Care Quality Commission

Barchester Healthcare Homes Limited

Hundens 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

We inspected Hundens Park on 13 October 2015. This was an announced inspection.

Hundens Park care home provides care and accommodation for 47 people. The home is situated close to the centre of Darlington. All rooms are ensuite and there are two floors serviced by a lift. The home caters for older people some of whom may have dementia and also provides nursing care.

The service has a registered manager, who has been registered with us since September 2015 The registered manager was on annual leave at the time of our visit. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Staff told us that they felt supported. There was a regular programme of staff

Summary of findings

supervision and appraisal in place. Records of supervision were detailed and showed the registered manager, head of nursing and deputy manager worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. The activity co-ordinator had developed innovative sessions for people who had dementia.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

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 were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing. There were safe systems for managing medicines.

Staffing levels were appropriate to the needs of the people using the service.

Accidents and incidents were monitored by the management team to ensure any trends were identified and lessons learnt.

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food

People were supported to maintain good health and had access to healthcare professionals and services.

Good

Is the service caring?
The service was caring.

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities. We saw people were encouraged and supported to take part in activities.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Staff were supported by the management teamand felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a new registered manager and supportive management structure. People who used the service had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Care Quality Commission

Hundens 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 checked 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.

We inspected Hundens Park on 13 October 2015. This was an unannounced inspection. The inspection team consisted of one social care inspector, a special professional advisor who was a nurse and an Expert by Experience who had cared for a older person.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process.

The provider was not asked 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 plan to make. The management team available told us about planned changes and improvements to the service.

At the time of our inspection visit there were 28 people who used the service. We spent time talking with people who used the service, staff and relatives. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with six people who used the service and ten visitors.

During the visit, we also spoke with the deputy manager , clinical lead, housekeeping staff, the chef and seven care and activity staff.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. We used general observations of people's care and support throughout our visit.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. Both people and visitors stated the home was a safe place to live. One person told us; "This is a lovely home. The staff are very caring and kind." One visitor stated; "The carers are very nice. I visit at different times and my relative is always clean and tidy. I have no worries that he is being well cared for". People told us they had no issues about safety and care in the service.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The deputy manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

We saw that the service had supported staff in dealing with behaviour that may challenge by providing MAPA (Management of Actual or Potential Aggression) training which almost all staff working on the unit for people with a dementia had completed. There was also a clear allocation of staff to people using the service so that people had consistent staff to respond to them throughout their day. This meant staff worked to support two or three people and were responsible for ensuring their needs were met but also to engage them in therapeutic activities.

Staff told us that they had received safeguarding training within the last three years. Staff could tell us about safeguarding and whistleblowing. The staff we spoke with all stated they would report any concerns they had as they felt they had the full support of the manager and one staff told us they had reported staff attitude in the past and it had been dealt with. Another staff member told us they had raised concerns about visitors to the service and again the service responded to this situation.

The service had submitted safeguarding concerns to the local authority and CQC in a timely manner.

The deputy manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a monthly basis to make sure that they were within safe limits. We saw records that showed water temperaturesconfirmed this.We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, gas cooker, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. On the day of our inspection there was the deputy manager, the clinical lead, a nurse, one senior carer, an activity staff member, an administrator, two housekeepers, two kitchen staff, a maintenance staff and other eight care staff on duty for 28 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Both staff and people living at the service told us they felt there was enough staff available. In addition staff members said when they needed more staff then they were provided. The management team discussed that the service was in the process of recruiting further registered mental health nurses for the Darnton unit as this was a deficit area. The service was currently supporting this deficit with a consistent agency staff member.

We observed that people's call bells were answered quickly and there was always a member of staff in key communal areas such as the lounge.

We also saw that personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The deputy manager said that they carried out a monthly check of safeguarding and accident and incident forms to ensure that all incidents had been reported and that appropriate actions had been taken. We saw root cause analysis had taken place and had led to learning and changes within the service. For example, the

Good

Is the service safe?

service had found more incidents occurring in the early evening on the male area within the Darnton unit. The service responded by providing an extra staff member to support people from 5.00pm.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. The administrator who supported the recruitment process explained the additional measures the service took to check the identity of applicants and to process DBS checks promptly.

