

West Sussex County Council

Hammonds

Inspection report

210 Hawthorn Road
Bognor Regis
PO21 2UP
Tel: 01243 841005
Website:

Date of inspection visit: 13 October 2015
Date of publication: 03/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Hammonds is a residential care home which is registered to provide accommodation for up to 20 people with a learning disability. There are 16 permanent places and four places available for respite care. The home provides accommodation in three separate units which are linked by a courtyard. On the day of our visit 18 people were living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

Summary of findings

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was currently being updated. There were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People and relatives told us there were enough staff on duty and staff also confirmed this.

Food at the home was good. There was a four week rolling menu displayed in the kitchen and in each accommodation unit. Staff went round each morning to check people's choices for the main meal of the day which was provided each evening. Breakfast and lunch was provided by staff in each individual unit and people were able to make their own choices for breakfast and lunch.

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. The provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had a basic understanding of the Mental Capacity Act (MCA) 2005

Each person had a care plan which informed staff of the support people needed. Staff received training to help them meet people's needs. Staff received an induction

and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We observed staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary.

The provider had a policy and procedure for quality assurance. The registered manager worked alongside staff and this enabled him to monitor staff performance. A group manager employed by the provider visited the home regularly to carry out quality audits.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

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.

Generally, potential risks to people were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were managed safely and staff had received appropriate training in the administration of medicines.

Good



Is the service effective?

The service was effective.

Staff knew how people wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet and to have access to a range of healthcare professionals.

Good



Is the service caring?

The service was caring.

People were treated well by staff. Relatives confirmed staff were caring and respectful in how they treated people.

People were supported by care staff to ensure their privacy was respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Good



Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The provider and registered manager carried out a range of audits to ensure the smooth running of the service.

Good



Hammonds

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.

This inspection took place on 13 October 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with a learning disability not all people were unable to share their

experiences of life at Hammonds with us. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand the experiences of people who could not fully engage with us.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with seven people and two relatives to ask them their views of the service provided. We also spoke to the registered manager two senior staff members the cook and five members of staff.

The last inspection was carried out in September 2013 and was compliant in all outcomes inspected.

Is the service safe?

Our findings

People felt safe at the home. People said there was enough staff to provide support. One person said “There is always someone to help you”. Another person said “I like living at Hammonds”. Relatives said they were happy with the care and support provided. One relative said “I am very happy with the way my relative is looked after whenever I visit and I know they are safe when I leave”.

The registered manager had an up to date copy of the West Sussex safeguarding procedures to help keep people safe and understood his responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone’s safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were also risk assessments in people’s care plans. These identified any risk and also provided staff with information on how the risk could be minimised. However in one person’s care plan it was stated that the person could shout out and push people if they were upset or stressed. There was no clear risk assessment in place on how the risk could be reduced. We spoke to a member of staff who explained to us that if the person was left alone and given space they calmed down very quickly. However how staff should support this person was not documented on a risk assessment or in the person’s care plan. Although staff knew how this person should be supported and risks were assessed, incomplete information about managing individual risks could mean staff were not informed of how to protect people fully. We spoke with the registered manager about this who said he would ensure that a clear risk assessment was put in place for this person without delay.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did

not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The registered manager told us there were a minimum of a senior carer and five members of care staff on duty between 7am and 8pm. In addition some people were allocated individual one to one time and additional staff were provided to enable the one to one support to take place. Between 8pm and 7am there were three members of staff on duty who were awake throughout the night and they were supported by a senior carer who slept in but who was available as required. The provider employed two shift co-ordinators, three senior support staff, 33 care staff, three domestic staff, two cooks, a laundry person, a driver and a handyman. The registered manager was in addition to these staff and he provided additional support for people as and when required. The registered manager confirmed he worked at the home most days and was available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us that staffing levels were based on people’s needs. The provider had introduced a dependency tool to help in assessing staffing levels and the registered manager said that he was currently working through the tool with staff to monitor the staffing needs of each individual to establish if the staffing levels needed to be increased or decreased if people’s needs changed. Observations showed that on the day of our visit there were sufficient staff on duty with the skills required to meet people’s needs. Staff and people said there were enough staff on duty. Relatives also said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. Each person had individual storage arrangements for medicines in their rooms and these were secure and in accordance with appropriate guidelines. Medication Administration Records (MAR) were kept for each individual with their medicines and were signed off by staff when medicines had been given. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment, staff confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use. The provider had a policy and procedure for the receipt, storage and administration of

Is the service safe?

medicines and this was currently under review. The home did not have its own 'in house' medicine policy and procedure. We discussed this with the registered manager who agreed with us that an in house policy used in conjunction with the providers policy and procedure would help to ensure that people received their medicines safely and as prescribed.

