

Croftwood Care Ltd

Croftwood

Inspection report

Whitchurch Way,
Halton Lodge,
Runcorn,
WA75YP
Tel: 01928576049
Website:

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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

The inspection was unannounced and took place on 14 July 2015. This location was last inspected in January 2014 when it was found to be compliant with all the regulations which apply to a service of this type.

Croftwood is a care home, providing accommodation for persons who require personal care. The maximum number of people that can be accommodated is 44. The home is located in a residential area of Runcorn. The two-storey property is close to shops, public transport and other local amenities.

There were 42 people living in the home at the time of our visit.

There is a registered manager at Croftwood. 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.

Summary of findings

We found that care was provided by a long term staff group in an environment which was as homely as possible.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern. They were well-trained. There were sufficient staff to meet the needs of the people who lived in the home.

The home was well-decorated and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished.

The registered manager and the deputy had worked in the home for over twenty years and were fully conversant with the policies and practices of the home. Staff told us that the management team were transparent, knowledgeable and reliable and that the home was well managed.

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.

The premises were well maintained to ensure people were safe.

People said they felt safe in the home and their relatives were also confident that their family members were cared for safely.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Checks had been carried out before staff were employed to make sure they were fit to work with vulnerable adults.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff training was up to date and staff followed the requirements of The Mental Capacity Act and Deprivation of Liberty Standards and made sure people were asked for their consent before receiving any care.

Relatives of people using the service were confident their family members' nutritional needs were being met. The staff provided effective support for people at risk of malnutrition.

People were supported to maintain their healthcare needs. They had access to a range of health care professionals when required and were supported with routine health check-ups.

Good



Is the service caring?

The service was caring.

People said they were well cared for. Relatives and health care professionals were very confident staff cared for people well.

People were treated with respect and dignity at all times.

Good



Is the service responsive?

The service was responsive.

People and their relatives had been involved in making decisions about how their care was provided and were provided with individual care that met their needs and wishes.

People could participate in a wide range of social activities. The service referred people onto other health and social care professionals when specific expertise was needed and staff worked well with them.

People and their relatives had no complaints about the service, but felt confident about raising concerns if they had any, and felt any issues would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an established registered manager in post and staff told us the registered manager and her deputy were most supportive.

Relatives were confident the registered manager was interested in their views and took action to make improvements in the care of people where they could.

The local authority commissioner and a range of health professionals who visited the service confirmed that the registered manager had made significant improvements in the quality of care and that she was supported to do this by the provider.

Good



Croftwood

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 carried out an unannounced inspection on 14 July 2015. The inspection was carried out by two Adult Social Care inspectors.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We invited the local authority to provide us with any information they held about Croftwood. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help to plan our inspection.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with 23 people living there, eight family members, three visiting friends and ten staff members including the registered manager. Most of the people living in the home and their family members were able to tell us what they thought about the home and the staff members working there. We also spoke with two health and social care professionals who visited the home regularly.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the home as well as checking records. We reviewed the records of six people using the service. This included checking their care plans, medicines administration records and any other documents relating to their care. We looked at other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

People who used the service told us they felt safe and secure in Croftwood. Comments included “I am more than happy here – I feel very safe here and really can’t fault it at all” and “There’s always enough staff around if you need anything – if we call someone always comes quickly”. One visitor said they had no concerns about the safety of the home as people’s health and safety was well managed.

We saw that staff responded quickly to call bells and to any unexpected events such as people becoming anxious or upset. We observed that staff took appropriate action to minimise the risk of avoidable harm. Discussions with staff identified they knew the importance of keeping people safe, including from abuse and harassment. There were posters on display to remind staff and visitors how to report any suspicion of abuse.

Staff told us and records showed that the home was signed up to No Secrets. This is a document which helps people to understand the safeguarding and whistle blowing process. We saw the home’s whistle blowing policy and staff spoken with demonstrated their understanding of the process involved. One staff member said “I know all about whistle blowing and I would use it – If the manager did not listen I would see the owners”. Discussions with staff demonstrated that they understood the process to follow in alerting external organisations if necessary.

