Alliance Care (Trendlewood) Limited

Brockwell Court Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 19 & 21October 2015 and was unannounced. This meant the provider did not know we were inspecting the home at that time.

We last inspected Brockwell Court on 18 July 2014 and found it was compliant with our regulations.

Brockwell Court is registered with the Care Quality Commission to provide care for up to 75 elderly people. The home also provides nursing care. At the time of our inspection there were 62 people living in the home.

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. During our inspection we found the previous registered manager had left the service and a new registered manager had been appointed. On the day of our inspection the new registered manager had been in post since January 2015.

Summary of findings

We found staffing levels at the home were appropriate for the number of people living there.

We found people's medicines were well managed.

We saw the home had in place personal emergency evacuation plans displayed close to the main entrance and accessible to emergency rescue services. The fire brigade had carried out a training session at the home two weeks before our inspection visit. The fire officer told the registered manager that the PEEPs file was extremely detailed, however in an emergency situation; he and his officers would not have the time to go through each person's profile. He suggested a one page

Spreadsheet with bedroom numbers and a coloured code to indicate the assistance people required. We saw that the registered manager had commenced the implementation of this.

We found the home had robust cleaning schedules in place to prevent the spread of infection.

The provider had worked within the Mental Capacity Act 2005. We saw that all people using the had Mental Capacity Act assessments to identify if they had capacity to consent to their care. We also saw Deprivation of Liberty Safeguards were in place.

We observed staff speaking with people in kind, respectful and reassuring ways.

People told us they felt their dignity and privacy were respected by staff.

We saw a notice board on which was displayed information about the activities for that week. During our inspection we found lots of various activities taking place. It also displayed information about how to access an independent advocate who could assist people to make decisions that were important to them.

We found the provider had audits in place to measure and monitor the quality of the service, including those for the prevention of infection control.

We saw the provider had in place a complaints policy in place and this was clearly displayed for people to see.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

Good

Is the service effective?
The service was effective.

Staff received training and development and formal supervision and support from the management team. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good

Is the service caring?
The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Good

Is the service responsive?
The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure in place.

Good

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

Good

Summary of findings

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People who used the service were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

The service worked in partnership with other health and social care professionals to promote people's care and welfare.

Brockwell Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also spoke with the local authority safeguarding team and Healthwatch and commissioners and used the information we gained about the service to plan our inspection.

One Adult Social Care inspector carried out this inspection accompanied by a Specialist Nurse Advisor. We spoke with 12 people who lived at Brockwell Court, four visitors and one health care professional. We did this to gain their views of the service provided. We also spoke with the registered manager, regional manager, a nurse and four care staff, including the activities co-ordinator, domestic, laundry and catering staff.

We carried out observations of care practices in communal areas of the home.

We looked at eight care records, four personnel files including one recently recruited member of staff and staff training records for all staff. We looked at all areas of the home including the lounge areas, people's bedrooms and communal bathrooms.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we talked with people about what was good about the service and asked the registered manager what key information they had about the home and any plans they had to make improvements.

Good

Is the service safe?

Our findings

People told us they felt safe living at Brockwell Court. Comments included, "I was so nervous living on my own but I feel secure and safe here." Yes, very safe." "It's nice to have some company, I have no worries at all because I have support when I need it and I feel very safe indeed."

When we spoke with staff they told us that they had received safeguarding training and regular refresher training. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care and welfare. One staff member told us; "If I ever had any concerns at all, I would raise it straight away with the registered manager or even our regional manager." Staff told us they had easy access to policies and procedures and said this helped ensure they had the necessary knowledge and information to make sure the people were protected from abuse. In addition, the staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The registered manager said abuse and safeguarding were discussed with staff during one to one supervision and staff meetings.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety matters were dealt with. The registered manager told us about a range of checks on equipment and appliances that was carried out by contractors for example, moving and handling equipment, nurse call system, gas, electrics, and fire alarms and equipment. This showed us that the provider had developed appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises.

