HC-One Limited

Priory Gardens

Inspection report

Lady Balk Lane,
Pontefract,
West Yorkshire,
WF8 1JQ
Tel: 01977 602111

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 30 July and 6 August 2014.

Priory Gardens provides personal and nursing care for up to 72 older people some of who were living with dementia. There were 54 people living in the home when we visited. Accommodation is provided in three units; a nursing unit and dementia unit on the ground floor and a residential unit on the first floor. The majority of the bedrooms are single en suite rooms, although one bedroom provides shared accommodation for two people. There are communal areas on each of the units and garden areas around the building.

Summary of findings

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe in the home. Some people and their relatives felt there were not always enough staff, although they told us call bells were answered promptly and felt people's needs were being met. We found staff were constantly busy, particularly at mealtimes, but found people's needs were met. Following our feedback the manager advised staffing on the dementia unit would be increased and mealtimes reviewed.

Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make a decision and the registered manager had made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for authorisation for one person whose liberty was being restricted. Staff knew about safeguarding and we saw concerns reported had been dealt with appropriately, which kept people safe.

Staff told us they had received induction and training and this was reflected in the records we reviewed. More indepth dementia training was planned to ensure staff had the skills to meet people's specialist needs. People enjoyed the food, but mealtimes arrangements and choice needed to improve to give people a more positive experience. People received the health care support they required, although care records were not always fully completed.

Everyone spoke highly of the staff and praised them for their kindness, care and compassion. They said nothing was too much trouble for staff, who did everything they could to make sure they received the care and support they needed.

We saw care was centred on people's needs and preferences. There was a range of activities available, however there was a lack of structure and organisation in delivery which meant some people felt they had a lot of input while others felt they had very little. People we spoke with knew how to make a complaint and those who had raised concerns felt they had been dealt with well.

Leadership and management of the home was good and audits showed there had been a marked improvement in the service over the last twelve months. The registered manager recognised dementia care was an area that required further development and had initiated improvements.

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?

Requires Improvement

The service was safe. People said they felt safe and we saw staff managed risks without restricting people's freedom.

People told us there were not always enough staff which caused delays in people receiving support. We saw staff were constantly busy, particularly at mealtimes. As a result of our feedback the registered manager was increasing the staff numbers on the dementia unit and reviewing the staffing arrangements at mealtimes.

The manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and was providing additional training for staff to increase their awareness.

People were protected by trained staff who understood the safeguarding procedures and would not hesitate to use them if they had concerns.

Is the service effective?

Requires Improvement

The service was effective. Staff were trained and supported which meant they had the right skills and knowledge to support people. Further specialist dementia training had been arranged for staff to give them a better understanding of people's needs.

People had access to health care services which meant their health care needs were met.

Most people enjoyed the food and drinks provided, although mealtime arrangements and how choices were offered needed to improve.

Is the service caring?

Good

The service was caring. People and relatives spoke highly of the staff and were unanimous in praising their kindness and compassion. People were happy with the care and support they received and felt their privacy and dignity was respected.

People living with dementia were cared for in an adapted environment which helped them find their way around and were supported by staff who understood their needs.

Is the service responsive?

Requires Improvement

The service was responsive to people's individual needs, although some of the care records required updating. Some people benefitted from the activities provided although the lack of a structured programme meant others missed out and there were times when there was not much going on.

Summary of findings

People's views were listened to and acted upon through daily interactions with staff as well as more formally in meetings and surveys. People knew how to raise complaints and were confident they would be dealt with.

Is the service well-led?

Good 

The service was well led. The home had a registered manager who provided effective leadership which focussed on improving the quality of service for people, including the development of dementia care.

People's views were sought and robust quality assurance systems ensured improvements were identified and addressed.