We saw records that showed that the registered manager and her deputy have ‘train the trainer’ status for safeguarding. Staff told us that the registered manager promoted safeguarding via staff training, staff meetings and monitoring and reviewing systems.

Staffing rotas identified that four care staff one senior and one care team leader worked from 08.00am until 3.00pm, one senior, one care team leader and three care staff worked from 3.00pm until 10.00pm and three care staff and one senior from 10.00pm until 08.00am. Three activity co-ordinators worked between 10.00am- 3.00pm and 1.00pm -6.00pm over the working week. If there were over 42 residents, there was an extra member of staff covering 6pm-10pm to help staff get people ready for bed. The manager told us that a regional manager calculated the

dependency levels in the home and provided extra staffing hours if required. One person needed assistance with feeding and eight people needed the assistance of two staff to transfer at the time of our inspection.

Staff told us that they worked flexibly within the home and were provided with assistance from the activities co-ordinators during lunchtimes if required as they were also trained as carers. They said they were supported by the registered manager and deputy and although higher staffing levels would be appreciated they coped well.

The six staff files looked at, identified that recruitment procedures ensured that applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. We saw records that showed arrangements were in place to monitor staff performance and carry out formal disciplinary procedures if required. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number was present. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Three references were also seen on each file, in line with the provider’s policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed. Application forms and interview questions were also seen. The interview included questions related to safeguarding of vulnerable people. Photographic identification and other means of identification were seen and a copy of the staff handbook and induction log. A job description was also present within the files we looked at.

Risk management procedures were in place to minimise people experiencing harm. Risks were considered effectively to balance people’s freedom so they were cared for with the minimum restrictions. Records showed that staff reported accidents or incidents and reports were reviewed by the registered manager so that changes could be made to people’s care, if appropriate, to keep them safe. Risk assessments had been completed monthly and were up to date, except within one care plan which was last reviewed in May 2015. This was due to the person being admitted to hospital. Risk assessment related to falls, moving and handling, medication and personal care. Service user medication was documented appropriately within the care plans.

Is the service safe?

We saw records which identified that the provider met legislative standards at all times and complied with appropriate guidance as identified by the Health and Safety Executive. This included fire risk assessments, equipment checks and weekly checks on all essential services. We noted that the Fire Enforcement Authority had served a notice on the home in March 2014. The notice identified serious safety concerns. All the required actions had been completed and records showed that the fire service had revisited the home and it was now fully compliant. A fire alarm test was carried out during our visit and was co-ordinated with the fire service. We were told that tests took place every Tuesday and fire scenarios took place. We saw that there was an individual emergency evacuation plan in place for all the people who lived at Croftwood with copies being kept by the fire board and in the upstairs lounge. There was signage to show fire exits. We saw that new fire doors had been fitted at the home with automatic closures.

Records showed that the home employed two maintenance workers and one casual worker who held responsibility for the day to day maintenance around the home. Staff told us that any day to day repairs were attended to promptly.

During the inspection we noted that the water temperature in the staff cloakroom was very hot. This was reported to the registered manager and it was dealt with by a maintenance worker immediately. All other utilities such as water, gas and electricity were maintained under contract and records showed that water temperatures were monitored to ensure that water was stored and circulated at safe temperature levels.

The kitchen had recently been inspected by the local authority and given a five star rating.

Medicines, including controlled drugs were kept safely. Controlled drugs are prescribed medicines that are controlled under the Misuse of Drugs Act 1971. They require specific storage, recording and administration procedures. There were appropriate arrangements to store medicines within their recommended temperature ranges and the expiry dates of medicines were checked. The administration of medicines was recorded safely including the administration of creams as part of people's personal care. Records show that a local pharmacy supplied the medications for the home and provided staff training. All staff who dispensed medication had undertaken training. We spoke with a senior care staff member who was responsible for the medication administration at the time of our inspection. She was able to demonstrate clear knowledge and understanding of all aspects of medication management.

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. The home was visually clean and housekeeping and care staff had responsibility for maintaining hygiene standards. There were adequate supplies of gloves and aprons available to ensure they could be disposed of between specific tasks. Guidance was on display for staff and visitors and people using the service to follow in relation to hand hygiene and infection prevention. Antibacterial hand gel was provided at the main entrance and other places around the home.