We saw that the service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEPS) was in place for the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The registered manager told us that the fire brigade had carried out a training session at the home two weeks before our inspection visit. The fire officer told the registered manager that the PEEPs file was extremely detailed, however in an emergency situation; he and his officers would not have the time to go through each person's profile. He suggested a one page spread sheet with bedroom numbers and a coloured code to indicate the assistance people required. We saw that the registered manager had commenced the implementation of this.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The provider's regional manager showed us the electronic system that was used with examples on her laptop. We could clearly see the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the organisation. For example, whenever an alert was inputted onto the system by a location, this was immediately sent to senior managers within the organisation who then ensured they checked what actions had been taken by the service to ensure people were immediately safe. The regional manager told us these alerts were also accessed out of hours and at weekends. The registered manager demonstrated how they carried out checks of every accident and incident to ensure that remedial action had been taken. On completion, a green flag on the system showed others within the organisation that appropriate action had been taken. This meant the registered provider had in place robust arrangements to manage incidents and accidents.

We observed staff assisting people to transfer; this involved using hoists to and from wheelchairs. We saw all transfers were undertaken in a safe manner, and clear explanations were given to the people. Hoists were noted to be subject to regular maintenance checks.

Staff told us they had been trained in how to manage challenging behaviours. Two staff members who worked on the dementia care unit told us; "The training had been very intense and taught us to identify any triggers and how this helped to prevent the behaviour before it escalated." Another person said, "The training was excellent and we received very good support from the community psychiatric nursing team who are based at a local specialist clinic." This demonstrated that the service responded positively to managing people's behaviours safely.

Through our direct observations and discussions with staff, the nurse in charge and the registered manager, we found there were enough staff with the right knowledge and skills to meet the needs of the people who used the service. Including qualified staff and seniors, there were 12 staff on

Good

Is the service safe?

duty across the day and eight staff during the night. When we spoke with people who used the service, they told us they never had to wait long for staff when they required assistance.

We looked at four staff files and these showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, a previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with vulnerable adults.

We saw staff were working in a safe way to reduce any risk from infection and staff explained to us about cleaning schedules and good infection control practices. One of the domestic staff told us, "We have a good supply of equipment such as gloves and aprons and colour coordinated mops that are laundered every day. We have a detailed cleaning schedule that we all sign off when completed."

We looked in the treatment medicine room and saw that the controlled drugs cabinet was locked and securely fastened. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw a copy of the daily and weekly medication audits carried out. We saw the medication records, which identified the medicine type, dose, route for example, oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked by the nurses at the handover of each shift.

The application of prescribed local medications, such as creams, was clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed indicating the creams had been applied at the correct times.

We saw one person was receiving medicines covertly, and on review there was clear evidence of a multi-disciplinary rationale for this, involving an advanced practitioner from the GP practice, as well as a pharmacist. A mental capacity act decision making process had also been undertaken.

On both floors there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including covert medicines. Homely remedies, and as and when required medication protocols. These were laminated and readily available within the MARS (Medication Administration Record Sheet) folder.

Each person receiving medicines had a laminated photograph identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR record sheet, and any medicine refused were placed in plastic bags for disposal. All medicines for return to the pharmacy, were disposed of in specialist storage bins, and recorded; these were collected by contractors on a regular basis who signed these on receipt.

We observed the administration of medicines on the nursing unit, and this was undertaken in a safe and competent way. The MAR sheets on the nursing unit and the dementia care unit were checked for accuracy, no errors or omissions were noted.

However, we saw the room temperatures in both the nursing and dementia care units exceeded the recommended 25C. The room temperatures were noted to be consistently over 26C over the four week period we reviewed. This was not in line with NICE guidelines for safe storage of medication. We alerted the registered and regional managers who took immediate action to transfer all medicines to a cooler room on the residential care unit. The registered manager also requested an urgent maintenance repair to have the air extraction unit in the nursing clinical room repaired. The regional manager said they would take immediate action to re-site the medicines storage for the dementia care unit, as this was a small internal room with no external ventilation.

On the second day of out inspection, we saw these temporary arrangements were being appropriately managed.

Good

Is the service effective?