We looked at the management of medicines. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medication. The staff member remained with each person to ensure they had swallowed their medicines. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. The nursing staff were responsible for conducting monthly medicines audits, including the MARs, to check that medicines were being administered safely and appropriately. Medicines were stored safely and securely.

We found the management of medicines policy had been updated in September 2013, the clinical lead told us that they would explore with the provider that the policy was based on the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

The covert administration of medicines occurs when a medicine is administered in a disguised format without the knowledge or the consent of the person, for example mixed with food or drink. We were told that one person received their medicines covertly (without their knowledge). We saw that a best interest meeting had taken place with the General Practitioner (GP) and next of kin, all information was recorded in addition to how to covertly administer and a regular review took place. We saw the decision making adhered to the National Institute for Health and Care Excellence (NICE) guidelines as a best interest meeting had taken place with the relevant people. A best interest meeting involves care home staff, the health professional prescribing the medicine(s), the pharmacist and a family member or advocate, to agree whether administering medicines without the person knowing (covertly) is in the person's best interests.

We saw evidence of topical medicines application records to show the topical medicines people were prescribed, however we did not see the necessary detail included on the body maps. Record keeping for people in terms of topical charts held in peoples room for care staff to complete was of variable quality. One staff member told us that if nurses administered creams they would sign the MAR sheet, as opposed to the topical medicines application records. The management team gave us reassurance that they would discuss the correct completion of records with staff in their next supervision sessions.

We noted the environment had significantly improved since our last visit in terms of being more dementia friendly. There was a new sensory area, the Darnton unit was lighter and everywhere appeared clean and tidy.

Good

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. One person who had just arrived at the service the previous day said; "The staff have been so nice in making me welcome."

Staff all stated they felt confident in their work. We were told by one member of staff; "We get supervision from one of the nurses and the manager is very supportive".

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. There were several people who may display behaviour that challenged on the Darnton unit and we saw this was managed very well. For example, one person who was receiving one to one supervision was encouraged to take their cup back to the dining room. This took a while to achieve but was handled extremely well by the staff member. The allocation of staff on this unit meant staff were responsible for two or three people which meant they could have a consistent approach to supporting someone throughout their day and we saw this system worked well.

Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The deputy manager explained how training in these subjects was considered 'mandatory' and was renewed on a three yearly basis and this was monitored by a training co-ordinator who worked within the service. The training plan for 2015 showed that the training updates that would be due during 2015 had been delivered or were planned for the next few months. Staff had received training specific to the needs of the people they supported and we saw in particular the "SOKIND" programme run by the provider had benefitted staff's knowledge of supporting people with dementia. The SOKIND (Short Organised Knowledge into Nurturing Dementia) programme is a person centred approach to supporting people with dementia. One member of staff we spoke with told us they had found the training; "Very emotional, it gets you thinking about people's former lives and happy memories." Another staff member told us this training was "Fantastic."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. One staff member told us they were preparing their appraisal ready for their meeting with their manager. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. The administrator told us that induction packages were now linked to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

The management team and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interest' decisions. The service maintained a good audit of people subject to a Deprivation of Liberty safeguard and we saw that people had been supported to access advocates and have their rights upheld.

We saw that every person had updated care plan documentation following an assessment of the person's capacity or if they were subject to a DoLS to detail how the care was to be managed in a least restrictive way. We saw 'best interest' decisions undertaken with the person, GP and relatives so any decisions were taken in a mult-disciplinary way by people who knew the person best. Consent to care and treatment records were signed by people where they were able; if they were unable to sign a relative or representative had signed for them.

We witnessed all over the service that snacks and drinks were available all day for people to help themselves to. We saw on the Darnton unit for people with dementia that the service had items such as crisps and biscuits for people to help themselves to. One staff member told us; "Since we have put biscuits, crisps and drinks out it's really helped, things with different texture that people can hold onto as

Good

Is the service effective?

they move around." We sat with people who used the service when they were having lunch in the dining room on the ground floor from midday. The tables were set attractively with tablecloths, napkins, condiments and there was a menu card on the table with at least two choices for each course at lunchtime and choices at tea time. For people being served their meals in their rooms we saw the trays were pre-prepared with placemats, napkins, condiments and plate covers. The choices of food were advertised on the menu boards, which were displayed so people would have been aware of what was being served before the meal.