Is the service effective?

Our findings

People told us that they were able to live a life of their choice wherever possible. Comments included “I don’t sleep very well so I had a sleep in this morning – no one bothers you – I decide when I am getting up” and “I did not like what was on the menu today so the cook asked me what I wanted and they did it for me”. Relatives of people who lived at Croftwood told us that they felt the services provided were effective. Comments included “She has not been in very long but we had a meeting before she came in and discussed all the things she likes, you know what she likes to do and eat and we have seen a great improvement in her already” and “If anything his appetite has improved since he came in here, no doubt about it – but I have seen the food and it is always very nice”.

People commented on the professionalism of the care. Visiting health professionals said they had good links with the service. Comments included “I have been coming here a long time and the staff are really good – they listen to everything you say and if you need help you just need to ask” and “Every time I come here the staff are so friendly and attentive – they seem a very good team here – they work together”.

Staff told us that they could access support and guidance from colleagues and senior staff and they said they enjoyed regular supervision and staff meetings. One staff member said “We had a meeting a week or so back and we have supervisions quite often – I enjoy them – you can talk to the manager anytime though”. We saw records of staff supervisions which took place two monthly and also saw that group sessions also took place on a regular basis. Staff files held details of annual staff appraisals. Supervisions and appraisals help to ensure staff received the guidance required to develop their skills and knowledge. Staff told us that the registered manager and her deputy carried out spot checks day and night to ensure staff were providing effective services for the people in their care.

We looked at six care plans and consent forms were seen for photographs, administration of medication and the sharing of information.

We saw evidence of MUST (Malnutrition Universal Screening Tool) assessments and monitoring, which included regular checks on nutritional requirements, BMI (Body Mass Index) checks and weight recording on a

monthly basis. MUST assessments had been identified by the local authority as an area of concern during a recent inspection. The provider had responded positively and quickly and had procedures in place for regular checks as required. Completed assessments to identify the risk of individuals developing pressure sores were also seen as well as food and drink intake monitoring forms.

We looked at a copy of the staff training matrix and noted that staff received regular ongoing training such as moving and handling, dementia awareness, challenging behaviour and mental capacity. Staff members told us that they were receiving regular training to ensure they had the knowledge and skills to provide effective care.

We looked at the arrangements for training staff at the home so that they had the skills to provide care for people. We saw that the home used both in house and external trainers. The home used Care Skills UK for some of their training. They also accessed internal training and external training for First Aid and Moving and Handling training. The registered manager told us that they no longer used e-learning training as it took too long for staff to complete.

It was reported that nearly all staff had, or were working towards National Vocational Qualification (NVQ) level 2. Senior staff had commenced NVQ level 3. We saw a staff training plan which was colour coded to show when staff had completed training, when training was booked, training not yet been completed and which training was imminent. There was also a list of training courses which recorded when the training had been booked. Staff told us the mental capacity act and dementia awareness training was very helpful and provided them with an understanding and confidence to deliver effective compassionate care to people living with dementia. One member of staff said: “Dementia is more common now. Being able to have an insight into the challenges people face day to day helps us to ensure we can have more understanding of people’s needs and give the best possible care in a kind, understanding and compassionate way.”

We saw that there was an induction programme during which staff received training in topics such as infection control, fire safety and moving and handling. The registered manager told us that she was responsible for maintaining the training programme. The training programme viewed showed that training was provided as an ongoing process within the home.

Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We were told by the manager that no service users were subject to a DoLS authorisation. Two applications had been submitted to the Local Authority and the manager was waiting for a response. Within one care plan, we saw a do not resuscitate (DNACPR) authorisation had been completed appropriately.

Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a suitable diet. For example, people's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care file and in the kitchen. Kitchen staff were able to explain how they accommodated people's specific requests or requirement such as risk of choking or swallowing difficulties. We saw the Speech and Language Therapist had been involved in reviewing some people's swallowing actions and where necessary people received thickened liquids to reduce the risk of choking.