Priory Gardens

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of a lead inspector, a specialist professional advisor in dementia care and an expert by experience with expertise in care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed all the information we held about the home and contacted the local authority and Healthwatch. The provider completed a Provider Information Return (PIR) and this was returned before the inspection. 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.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the 24 people who were living in the home, 20 visitors, nine care staff, two advanced nurse practitioners, two district nurses, a social worker, the deputy manager and the registered manager. We spent time with people in the communal areas observing daily life including the care and support being delivered. As some of the people who live in the home were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at six people's care records, two recruitment files and the training matrix as well as records relating to the management of the service. We looked round the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure in the home. One person said, " I feel safer here than I did at home, I've no need to worry now." Another person said, "Yes I feel safe here, don't think I could be cared for better anywhere else."

Although people told us they felt safe, many also said they felt there was generally not enough staff and this was echoed by some relatives we spoke with who told us of delays in people receiving assistance. One relative said, "It once took 30 minutes after I had told them before staff came to change my relative's urine soaked bed linen. They've got so many people to look after I guess we just have to wait our turn on the rota." Another relative said, "Sometimes you struggle to find staff and can wait ten minutes before seeing one." A further relative said, "Sometimes either staff simply don't get round to doing things they've said they'll do or there'll be delays before things get done."

We observed staff were constantly busy often rushing to complete one job followed quickly by another. There was a relative absence of more leisurely, relaxed interaction with people. One person told us, "Though the staff are brilliant, it sometimes looks like they're trying to do two or three jobs at once. Some look run off their feet." Despite this we found call bells were answered promptly and we saw people's needs were being met. This was confirmed in discussions we had with people. One person told us they needed assistance at night and had not experienced any problems with staff responding to her call bell. Another person said, "They could always do with more staff but I've found nothing ever gets missed." A further person and their relative said they had not experienced any problems with staff responses to the call bell.

Dependency tools were used to assess the level of need, which was reviewed daily at handovers and the registered manager told us additional staff were brought in as and when required. Staff we spoke with gave mixed feedback, most said there were usually enough staff to meet people's needs and although they were always busy they felt there were quieter times when they could spend time with people. Staff who worked on the unit for people living with dementia said they felt more staff were needed on the unit to make sure people were kept safe.

Our evidence showed although people's needs were being met when we carried out our inspection, feedback from people who lived in the home, their relatives and staff demonstrated there were times when there were insufficient staff. We discussed this with the registered manager on the first day of our inspection and when we went back to complete the inspection he told us additional staffing had been agreed for the dementia unit and was being put in place. The registered manager said mealtimes were also being reviewed following our feedback as we had found this was a busy time for staff when more assistance was required.

Staff we spoke with and records we saw showed the home followed safe recruitment practices and we found appropriate checks were undertaken before staff began work. This included references, and criminal record checks, which meant people were protected as the recruitment practices made sure staff were suitable and safe to work in the home.

Staff we spoke with showed a good understanding and knowledge of safeguarding and confidently described signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. Staff were clear they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. The training matrix showed staff had received safeguarding training and updates, which was confirmed in our discussions with staff.

Safeguarding incidents had been recorded and reported to the Local Authority and Care Quality Commission (CQC) as required. We saw investigations had been completed, appropriate action was taken and disciplinary procedures were instigated where necessary.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw policies and procedures were available for staff in the office. The registered manager had applied for a DoLs for one person and we saw correct procedures had been followed to ensure people's rights were protected. Although the training matrix showed staff had received training in MCA and DoLS, some staff we spoke with had limited understanding of this legislation.

Requires Improvement

Is the service safe?

Training had been provided via e-learning and when we returned on the second day of our inspection the registered manager told us he had requested additional classroom training for staff in MCA and DoLS.