We saw a recognised nutritional tool was in place for every person and peoples weights were monitored regularly. We noted that food and fluid charts were not always fully completed with a clear target stated so staff knew how much fluid someone needed to aim for in a day. We discussed this with the management team who stated they would address this with the staff team to look at improving the quality and completion of these records.

The food served was a choice of carrot and orange soup, Irish stew or salmon in dill sauce, creamed potatoes, minted new potatoes, seasonal vegetables (cauliflower or cabbage), cinnamon and apple crumble or jam and coconut sponge with custard or cream. Where people wanted a further alternative this was provided. We observed that staff showed people both meal choices and said; "This is a sample of the food what would you prefer?", "This is X this is X do you prefer that one better or the first one?" and "Are you ready for your desert, would you like X or X?" This meant people could see and smell the food available which was particularly beneficial to people who had a dementia related condition.

The food was well presented and hot and cold drinks were available. Staff asked people; "Would you like a drink, tea, coffee, juice or milk?" and "Would you like a refill of your drink?". A member of staff promptly noticed that a person did not have a drink and attended to this. We saw that some people required pureed meals. We noticed that each part of the meal was pureed separately and placed on the plate in distinct portions to make the meal look more appetising and help people to distinguish what they were eating. Some people needed assistance with eating and this was done by a specified member of staff giving one to one attention.

People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their needs. The atmosphere was jovial and there was quiet background music playing in the background. One person said that they did not like the music and staff responded quickly to their request.

We spoke with the chef who told us about huge changes at the service in terms of providing choices and foods appropriate to the needs of people. They told us about bringing in more expertise from a diet expert in relation to pureed foods as well as providing open access to snacks for people such as crisps and biscuits. They told us they had worked with people who used the service on menus and were now waiting for the provider to approve these changes. They told us; "People have told us what they want." The chef told us how they listened to feedback. They gave us an example; "One staff mentioned that something wasn't sweet enough and I realised that I was tasting things to my own palate and not to an older person's who might not experience the full range of flavours anymore."

People were supported to maintain good health and had access to healthcare professionals and services. For example the community psychiatric nurse and GP met every month with the service so people had their health reviewed and a psychiatrist also joined this meeting every other month. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. One staff member told us; "I would inform the nurse if I was concerned about anyone. I can take peoples blood pressure if needed as I am trained and I would record this." This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

People who used the service told us that they were very happy with the care, service and support provided. One person said; “This is a lovely home, staff are really nice.”A visitor said to us; “Listen, if things were not right I would move my relative straight away. The care here is excellent and I have no issues”. There was a calm, positive atmosphere throughout our visit and we saw that people’s requests for assistance were answered promptly.

We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to medication. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. Some examples of conversations we heard between staff and people were as follows; “Hello I'm [Name] I'm one of the nurses, would you like any drinks any tea coffee, I'll take some information and show you around?” and “Would you like to sit at this side so you can see the telly?”.

We observed staff knocking on doors before entering a room and one person told us; “My privacy is looked after but the staff are so nice I don’t worry”. One staff member told us about one person who didn’t like wearing clothes. They explained about the measures the service had taken to help keep this person’s dignity and that of other people at the service.

When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people.

We observed people being encouraged to be independent e.g. eating food, choosing what to do, and the one person on the dementia unit being very gently encouraged to do things for themself.

It was noticeable that staff listened to what people said and did not hurry them in any way in making decisions.

We were told by relatives there were no laundry issues and one stated “I put mother’s dirty laundry on the floor when I leave and the next day it is back in the wardrobe, washed and ironed”.

We were also told by visitors; “Staff update you on what has been happening when you visit and do call the GP when needed”. Visitors also stated they could visit at any time.

During the inspection we spent time on both floors of the service so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The management team and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised. We noted that the service had made considerable attempts to ensure people had freedom within the service and that bathrooms and toilets were fully accessible, this made the unit for people with a dementia feel much more open that on previous visits.