During lunchtime, we spent time in the dining areas. There was a relaxed and calm atmosphere and staff members interacted with people who lived in Croftwood continually. All staff present wore protective clothing to minimise the risk of cross infection. On the ground floor dining room three staff were on duty and there were 20 residents having lunch. On the first floor dining room there were three staff on duty to provide lunch for 16 people. Staff members were busy at all times and continually asked people if they wanted anything else to eat or drink and explained the choices on offer. One person did not like the main meal on the menu but she was asked what she would like and it was provided for her without any questions. One person was supported with personal care requirements and another,

with limited mobility, was helped to use their walking frame. Staff on duty told us they had `busy times` but usually managed well. One resident asked for a cold drink and a staff member immediately provided it for them. Staff were observed providing discreet assistance to people who had difficulty eating their meal. People told us that they were offered choices at all meal times and the food was good. One staff member told us that some people were not always able to make their choices known. They said "After a while you get to know what people like and dislike – I noticed that one of the ladies did not like the main meal today so I knew what she liked and we got it for her – no problem".

People's care plans included risk assessments and guidance to support their health. Background information summarised people's medical history and allergies to medication. We saw that district nursing staff visited the home on a regular basis and they told us that the staff were helpful and knowledgeable about the health care needs of the people who lived at Croftwood. Records showed that GPs, dentists, opticians, therapists and podiatrists visited the home as and when required. Care files held details which showed blood monitoring tests were carried out for people with diabetes or were prescribed warfarin. Systems were in place to protect people from pressure ulcers. Staff told us they followed clear guidance when monitoring people's skin. They told us they followed procedures if people's skin deteriorated and supported them to change their position regularly to promote healing. Staff said they also provided people with special cushions and mattresses if required.

The home had signage in place to enable better orientation for people who lived there. We noted that picture menus were available to enable people to see what food was available. We observed that the home provided an environment which provided spacious areas for people to walk around or to sit in comfortable surroundings.

Is the service caring?

Our findings

People told us that staff provided good quality care. Comments included “A lot of the people here like a lie down after lunch and staff will help them back to their rooms if they need to”, “I know all the staff and the manager and they all know me – we talk all the time” and “The staff do care about us all, we have a laugh but they are very kind and caring people”. Relatives told us they liked visiting as they knew the care was good. Comments included ““I have got no complaints, I am happy with everything – the care is first class” and “I like visiting as the atmosphere is happy and staff do really care for the people who live here”.

We saw that staff spoke gently with people, smiled, encouraged and provided reassurance when helping them with personal care. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were provided with information and staff also spoke with them to ensure they were able to make choices about how they spent their time.

Relationships between staff and people were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. One person going from one part of the home to another using a walking frame was being escorted by a member of staff. The member of staff was talking to them, continually offering support and encouragement by asking: “Are you ok? Would you like to rest? Take your time”.

Care records contained information in respect of people’s wishes and how they would like to be cared for at the end of their lives. We saw information which showed end of life decisions had been discussed and if people wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in discussions to make sure people’s wishes were respected and to ensure people received appropriate care at the end of their lives. We saw that the registered manager had submitted a portfolio to the local hospice in respect of the ‘six steps palliative care programme’ and noted that it had recently been accredited. This means that the home is able to provide palliative care for people nearing the end of their life.

People’s privacy was respected. People had freedom to move around the home and spend time in their rooms. Some people chose to spend quiet time alone. Bedrooms were personalised with people’s belongings, such as photographs and other small personal effects to assist people to feel at home. When people were being supported with personal care staff always ensured doors were kept closed.

Staff spoke with people about their personal interests and took time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. Staff listened to people in a friendly and relaxed way. We noted that the rapport was good when people were being assisted with their meals or being supported with their personal care. Staff understood people’s care preferences and treated people accordingly.

Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

Staff completed a ‘common induction programme’ which included learning about dignity and respect in a care home, person centred support and promoting independence. Staff told us they made sure that people were looked after with respect and provided with care and support at a pace that suited them. One staff member told us “No two people are the same and we ensure that all the people here are cared for with compassion and dignity”. We saw the home had dignity champions and a dignity board and posters were displayed in the lounge areas.

We observed relatives of people who lived in the home visiting during the day. They told us there were no restrictions and they could come and go as they pleased.

Records showed that verbal and written staff handovers happened at the end of each shift and staff told us this assisted to ensure continuity of care.