We saw staff managed risks to people and kept them safe. For example, we saw one person was becoming agitated by the close presence of another person, staff intervened promptly using distraction techniques to draw the person away and prevented further conflict. We saw people were able to go outside and many rooms had patio doors into the garden so people could freely access this area. On the first day of our visit the gate into the garden area was broken, which meant the area was not secure and posed a security risk. When we went back to complete the visit the gate had been fixed. Staff we spoke with said they understood the individual risks to people because details about their needs, such as mobility and health needs were recorded in their care plans and discussed at handovers.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with said they were kept up to date with training and this was confirmed in the training records we saw. Most of the training was provided via e-learning and staff told us the training was comprehensive and covered subjects in depth. One new staff member said, "I think this way of learning is really good and although I've worked in care for a long time it has taught me things I didn't know and should have." In contrast, other staff said they would prefer more face to face training. The registered manager told us although a lot of the training was provided online there were also opportunities for staff to attend different learning sessions. The Provider Information Return (PIR) showed the registered manager was planning to attend the Preparing to Teach in the Lifelong Learning Sector (PTLSS). The registered manager told us this qualification would enable him to provide in-house training to staff in addition to the online training.

Staff who worked with people who were living with dementia told us although they had completed online dementia training, they felt more specialist training would be beneficial. We found staff working on the unit were compassionate and caring with people and knew their individual needs well, however their understanding of dementia was limited. The registered manager told us specialist dementia training had been arranged for staff in September 2014.

The registered manager told us all new staff completed a week's induction which included a shadowing period working alongside an experienced staff member. This was confirmed by staff we spoke with who had been employed recently. They described their induction as thorough and said they had shadowed more experienced staff until they were confident in their role. This meant people could be assured that staff had the competencies and skills to meet their needs. Staff told us they received regular supervision, which they felt supported them in their roles. We saw evidence of this in the staff files we reviewed. We found staff had a good understanding of people's individual needs and knew how to support them effectively.

Arrangements were in place for people to receive the healthcare support they needed and this was reflected in the care records we reviewed. For example, one person who had lost weight had been referred to the dietician and staff were arranging for Macmillan nurses to visit another person who required a syringe driver for pain relief. We met with two Advanced Nurse Practitioners (ANPs) who had come in for a meeting with the deputy manager to discuss setting up weekly surgeries at the home. The ANPs said this had been suggested by the home and they felt it would give people living in the home improved access to healthcare and speed up the referral process. We spoke with a district nurse who was part of a team that visited the home at least three times a week. They said they had noticed improvements in the service over the last twelve months. They said staff made referrals promptly and appropriately and could be relied upon to implement the care they prescribed. They said pressure area care records were better although there were still some staff who were not documenting this properly. Another district nurse who was visiting the home told us they found staff helpful when they visited.

Most people told us they were satisfied with the quality of the food and said they received plenty of hot and cold drinks throughout the day. Only one person said they disliked the type and quality of the food and said staff never asked what they wanted. We saw people had drinks close to hand wherever they were in the home. One relative said, "Staff are always popping in to top up mum's drink." People told us they received enough to eat and could always have more. One relative said, "One day mum had finished her porridge and unusually was still hungry so staff happily got her some Weetabix. Mum loved and ate every bit of it."

We observed the lunch time meal on all three units in the home. Although we saw some good practices we observed some areas where improvement was needed. We saw tables were nicely set with tablecloths and condiments which made the dining area inviting. Where people chose to eat their meal privately in their room, this was facilitated and staff made regular checks to see if people needed anything. Where people needed support to eat, we saw this was given by staff calmly and patiently allowing people to eat at their own pace. We saw people were offered a choice of hot and cold drinks with their meals.

However, we found people's choices and preferences were not always sought in an appropriate way. People had chosen their meals from options given the previous day and while some people could remember what they had ordered, others could not. There was no menu displayed in any of the units which meant people were not informed of

Requires Improvement

Is the service effective?

the different options. We saw staff served food in the same quantities to everyone, with no consultation with individuals about the different components of the meal or about portion size. We saw one person was served a pureed meal. The different components of the meal had been liquidised and presented separately on the plate, however the staff member mixed it all together before giving it to the person. This meant the person would not be able to taste the different flavours and textures of the meal. In another incident a person had been given the wrong dessert and asked staff to change it which they said they would. After some considerable time, when most people had left the dining room and the requested dessert had not appeared, the person left the dining room annoyed and upset. This situation was not handled well as a visiting staff member, who was present throughout the incident, left the room to attend to another task without reporting what had happened to staff who had returned to the dining room. This meant the person had not had any desert and staff were unaware of the upset this had caused the person.

