of Deprivation of Liberty safeguards had been completed.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon. Feedback from healthcare professionals was positive in respect of staff being proactive in recognising when a person was unwell.

People were supported by staff who knew them well and had received the appropriate training.

Is the service caring?

Good

The service was caring.

People were treated with respect and in a dignified manner. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

People were supported to maintain contact with friends and family.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans described how people should be supported with their daily routines. These were regularly reviewed. However, the layout of the files may benefit from a review.

People took part in a range of activities in their home and the local community.

Relatives said they felt listened too and had no concerns about the care and support people were receiving.

Is the service well-led?

Good

The service was well led.

There was a clear management and support structure in place. Staff and relatives spoke positively about the leadership in the home. The team worked together to meet the needs of people and there was a strong commitment to provide individualised care that was tailored to the person.

The views of people, staff and relatives were taken into account to aid improvement in the home.

The quality of the service was regularly reviewed by the provider/ manager and staff.

Kilvie House

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 was an unannounced inspection which was completed on 6 January 2016. The inspection was completed by two inspectors. The previous inspection was completed in November 2014 there were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four members of staff and the registered manager of the service. We spent time observing and speaking with people living at Kilvie House. Records relating to the recruitment of staff were held at the main Milestone Trust office so we were unable to check on this occasion. After the inspection we contacted three relatives by telephone about their experience of the care and support people received.

Good

Is the service safe?

Our findings

People were unable to tell us whether they felt safe living at Kilvie House. However from our observations they looked comfortable with the staff on duty. People were observed actively seeking staff's company and were relaxed with them. This demonstrated people felt secure in their surroundings and with the staff that supported them. One person told us they liked living in the home. They told us about the relationships they had built with staff, naming particular staff they liked. Another person clearly stated by nodding, that they were happy with the support they were receiving.

Care records included information about any risks to people with personal care, risks when in the community, moving and handling and those relating to a specific medical condition. Staff had taken advice from other health and social care professionals in relation to risks such as choking, eating and drinking and moving and handling. Risk assessments covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out activities such as cooking and for people to use community leisure facilities safely. People were encouraged to participate in preparing and cooking meals. One person was observed chopping fruit for a smoothie.

Some people attended hydrotherapy. The registered manager told us all new staff completed an induction with the physiotherapists to ensure they could use the equipment safely. A new member of staff was being accompanied by the registered manager to a hydrotherapy session to ensure they were competent and confident in this activity. The registered manager told us this was important to ensure the person's and the staff's safety.

Medicines policies and procedures were followed and medicines were managed safely Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the manager.

Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for when a person was experiencing an epileptic seizure. This included what staff should monitor in respect of when and how these medicines were to be given.

Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to external contractors that serviced the equipment. Staff had received moving and handling training. There was overhead tracking in some people's bedrooms enabling them to be safely assisted from their bed to their wheelchair. People had their own sling which had been assessed specifically for them. A sling is what supports the person and attaches to the hoist so they can be moved. Care plans included photographs with an explanation on how it was to be used safely.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager to respond to any concerns appropriately.

Sufficient staff were supporting people. The registered manager told us any shortfalls were covered by the team and a core group of bank staff with agency staff used on occasions. They told us it was important that people were supported by familiar staff. The manager said staffing was kept under review and gave examples where this had been increased. For example when a person was unwell, additional staffing hours were allocated to support the person safely and respond to their changing needs.

There were always four staff working during the morning and three staff working the afternoon and evening. In addition there was a member of staff that worked from 4pm to 9pm. People were supported by two waking staff at night. A nurse was available at all times to support people with their nursing needs. In addition to the care staff, a day care worker was employed to assist with activities both in the home and the local community. This was confirmed in discussion with staff and by looking at the rotas.

The registered manager was able to describe the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. Records relating to recruitment were held at the main office at Milestones Trust. They told us staff would not commence in post until all their checks had been completed such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. We recently inspected the information held at the main Human Resources department and found a robust system was in place for the recruitment of staff. This included ensuring nurses employed by the Trust were registered with the Nursing and Midwifery Council (NMC).

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose.

Maintenance was carried out promptly when required. We noticed a heavy ladder that was behind a door in the hallway upstairs which could pose a risk to people if it fell. The registered manager told us this should have been secured to the wall with a chain to ensure that it would not fall. This was not the case when we checked but was rectified immediately.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals and using the hand gel provided. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. The registered manager told us that a member of staff from the Trust was planning to come and complete an audit on infection control in February 2016.

Requires Improvement

Is the service effective?