We saw that the home had introduced a tree of life and a remembrance book for people who had lived in the home who had recently died. The registered manager told us that she had arranged twice yearly church services for their families. The registered manager told us that alternative arrangements would be in place for people with other faith. People told us that this demonstrated the caring attitude and ethos of the home.

Is the service responsive?

Our findings

People told us that they were treated as individuals and well looked after. Comments included: “The manager is always around if you need her – I see her every day- you can talk to her anytime if you had a problem. She always asks if everything is OK”, “We have had days out and singers and dancers come in now and then – I used to love dancing but can’t do it now – we also have a church service”, “Staff know what I like and treat me well” and “My care is how I want it, they help me to wash myself and talk to me when I want them to”.

Relatives of people who lived at Croftwood told us that the home provided good quality services and reviewed peoples changing needs as appropriate. Comments included; “If there was a problem here I know one of the staff would ring me right away – I have no worries over that”, “When her needs change they have a meeting and review the care plan, they always include me”, “The care is very good” and “I have never had to make a complaint as it’s a great home but if I did need to I know who to talk to and know it would be dealt with immediately”.

Care plans held information that showed people were supported and their care was personalised.

Any changing needs were quickly identified and implemented into the care plans. Pre-admission assessments were seen which reflected a person centred approach to providing care and support. GP and other professional visits were appropriately recorded in a separate daily diary.

Records were personalised and documented people’s interests, histories, wishes and preferences. Plans contained information about people’s preferred daily routines, for example, the times people wished to get up or go to bed at night. One record told us about someone who had worked in a woollen mill and another had worked in a pub. Staff told us that all this information assisted them to encourage conversation. On three separate occasions we observed staff speaking with people about their life experiences, talking about places they visited and communicating with them in a sensitive, respectful and caring way.

The home had a varied activity schedule and included arts and crafts, music afternoons, social afternoons, crossword games, outings and skittles. After lunch we saw people

were playing bingo in the ground floor lounge. People were enjoying themselves. One person who was in the lounge but away from the activity told us: “I don’t play bingo but I like to watch them play. I could go and sit in another room but I like to be with people, I enjoy their company”. Another person who was in a smaller lounge overlooking the gardens told us that there was always something going on in the home and you could join in if you wished. They told us that the gardens were fabulous and there was an aviary in the grounds where people could watch the birds. A group of five people who lived at Croftwood were sitting watching television. They engaged with us and used gentle humour between themselves to describe the way the home responded to individual needs. They told us they all got on well and joined in some activities if they felt like it. They all appeared to be happy and contented within the home. The activity board was updated weekly and we noted that recent activities included a visit to the British Museum, a visit to a local tea dance and a garden party featuring a local entertainer at the home. The home employed three part time activities co-ordinators who worked flexible hours to ensure that activities and interests were provided during the day and some evenings and weekends.

Handover meetings took place daily and were an opportunity to review people’s health and wellbeing. This helped to ensure that there was effective monitoring of people’s needs within the home. In addition there were regular management meetings with the senior team. There was a record of these meetings and staff were given an opportunity to discuss issues affecting people using the service and practice developments to guide them in their role and responsibilities.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, a recent incident record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Where necessary action was taken in response to changes in people’s needs. We saw a number of examples where staff had identified that people were unwell and had arranged for the person to be seen by their GP. For example, it had been identified that one person appeared unwell. We saw that the home contacted the GP who reviewed the person and commenced relevant treatment the same day. A member of staff told us: “We are straight on the phone to the doctor if someone is unwell. Sometimes

Is the service responsive?

we just know people are not well and they don't like to complain. We talk to them and offer to get the doctor in just to make sure". A staff member told us "I have been talking to one of the residents this morning during the medication round and they said they were not feeling very well – so I have rang the doctor already and she is coming out at lunchtime".

Arrangements were in place to encourage feedback from people using the service. Meetings were held with people on a regular basis. The minutes of the most recent meeting showed that issues discussed included the food and

activities. The home also had a suggestion box at the entrance to the home and people told us they were encouraged to make any suggestions which may improve the home.