We raised our concerns with the registered manager who was aware of the incident and had spoken with staff about it. We discussed the use of pictures or photographs in menus to assist people living with dementia in making choices about food and drink. When we went back on the second day of our inspection we found the registered manager had met with staff to discuss these issues and had arranged meetings to review how mealtimes could be improved for people.

Good

Is the service caring?

Our findings

People we spoke with were unanimous in their praise for the staff and emphasised their kindness, care and commitment. One person said, "They are so kind to me. I've been having an awful time with my back and they keep coming in and checking I'm alright and making sure I get my painkillers. I don't know what I'd do without them." Another person said, "They're just marvellous. I came here from hospital and the care there was awful, but here the staff know how to look after me and are wonderful."

Relatives also spoke highly of the staff. One relative said, "The staff work so hard and go the extra mile for residents." Another relative said, "At first we were worried about bringing our mother here because of stories we'd heard about care homes generally, but we're not now. Staff fall over themselves here to help people." A further relative singled out for praise the 'attentiveness' of staff.

Another relative said, "The staff are brilliant. So welcoming. Nothing's too much trouble for them." One relative said, "You can't fault the staff here. It's not a job to them, more a calling."

One relative who said she knew a lot about care homes said, "Watch out for a particular look on the 'face' of staff when they don't think anyone's watching them. It's a miserable look. But I tell you what, I'd be surprised if you see that look here because I've never seen it." Another relative, with reportedly professional experience of visiting numerous homes in the course of his duties said, "This home is as good as any I have ever come across."

The provider has a 'Kindness in Care' award scheme that recognised and rewarded staff members who were delivering excellent kind care. We saw information about the scheme was available in the home and nomination cards were available for people who live in the home, relatives, visitors and staff to complete. The registered manager said the presentation of the first award to a staff member was imminent. Staff we spoke with displayed genuine warmth and compassion when talking about the people they cared for. One new member of staff commented on this and said, " I've worked in care a long time but I've never worked with staff who are so kind and it's all of them, not just one or two."

We saw and heard numerous staff interactions with people and noted the warmth of personal greeting given to each individual. We saw staff took every opportunity to engage with people however briefly and interactions were friendly, cheery and kind with occasional humour and banter as staff went about their tasks. We saw staff were good at recognising when people were not themselves and may need additional support or reassurance. For example, we saw staff noticed one person was a bit quiet and one staff member knelt beside the person and held their hand while they listened to what the person was saying. We saw the person responded with smiles and laughter. We saw staff provided comfort and support to grieving relatives.

On the unit for people living with dementia we found the environment had been designed to help people orientate themselves. For example, bathroom and toilet doors were different colours to bedroom doors and there were pictorial signs to help identify each room. However, we noted further improvements could be made such as contrasting colours on handrails and furniture to make them more easily identifiable to people. We spent time with people in the lounge and saw staff sitting chatting with people. One staff member was giving people a manicure and we saw them laughing as they chose the colour of nail varnish they wanted. Another person was distressed and we saw as staff sat quietly talking with this person, they became calmer.

We saw staff respected people's privacy and dignity and were discreet when assisting people with personal care. Staff knocked on people's doors and asked if they could come into their room. We saw people were well dressed in clean clothes and were well groomed. The hairdresser was visiting and we saw people going to the hairdressing salon to have their hair done. We saw staff complimented people on their appearance and told them how nice they looked, which made people smile. People told us staff listened to them, offered them choices and involved them in decisions, which was confirmed by our observations.

Relatives said they were made to feel welcome on all their visits and the only restricted visiting was during mealtimes. One relative told us, "The care here is absolutely wonderful and that's why my relative has lived so long. I visit five days a week, so I see what's going on, and I can't praise the staff enough, they do a great job."