Our findings

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Care plan documentation included information about any authorisations and the restrictions that may be in place. These restrictions were clearly recorded, along with the reasons why they were being used and showed other professionals had been involved in the decision making process.

People living at Kilvie House required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety. Applications had been made for everyone living at Kilvie House. We saw that two applications had been authorised but staff had failed to make a further application when this had expired and there had been a lapse of two months. Whilst this had been rectified with new applications being submitted, there was no central record of when a DoLS application had been submitted, authorised or expired. This would enable staff to effectively monitor their legal obligations. We also saw that an application had been made for one person in respect of their previous address, there was no application made in respect of this person living at Kilvie House.

We found that the registered person had not ensured that appropriate applications had been made in respect of the Deprivation of Liberty Safeguards and these had not been monitored effectively in respect of expiry dates. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day to day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals had been involved, with best interest meetings being held.

The registered manager and staff had recorded decisions that had been made in a person's best interest. It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Staff told us about how people who used non-verbal communication expressed when they were not happy and indicated that they did not want something to happen. For example one person would look away and refuse to make eye contact if they did not want to participate in an activity, conversation or want personal care. From talking with staff it was evident that the person's wishes were respected.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. People were observed being given a choice of where to eat their meal, either in the dining area or the lounge. A relative told us, "I really like the home because the food always smells lovely and there is always

plenty of fresh vegetables and people are usually involved in the preparing of the food".

Meals were flexible and organised around people's activities. For example one person had expressed a wish to remain in bed and staff supported them to have their lunch later. Pictorial menus were available to enable people to choose what they wanted to eat, which included all the food groups and offered people variety. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Feedback from a visiting health professionals confirmed the standard of care was good and people were receiving care that was effective in meeting their health care needs. Due to the complex needs of people the GP completed home visits rather than people attending the surgery. Staff reported a good working relationship with the GP practice. The registered manager commended the staff team on their proactive approach in recognising signs of people being unwell. For example the early stages of urine or a chest infection and seeking advice from the GP promptly.

Feedback from the GP confirmed that staff were proactive in monitoring the well-being of the people they support. They told us, "I have always found the staff at Kilvie house to be incredibly caring and responsive to their client's needs, requesting medical help early in the course of any illness and reporting any problems directly to me. They also accompany me on my annual health check and always notice any changes with the clients even when the client is unable to communicate verbally".

Due to people's physical disabilities there was a potential risk of pressure wounds. Staff told us that presently no one living in the home had a pressure wound. They described the support people received to minimise these risks. This included any specialist equipment that was in place to prevent pressure wounds such as pressure relieving mattresses. Staff monitored people's skin condition and recorded any areas of concern. This information was shared with the nurses to ensure appropriate treatment was given. A nurse told us they would liaise with the local district nurses and tissue viability nurse in respect of the treatment required where there was a concern with the healing process.

Kilvie House is situated close to the local shopping centre of Kingswood. The home was suitable for the people that were accommodated. Each person had their own bedroom with five having an ensuite. Two of the bedrooms were on the ground floor and the remaining six were on the first floor which was accessible by a passenger lift. There was ample parking available to visitors and staff. There was a small patio which was accessible to the people living in the home.

There was a refurbishment plan in place which included redecorating. The registered manager told us the carpet throughout the ground floor hallway was being replaced in January 2016 and a further two bedroom carpets later in the year. There was heavy staining on the stair carpet but people living in the home did not access this area. The registered manager told us this was not a priority. It was noted that the upstairs hallway would benefit from redecoration due to the paintwork being chipped.

Good

Is the service caring?

Our findings

People looked well cared for. One person confirmed that they were supported to choose their own clothes and staff had recently manicured and painted their finger nails. Relatives provided positive feedback about the staff team and their ability to care and support people. One relative said, "The staff are amazing, the activities and the social opportunities are brilliant and the quality of life for people is really good". They told us the staff always listen and respond to people appropriately and if a person requested something the staff would go out of their way to provide it. Another relative commended a member of the staff team in their approach both towards the individual and the family. They said this member of staff had gone the extra mile when their relative was in hospital and supported them to maintain contact with family. They said some staff are better than others but on the whole they felt the staff were caring and committed to providing care that was tailored to the individual.

We observed in the main, positive staff interactions and saw people were engaged. However, during the morning we observed a member of staff and an ex member of staff engaged in a conversation that did not include the people who were in the dining area for a period of 45 minutes. We observed a person being assisted with a drink, the member of staff remained in conversation with the ex member of staff with little interaction towards the person. This showed a lack of respect for the person. This was fed back to the registered manager who confirmed this was not the normal practice and that this would be addressed.