People and relatives told us they knew how to complain but felt happy with the care provided. They told us that the manager and staff were always around and if they had any concerns they were dealt with right away. We noted that the home had received four complaints over the past twelve months. Records showed that they had been responded to and dealt with within the time scale recorded in the homes complaints policy.

Is the service well-led?

Our findings

People told us that the home was well led. Comments included; “There`s two managers I think and they come over and talk all the time and ask if everything is OK”, “As far as I know meetings do take place but I don`t go – I could if I wanted to but I am happy with everything so I don`t bother”.

Relatives told us that the management was good and the staff nice and friendly. Comments included; “All the staff are friendly and each time you come in they ask how you are – that`s nice”, “There`s a box in the hallway when you come in and if you have an idea you can fill a form in – I have never used it but I am sure some people have – it`s a good idea” and “The managers are wonderful, such a pleasant happy place. My husband was so poorly when he came here, just look at him now. It`s all thanks to the way this place is run- God bless them”.

Staff told us that they felt well managed and supported. Comments included; “The manager`s door is always open – so approachable – even if you had a problem that was not work related she would bring you in and have a chat – she is like that” and “I have worked here a long time and really enjoy my work – we get regular supervisions but can talk to the manager anytime”. Staff were complimentary about the registered manager and told us they could access support when needed. One member of staff said: “If I need training or help with care I can ask the manager and she makes sure things get sorted”. Another member of staff said: “I have been watched by the manager when giving medication to make sure I do it properly. If I am ever unsure I can always ask. We have an open door policy here”.

Health care professionals who visited the home told us that the home was well run. Comments included; “We come in twice a week and each time all the staff are so helpful – if we need anything we can ask the manager and it gets done”.

We saw people who lived in the home and their relatives interacting with the registered manager and other staff and noticed they were smiling and at ease in their company

The registered manager told us that the home had a robust recruitment process and used back to work and

disciplinary interviews as required. She told us that this system worked well and the home had a high retention of staff. She told us that this helped with the continuity of care.

The registered manager told us she had a daily walk around the home to check on the staff and services provided. She said that this also enabled people living in the home or their families to speak with her about any concerns they may have.

Surveys had been sent out, by the provider, to people who used the service and their families to gain their perceptions of the staff and services provided. We looked at the surveys that had been returned and noted that they all held positive comments about the home.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was fully completed and provided all the information we requested.

As part of the registered manager`s drive to continuously improve standards she regularly conducted audits of medicines management, care records and health and safety. She evaluated these audits and created action plans for improvement, when improvements were required. One audit demonstrated improvements were needed in recognising when DoLS could apply. The provider organised training for each member of staff to help improve their knowledge and understanding of DoLS. The registered manager and staff told us the training had given them a better understanding of DoLS and helped them to evaluate people living at the home. This helped to ensure people were kept safe and free from harm, whilst being able to lead as normal a life as possible.

Staff told us they were well supported to carry out their roles. Each shift was led by a senior member of staff who was supported by the registered manager. The registered manager was available on call during her time off and frequently undertook out of hours audit/spot check visits to monitor the quality of the services provided.

Staff were positive about the leadership of the home. They told us that the management team had a good presence within the home; they all agreed there was a culture of

Is the service well-led?

openness and fairness and that morale amongst the staff team was good. One member of staff said: “The manager is very approachable, you can go to her or her deputy and voice your opinion; they take it on board and act on it”.

Meetings were also held with the whole staff group. Staff were encouraged to ask questions or offer comments or suggestions. This helped to ensure that the engagement and involvement of staff was promoted within the home. These meetings also helped to ensure that the registered manager remained informed about day to day issues within the home.

There were quality assurance systems in place to monitor and review the quality of the service. For example, the provider undertook visits to the home to speak with people

and to inspect the premises. The area manager also visited the home on a monthly basis and inspected documentation, set required actions to drive improvement and provided general feedback for the registered manager.

A recent quality assurance audit of the service conducted in February 2015 by a local authority contracts officer highlighted some minor shortfalls in the service. Records viewed and discussions held identified that the shortfalls had been quickly addressed and dealt with.

The registered manager and staff told us they were very proud of the home and the care and support they provided. The registered manager told us that the provider was proactive in providing financial support to ensure the building, equipment and services provided met the needs of the people who lived there.