Many people and relatives highlighted the general cleanliness of the home. Two relatives pointed out the absence of unpleasant smells and noted this was in marked contrast to some other care homes with which they were familiar.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said, "They always check with me first before doing anything and they know how I like things done." Another person said, "Staff know my needs very well and although I can't do much for myself they don't do it all. They encourage me which keeps me going." A further person told us they were very satisfied with the individualised care given by staff. This included helpful adjustments to the bed, a special diet, food delivered to and eaten in the privacy of the bedroom and encouragement and support from staff to be independent, visits to the local community and meeting with relatives and friends. This person had shared their mobile phone number with staff and said they liked the reassurance of occasional calls to check that everything was well. One relative said they felt staff needed to be better educated about how to position and move frail people when they were in bed. One relative praised the home for sorting out a problem with a wheelchair and said, "The staff spotted a problem with mum's wheelchair, liaised with the local authority and managed to get another one delivered the very next day".

We looked at six people's care records in detail and found variations in the standard of record keeping. Three people's care records were well completed and contained personalised information which identified their care needs and showed the care and support they required from staff. The care plans focussed on what people could do for themselves. For example, one person's care plan showed they required help from staff in washing and dressing but could manage to shave themselves with an electric razor and brush their own teeth. We saw people's preferences were recorded such as preferred times for getting up and going to bed. There was detailed information about people's dietary needs which showed people's weight was being monitored. One record showed the person was at high risk of developing pressure ulcers. The care plan detailed the specific care staff needed to provide, as well as the equipment that was in place to prevent pressure ulcers developing.

In contrast the other three records we reviewed were not personalised and used generic terms such as 'assistance needed' which meant the person's individual needs were not clarified. We also found some care records had not been fully completed, had sections that had not been dated and signed by staff and where errors had been made these had been scribbled or 'tippexed' out.

Staff told us the organisation were constantly updating the care record templates which meant they had to keep transferring information onto new records. They said this was very time consuming and meant that sometimes all the information had not been transcribed from the old records onto the new ones. This was confirmed in our discussions with the registered manager who said he had identified care records as an area for improvement as internal audits had identified inconsistencies.

Staff we spoke with knew people's needs well and were able to describe the care and support people required. They understood about consent and discussed how they managed situations where people refused care and support. Staff told us they were kept informed of any changes in people through shift handovers. One staff member said, "The handover notes are really good and we all write on them if there have been any changes during our shift so the staff coming on know what's been happening."

Although the home employed two activity co-ordinators, staff we spoke with were not able to tell us how activities were planned, organised or structured to provide a meaningful programme for people. Activity staff worked Monday to Friday, which meant there was no provision at weekends. We found although activities were provided there was a lack of structure and consistency in how activities were delivered, which meant some people benefitted and others did not. This was reflected in the mixed feedback we received from people we spoke with and their relatives.

One person said there was little if any activity provided on weekends. One relative was frustrated at the lack of communication from the home about trips out. They said, "One day, we visited grandma only to find she'd been taken out for the day". Another relative said she wished the home would organise more day trips for her father. Yet other people spoke positively about their trips out. One person told us how much she enjoyed some of the trips out to the local market and sometimes into town to get her spectacles fixed. One family member said, "They get mum

Requires Improvement

Is the service responsive?

involved in keep fit exercises and sing-songs. They take her and other residents out in the minibus to Castleford and local markets and have even escorted her to the hospital for out-patients appointments".

One person said she would love to do some baking and embroidery again but said there was no opportunity to do so. However, relatives of another person commented positively on the way staff had involved their mum in baking some cakes at Christmas. One person living on the first floor who enjoyed gardening said he'd really like the chance either to walk around the home's gardens or maybe do a little gardening but felt he was not encouraged or allowed.

We saw activities taking place on both days of our inspection. This included one-to-one sessions where staff were giving manicures and painting people's nails, as well as a group session with people doing exercises to music. We saw people involved in both activities were smiling and enjoying themselves. We saw notices were displayed about the home's summer fayre on 30 August 2014 and records we saw showed this had been discussed at residents and relatives meetings.