Premises and equipment were managed to keep people safe. During the inspection, we undertook a tour of the home. Accommodation was provided in three separate units each of which had its own lounge, dining and kitchen area. People moved freely around the different units. The

environment was homely in each unit and there was a central unit with a large lounge which could be used by everyone who lived at Hammonds. The central unit also housed the main kitchen where the main meal of the day was prepared and there was a dining area which could be used if everyone wanted to eat together. The registered manager told us that refurbishment and redecoration of some of the bedrooms had taken place and that people were involved in the choice of furnishing. Observations confirmed that a number of bedrooms had recently been decorated.

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. People were well cared for and they could see the GP whenever they needed to. Relatives said people were supported by staff who knew what they were doing. One relative told us, “My relative has been at Hammonds for a long time and the staff know how they want to be supported and provide the care and support they need”. Another said, “The staff are very good, I have no concerns about the care and support provided”. People told us the food was good and there was always enough to eat.

The registered manager told us that each staff member had a career pathway depending on their job role. The pathway included a training and development plan and this enabled staff and management to identify their training needs and skills development and monitor their progress. The registered manager had each person’s pathway record on computer and we saw a training plan which showed what training each staff member had completed, the dates for future training and the dates when any refresher training was required. The training plan provided evidence that staff training was up to date. Staff had completed training in the following areas; first aid, manual handling, food hygiene, safe handling of medicines, care practices, infection prevention and control, and health and safety. Staff were also provided with specific training around the individual needs of people who used the service including management of behaviour that challenges, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Training was provided through a number of different formats including on line training and practical training. This helped staff to obtain the skills and knowledge required to support people effectively. A certificate was awarded to evidence that the training had taken place. The registered manager told us he worked alongside staff to enable him to observe staff practice. Staff knew how people liked to be supported and were aware of people’s care needs.

All new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff. The registered manager told us that all new care

staff would have their training needs assessed and where appropriate they would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 33 care staff. Of the 33 staff, 24 had completed additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager understood his responsibilities in this area and staff understood the main requirements of the legislation. The registered manager told us that although all people at Hammonds were living with different levels of learning disability people were able to make day to day choices and decisions for themselves. The registered manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. The registered manager had made applications for people under Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been completed for people permanently accommodated at the service. Two had already been authorised by the local authority, while others were being dealt with on a priority basis.

Is the service effective?

We spoke to people and staff about the meals provided at the home. Breakfast and lunch was provided in each individual unit and people were able to make their own decisions about what they would like to eat. Each unit had a small kitchen with a fridge and cooker and there was a range of food kept in each unit to enable staff to prepare meals and snacks for people. Staff told us that for breakfast some people liked cereals while others preferred boiled eggs or toast. Lunch was normally a snack type meal such as soup, jacket potatoes, sandwiches or fish fingers. Staff said that people who attended a day service normally took sandwiches with them for lunch. On the day of our visit we observed staff preparing different food for people at lunchtime. One person had curry and rice, another had sausage rolls and another had sandwiches. These were the individual choices of the people concerned. People were assisted by staff as required and we saw one person being assisted to eat by a member of care staff who encouraged them and interacted well with them while providing support. Mealtimes were not hurried and people were allowed to take their time over the meal and staff gave people space but provided assistance where required. Two people were out for the day and were having lunch out in the local community. The evening meal was the main meal of the day and this was cooked in the central kitchen and taken to the individual units in a heated trolley. The cook said there was a four week rolling menu with a choice of meals available to people. Staff asked people what they would like for their main meal and a list was provided to the cook each morning. The cook told us that she ensured there was always a range of food in the fridge in each unit so that staff could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person had a health file and this contained a health assessment with information about the person's learning disability and any other medical conditions. People were registered with a GP at the local health centre which was close to Hammonds. Staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians and this helped people to stay healthy. Staff said appointments with other health care professionals were arranged through referrals from people's GP. A record of all healthcare appointments was kept in each person's care plan together with a record of any treatment given and dates for future appointments. The registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments. One staff member said, "Everyone's health care needs are looked after. We call the GP or nurse if we have any concerns and support them to attend appointments". We saw the daily handover sheet provided details of people's health appointments and messages were placed in the diary to remind staff to arrange and follow up appointments as required. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

People's individual needs were met by the adaptation, design and decoration of the service. People's rooms were decorated in their favourite colours and were personalised, with photos and posters on display. Some rooms had overhead hoists installed for people who had mobility problems and bathrooms had been adapted to meet people's individual needs.

Is the service caring?

Our findings

People were happy with the care and support they received. People said they were well looked after and said staff were kind. Comments from people included, “I like living here” and “I am very happy and everyone is very nice”. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said “I cannot praise the staff highly enough.

Staff respected people’s privacy and dignity. They knocked on people’s doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, “We all get on so well”.

We observed staff chatting and engaging with people and taking time to listen. For example when staff took a break they would sit down with people and have a cup of tea with them. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. There was a lot of laughter and people were confident and comfortable with the staff who supported them.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people’s preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual’s care notes. There was also a diary for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people’s personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were placed in daily care notes.

There was information and leaflets in the entrance hall of the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us he would support people to access an appropriate service if people wanted this support.