Two visiting health and social care professionals told us they enjoyed visiting Kilvie House and that the staff really cared for the people they were supporting. One of the professionals told us, "It feels very much like a home". They both told us they were made to feel very welcome when visiting Kilvie House.

Staff were aware of people's routines and how they liked to be supported. Staff talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff evidently knew people well and had built positive relationships. Staff understood people and how they communicated.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. Staff told us as part of the key worker role it was their responsibility to ensure they had sufficient toiletries and supported them to go shopping for items of clothing. One member of staff told us they had assisted the person they were key worker for to choose the decoration for their bedroom.

People's preference in relation to support with personal care was clearly recorded. Some people preferred regular staff to assist them with personal care. A member of staff told us unfamiliar staff worked alongside the regular staff to ensure continuity. The registered manager told us that most people required two staff to support them and one of the staff would always be a regular member of staff known to people. This was to ensure continuity for people and to ensure they were comfortable with the staff supporting them. Staff told us people were offered a choice on a daily basis in respect of who they wanted to assist them.

People were given the information and explanations required, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions.

People were well supported over the lunchtime period. Staff were engaged with people explaining what they were eating and staff were patient taking the time to ensure it was at the pace of the individual. Protective aprons were offered to people before they commenced their meal. After the meal people were supported to change their clothing where required.

Some of the people needed support with all aspects of daily living due to their learning and physical disability. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

People were able to spend time in their bedrooms. Some people were offered opportunities to spend time in their bedroom in the afternoon. One person was positioned by their bedroom window and indicated they were enjoying watching people pass by. Staff were observed regularly checking that people were happy in their bedrooms and offering personal care where required.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. One person had been supported by a nurse to go on holiday with family. Relatives confirmed they were kept informed and were involved in decisions where relevant.

Good

Is the service responsive?

Our findings

Staff were observed supporting and responding to people's needs throughout the day. People were observed spending time with staff. Two people indicated that they were happy living in the home and the staff that supported them. Relatives were complimentary about how the staff were responding to people and the relationships that had been built with staff. One relative told us that they had seen an improvement in both their relative's health and their quality of life. They told us their relative was happy living in Kilvie House and was always happy to go back after visiting with them. They confirmed their relative led an active life with lots of regular activities taking place both in the home and the local community.

The registered manager told us in the provider information return that any new person moving to the home would be assessed to ensure their needs could be met. This included liaising with other professionals and relatives where relevant. The person would be invited to spend time in the home before agreeing to move permanently to the home. A member of staff told us that where a new person moved to the home the registered manager would ensure that any additional training would be provided. This enabled the staff to respond to people's needs.

Care, treatment and support plans were seen as fundamental to providing good person centred care. They reflected people's needs, daily routines, choices and preferences. Staff clearly described how they supported people and spoke about people in a positive manner.

Each person had three files containing an essential lifestyle plan, health action plans and information relating to finances. The essential lifestyle file contained daily diaries, assessments and other correspondence. Important information about how each person liked to be supported was at the end of the file. The logical sequencing of the file may benefit from a review to ensure staff have access to this information without wading through information that may benefit from being archived. For one person some of the information related to their previous home in relation to reports and assessments. This was discussed with the registered manager at the time of the inspection who agreed this file should be reviewed. This person had been living in the home for more than twelve months.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs.

Some of the documentation in care files such as how a person wanted to be supported was not dated or signed by the member of staff. This meant we could not be confident how current the information was. The registered manager told us that all care plans were reviewed every six months or as people's needs changed. Records were seen confirming these reviews were taking place. A relative told us they had attended care review meetings at least annually. All relatives we spoke with told us they were kept informed of any changes and, provided with regular updates in respect of general well-being and activities their relative was taking part in.

Key workers completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to monitor the care provided.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff were clear that when a person was admitted to hospital, a copy of the medicines record, their medicines and the hospital passport would be shared with hospital staff. The registered manager told us that some people did not particularly like hospitals and staff would support them during their stay with regular visits. This included making contact with the Learning Disability Liaison nurse based at the hospital.

Where a person required support with personal care, clear plans of care were in place. Care plans were in place in respect of any specialist equipment that was to be used for people such as specialist bathing equipment or walking aids to reduce the risks of falls. Staff confirmed they had received training on moving and handling to enable them to support people and respond to medical emergencies such as falls. This included first aid training. A visiting health professional told us the staff were very good at anticipating any changing needs before it became a problem.