Some people and relatives we spoke with said they were unclear about whether or how the home generally sought their views on issues. However, others felt they were given opportunities and their views were taken on board. For example, one relative told us they attended the residents and relatives meetings where proposed changes in the home were discussed and they felt their views were taken into consideration. They said they had raised an issue about plastic beakers and new ones had been provided.

We saw in the minutes from the last residents and relatives meeting in June 2014 a variety of issues had been discussed such as meals, activities and redecoration of the home. We saw annual surveys had been sent out to people and their relatives in April 2014.

Several people and relatives complained about clothes being temporarily lost after being laundered, which they said sometimes led to people wearing other people's clothes. We discussed this with the registered manager who acknowledged this had been a problem, which he had previously addressed with staff. The registered manager said he would look into this matter straight away.

People we spoke with said that if they had a concern or query they would speak with staff. One person said, "I'd have no hesitation in speaking out if I felt something wasn't right and I have done and it was put right." One relative said, "I know how to make a complaint, I'd go straight to (the manager) and he'd put it right." We saw the complaints procedure was displayed in the home. The registered manager told us there had been five complaints received in the last twelve months. We saw correspondence which showed these had been investigated and responded to in accordance with the complaints procedure. The registered manager also recorded seven compliments had been received online and was looking at ways in which verbal compliments could be recorded and reflected back to people and staff. The registered manager said sometimes people and relatives expressed minor 'grumbles' to him directly and he responded promptly to resolve small issues although he did not record these as complaints.

Good

Is the service well-led?

Our findings

The service was led by a registered manager who had managed the home for just over a year. The registered manager told us he felt the home had stabilised in the last year and the staff team had been strengthened which he felt led to a happier and more settled environment for people and staff. He said he recognised further improvements were needed particularly in dementia care and care planning. The registered manager spoke knowledgeably about the people who lived in the home and had a visible presence in the home.

Staff we spoke with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. They said they felt staff morale had improved and there was better team work now than there had been previously. They said they felt confident to raise any concerns or discuss people's care at any time as well as at planned supervision and staff meetings. A social worker who was visiting the home said she had noticed improvements in the service over the last few months and felt things were now more settled and as a result people were happier.

One relative felt the home had improved since the registered manager started and said, "He's really good is (the manager). He listens and things have got better." Another relative, who had been very critical of the care given to his relative under the previous manager contrasted that with the progress made since then under the new registered manager. He said he was now mostly satisfied with the quality of care and responsiveness of the home to his relative's needs, although he felt the home was still on a learning curve.

The registered manager was aware of national dementia guidance and we saw the provider had identified a set of standards based on the National Institute for Health and Care Excellence (NICE) guidelines and the Prime Minister's Dementia Challenge. The registered manager had organised a dementia forum which the organisation's newly appointed dementia specialist was attending at the end of August 2014. On the first day of our visit we identified to the registered manager a number environmental enhancements which we considered would improve experiences for people with dementia. When we returned to complete the inspection the registered manager showed us the Kings Fund Enhancing the Healing (EHE) assessment tool they were using to identify where improvements were needed. We saw that audits carried out by the provider's compliance team included an observational tool based on dementia mapping which assessed the wellbeing of people living with dementia.

We found there were effective quality assurance systems in place which ensured the registered manager was aware of any concerns. Monthly audits of systems and practices were carried out by the quality assurance manager. We saw records of visits completed by the provider's compliance team were comprehensive and covered all aspects of the service. These reports showed a marked improvement in the service between March 2014 and the most recent visit in June 2014. Accident and incidents were audited and any trends were identified and addressed.

We saw the registered manager had implemented improvements as a result of these audits. For example, monthly meetings started two months ago where a representative from each department met with the manager to review falls that had occurred the previous month. We saw from the minutes of these meetings that falls for one person had reduced significantly following the first meeting. The registered manager said these meetings increased staff awareness and encouraged staff to question practice and put forward ideas.

Satisfaction surveys were sent out annually to people who lived in the home, relatives and staff. Responses were analysed and the results posted in the home so people were informed of the outcomes and any actions taken.