Is the service responsive?

Our findings

Everyone we spoke to said they were well looked after. Comments included. “The staff are very good and kind”, “I like all the staff they make me laugh” and “I like living at Hammonds”. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said “The staff are very good, they keep a good eye on (named person) they always let me know how they are”.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file.

Each person had an individual care plan and people’s likes and dislikes were documented so that staff knew how people wished to be supported. Staff understood the importance of explaining to people what they were doing when providing support. Although care plans identified the support people needed, there was limited information for staff on how support should be given. For example, one care plan stated the person could not use verbal communication and did not use any form of sign language. There was no information for staff on how they could communicate with this person. We asked a member of staff how they communicated with this person and they were able to tell us that the person used certain gestures and they could clearly state when they did not want anything. Staff pointed out to us that there was information on how to respond to people contained in their ‘health assessment’ but agreed that more information in the care plan would be beneficial, especially for new members of staff. We spoke with the registered manager about this who informed us that he was in the process of updating all care plans and he showed us an action plan to confirm that this was being addressed.

Care plans were reviewed monthly and each person had a one to one meeting with their key worker. (A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). This meeting enabled staff to find out if people’s needs were being met. It also enabled staff to find out what people wanted to do and what if any plans they had for future trips out. Formal reviews were also carried out to discuss people’s care

needs, future goals and aspirations. On the day of our visit one person was having their annual review, the person concerned, their key worker and a representative from the day service were in attendance. The person’s family had also been invited but were unable to attend. Another person was having a review with the registered manager and their family to discuss if and how they could improve the service provided for them.

Staff said that people could express their wishes and preferences and these would always be respected. Staff said people needed different levels of support and staff gave individual support to people whenever it was needed. One staff member said “We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why”. Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. They said although some people did not use verbal communication all the staff knew people well and were able to understand people’s body language. This enabled staff to recognise signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people’s needs.

Daily records compiled by staff detailed the support people had received throughout the day night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people’s needs were met. For example, we saw that relevant healthcare professionals had been contacted to help meet people’s needs. These included; the learning disability support team, community nurse and GP. This meant people’s needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans

Staff told us they were kept up to date about people’s well-being and about changes in their care needs by

Is the service responsive?

attending the handover meeting held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of and information was also placed in a handover file if people's care needs had changed. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there were a range of activities provided for people. Some people regularly went out to a day service who organised activities for people. Others chose to remain at home and activities were provided by staff. These included; quiz, games, TV, music, trampoline and hydro spa (hot tub). There were also trips down to the seafront which was close by or visits in the local area. On the day of our visit two people had gone out with staff for a day trip into Portsmouth and another person decided they wanted to go down to the beach. We saw staff giving manicures to people and also chatting to people about topical subjects. A record of activities that people took part

in were recorded in people's daily record, this included comments and feedback on how people had enjoyed the activity. This helped staff to monitor the activities that people enjoyed.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or could talk with the registered manager. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. Formal complaints had to be recorded on the provider's on-line system and investigated by an appropriate person. The registered manager said he would always check with the complainant to ensure they were happy with the outcome and if necessary action would be taken and shared with staff so they could learn lessons as a result of the complaint raised. This meant comments and complaints were responded to appropriately and used to improve the service. No formal complaints had been received by the service within the last year.

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with him at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with him or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to him on the phone or meet with him whenever I want”.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. The registered manager told us he operated an open door policy and welcomed feedback on any aspect of the service. He encouraged open communication and supported staff to question practice and bring his attention to any problems. The registered manager said he would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that he was open and transparent and worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. He said that he and senior staff regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

The registered manager showed a commitment to improving the service that people received by ensuring his own personal knowledge and skills were up to date. He had his own professional pathway within the provider organisation and attended training to enhance his own

professional development. He regularly monitored professional websites to keep himself up to date with best practice. If appropriate he would pass on information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. However we looked at the minutes of the previous staff meetings and the minutes did not fully evidence this. The minutes contained information about who had attended and gave information about the topics discussed. There was no information about decisions that had been made and no action points to take forward. We discussed this with the registered manager and senior staff who said they felt the staff meetings were useful and constructive but agreed that the minutes did not always reflect this. The registered manager said that in future he would ensure that minutes of staff meetings were more comprehensive to reflect the issues discussed and the decisions made. This would help ensure that feedback was given to staff in a constructive and motivating way. It would also ensure that staff who were unable to attend any meetings were kept fully informed.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The provider employed a ‘service manager’ who regularly visited the home and checked that the registered manager’s audits had been undertaken. The provider also conducted its own audits of the service which included audits of financial systems, medicines and health and safety. The home had recently had an audit by the fire safety officer from the local fire service and commissioners of the service also carried out their own independent audit. The registered manager said that if any shortfalls were identified they would produce an action plan and the service manager would check that any required actions had taken place. The quality assurance procedures that were carried out

Is the service well-led?

helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

Records were kept securely. All care records for people were held in individual files which were stored in the

homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.