At the time of the inspection one who used the service had an advocate sought for them by the service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The management team was aware of the process and action to take should an advocate be needed.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

During our visit we reviewed the care records of five people who used the service. We found that risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant that risks had been identified/minimised to keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently. Assessments also considered the likelihood of pressure ulcers developing or to ensure people were eating and drinking. This meant that risks could be identified and action taken to reduce the risks and keep people safe. Standard supporting tools such as the Waterlow Pressure UIcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs were written using the results of the risk assessment. Staff knew the individual care and support needs of people, as they provided the day to day support and this was reflected in people's care plans. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain some independence. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. Overall, care plans were detailed and provided us with evidence that people received skilled, empathetic care, to enhance their wellbeing.

Care plans were reviewed monthly and on a more regular basis, in line with any changing needs, and were reflective of the care being given and reflective of change. Staff told us that they were responsible for updating designated people's care plans and we saw that care plans had been reviewed. Records confirmed that people's care plans were reviewed on a minimum annual basis, with the person, relatives and other professionals involved in their care.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. They told us; "We have time to do care plans and do progress evaulations. If we are unsure of anything we can look and keep our knowledge about a person topped up." Staff were responsive to the needs of people who used the service.

We spoke to the activities organiser who had been in post for six months. They were very enthusiastic and explained their plans to us. There was not an activities board on display as this was being re-designed and was to be put up the following week.

We observed the morning activity and this was a bingo session involving 14 people from both floors of the home and all were fully included. This was followed by getting people to recall favourite phrases and again most people were engaged and laughing. The afternoon session consisted of people having foot baths in the lounge with a couple of people commenting; "This is heaven, so pleasant." It was followed by 'a trip down sweetie lane', which involved the organiser taking a tray containing jars of sweets which were eaten when people were young. People were commenting on when they used to buy the sweets and how much they cost. This seemed a very enjoyable session for people.

Records we looked at confirmed the service had a clear complaints policy and information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There had been 3 complaints recorded within the last 12 months and there was a clear record of investigations but the outcomes could be recorded more clearly to ensure that the complainant was satisfied. The management team stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through supervisions or staff meetings. Staff also told us that people who used the service were always asked if they had any problems and staff also

Good

Is the service responsive?

observed people for facial expressions or behaviour that may indicate they were unhappy. The records of residents meetings showed that these had not been consistent and we were told that attendance had been poor but people we spoke with said they could raise any issues and had confidence it would be addressed.

We saw records of when people had made advanced decisions on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' decisions for people and we saw that the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. We saw an end of life care plan for people; which meant that healthcare information was available to inform staff of the person's wishes at this important time, to ensure that their final wishes could be met.

Good

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the new registered manager. The management team were clearly able to display the values of the service which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. From our last visit we saw the unit for people with a dementia had improved dramatically both in environment and in staff knowledge and behaviours in supporting people with dementia who may display behaviours that challenge. The staff team appeared well directed and confident in their interactions.

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; "It's a lovely place to be." Staff we spoke with stated they liked the new registered manager and felt fully supported. One staff member told us; "The atmosphere is picking up and morale is building, we had a rough time where we were under a lot of scrutiny last year and everyone felt very pressured." Another staff said; "We are working as a team now, we all check everyone is ok."

The law requires providers to send notifications of changes, events or incidents at the home to the Care Quality Commission and Hundens Park had complied with this regulation.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example, a recent "Quality First" visit by the regional manager identified issues such as the dining room door being locked and we saw in a follow up clinical review meeting with the management team that they discussed how to ensure people had freedoms to wander within the service but in a way that would uphold health and safety.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks and we saw this had led to changes and improvements such as staff deployment to improve the service.

We saw the service was now working more closely with healthcare professionals such as establishing a monthly review programme with the community psychiatric nurse and the GP service. The deputy manager told us; "It's means we are consistent and its really helpful. It's great if we are discussing 'best interests' or another issues in relation to peoples mental health."

There had been various staff meetings throughout 2015 but these were noted to be slightly haphazard and we fed back to the management team that it would be more effective if there was some consistency applied to their scheduling.