People were supported on a regular basis to go out in the community and participate in meaningful activities. Activities included meals out, shopping trips, walks and hydrotherapy. Some people attended community social groups including a dance group and a music club held at another home. Each person was allocated a number of hours per week to ensure regular activities were taking place. A day care worker was employed by the home to provide 22 hours of day care and another organisation also supported in this area. The day care worker showed us how they ensured each person had been supported with activities and where there were shortfall in hours then the care staff would support the person. From talking with care staff and day care worker it was evident that they worked as a team to provide meaningful activities for people.

In addition activities were organised in the home including cooking, arts and craft and the use of sensory equipment that people had in their bedrooms. Art work had been displayed around the home that people had completed. A relative told us "X (name of person) has a really good quality life and is always doing something with staff". Another relative told us, "It's amazing how people are being supported; the staff will support people to do anything they want".

Relatives confirmed they knew how to complain but assured us they did not have any concerns. They had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. The registered manager told us it was important to foster positive relationships with relatives so they felt confident to approach them with any concerns or suggestions.

The service had received three compliments from health and social care professionals and a relative in respect of the care and support people had received.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. The last complaint the service received was in 2013. The complaint book could benefit from a review to ensure that all the information relating to the complaint is captured. The registered manager told us that emails to the complainant were held electronically. In the absence of the registered manager, staff would not be able to access this information demonstrating that complaints had been responded too appropriately.

Good

Is the service well-led?

Our findings

Relatives told us they found the registered manager approachable and committed to providing person centred care. They said the service was well managed. A relative said there was a real commitment to providing care that was tailored to the individual. The Trust had implemented surveys for family members to enable feedback and suggestions to be made on the quality of the service. The registered manager had recognised that there was a potential challenge as any information provided by the Head Office is anonymised. This meant the registered manager was unable to follow up any concerns. The registered manager had requested this information from the Head Office to enable discussion between management and those making the comments and suggestions to ensure that positive changes were made to the day to day running of the home.

The staff informed us that they felt supported by the registered manager and senior management team. All staff felt supported and stated that any concerns they raised with management were dealt with effectively. Staff informed us there was an open culture within the home and felt the registered manager listened to them. Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day to day practice within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of service users and wider issues relating to the running of the Home. Staff informed us they felt these meetings lead to positive changes to the way care was delivered when suggestions were made.

The staff described the registered manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the registered manager was regularly attending to matters of care throughout the day. The registered manager had implemented a handover record to be filled in by staff members during the shift. This was used to communicate daily messages regarding people and their care to other team members during differing shifts. The staff informed us that they found this to be very useful in ensuring that key issues were not missed between shifts throughout the day.

Through discussion with the area manager, registered manager and staff members, it was clear there was a strong value base around providing person centred care to people involving their relatives where relevant. Staff were clear on their responsibilities to provide care that was tailored to the person and putting people first.

We were shown records of resident meetings taking place every 5-6 months to enable people to have further input to their care and voice their opinions of the service. These meetings were led by a nurse and a member of the care team. The records showed some suggestions being made by people. For example, during one meeting, some people had requested changes to the daily menu. The records show that these suggestions were listened to and implemented.

The registered manager had implemented appropriate systems to continually monitor the health and wellbeing of people. Audits were completed at regular intervals on systems in the home including

medication, care planning, staff supervisions and training. There were audits in place to ensure the home was safe in respect of health and safety and infection control. The provider completed regular checks on the service. The audits recognised good practice as well as areas for improvement and these were clearly detailed on the documentation. We were also shown records of staff surveys and feedback from these surveys had been noted for implementation into the service.

The registered manager had a clear contingency plan to manage the home in her absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline a plan for short and long term unexpected absences. In order to ensure there was high level of leadership, the provider had also enrolled the registered manager and nurses on a leadership course. The registered manager anticipated this will take approximately 2 years to fully complete.

The registered manager was aware of challenges facing the service. For example, the registered manager was aware there was a stable staff group and service user group. In order to overcome this, the registered manager offers practice placements to student nurses who are encouraged to challenge existing practice in order to continually improve the care as well as improving staff knowledge.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

The registered manager had reviewed all the accident and incident reports checking for any themes. These were shared with senior management in the Trust who reviewed to see if there were any lessons learnt for the whole organisation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had not ensured that appropriate applications had been made in respect of the Deprivation of Liberty Safeguards and these had not been monitored effectively in respect of expiry dates. Regulation 13 (5)