Our findings

People we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us, "They are very good. They know what they are doing." Another said, "I think the staff are very experienced." Two family members told us the staff were skilled, and knowledgeable about their relative's conditions.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. These included areas such as; the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), diversity and inclusion, fire awareness, first aid, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness and end of life care were topics built into training programmes. It was evident that the organisation considered training for staff to be an important aspect of their personal development. The training records showed that all new staff had undertaken a 12 week induction training programme. This meant the provider had put in place a detailed staff training programme to deliver effective care to people.

When we spoke with staff, they told us they received regular supervision, one to one staff development sessions to improve outcomes for people and an annual appraisal. Records that we looked at confirmed this. We spoke with a care worker; they told us they had received a really good induction and on-going training with support from experienced staff, access to e-learning and hands on training.

Brockwell Court is purpose built, the home's living accommodation is organised over two floors.

A third floor was used for storage of equipment and archiving records. We saw very spacious communal areas comprising of several smaller lounges and dining areas. All bedrooms had en-suite facilities. All areas throughout the home including, bathrooms and WCs had been designed to accommodate people's health, physical and wellbeing needs. We saw bedrooms were being refurbished and those completed were highly attractive and designed to a good standard. People had easy access to very attractive and professionally landscaped gardens with walkways and seating. When we spoke with people about the accommodation, comments included; "It's very comfortable and so nice to have my own toilet in my room" and "The dining area and the main reception are my favourite places to sit as you see what is going on. It's nice looking out at the fountain in the courtyard." This meant the provider had put in place facilities to support and improve the quality of life for people living in the home.

When we inspected the dementia care unit, we saw that a lot of work and effort had taken place to create a dementia friendly environment. We saw they had researched dementia friendly environments using materials to influence the continuing development and design of the unit. We saw orientation notice boards, picture menus, and signage on bathrooms and toilet doors. The toilet doors were painted in a different colour to help people identify them more easily. The walls were covered in large print laminated sheets depicting significant events in history such as; both world wars, VE day, miners' strike, and the 1969 moon landing. There were easy read signs on bedroom doors and a potted history of each person. Seating arrangements were in clusters and were relaxed and informal. All carpets were plain so as not to cause any trip hazards. The provider had dementia champions within the service who actively supported staff to make sure people experienced good healthcare and lead meaningful lives. They supported staff in developing their knowledge and communication skills to enable them to support people in a range of therapeutic techniques to promote their wellbeing. People looked relaxed in their environment and with staff.

We saw pictorial and large print menus were displayed in the dining rooms. We observed people eating their midday meal and saw they were offered various meal choices. If a meal was declined staff offered alternatives and encouraged people to eat. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. Everyone we spoke with said the meals were good. We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. For some people, we saw they had finger food available between meals to make sure they had sufficient to eat. The registered manager told us that

Good

Is the service effective?

all senior staff took part in a monthly mealtime dining experience. She told us their role was to promote best practice during meal times, and to ensure people's choices were respected and their dignity upheld.

We met with the catering staff; they knew every person's dietary preference, and kept a list of all those who required a special diet. They said this was important so they could monitor those people who required special diets and fortified drinks. The catering staff were very familiar about the food information regulations that came into force in December 2014. They kept a file listing all allergenic ingredients in the food used.

We reviewed people's individual records; we found these contained, food and fluid intake charts, nutrition, hydration and swallowing assessments, likes and dislikes, allergies, risk assessments and weight management records. This meant there was a range of safeguards in place to promote people's dietary support needs. We saw that people's weight was also monitored closely and evidence that dietician input was sought when needed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (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 discussed DoLS with the registered manager. We were told that 15 applications had been submitted and three had been authorised, with 12 still pending. We saw evidence of these within each person's care records. The provider had notified CQC of the three that had been authorised.

We found key areas were regularly reviewed with other healthcare professionals to ensure any changes in a person's treatment programme were recognised and addressed. We saw 12 monthly reviews took place with the person and those that mattered to them to ensure that any decisions were made in their best interests. and to make sure their care and treatment continued to meet their needs.

When we spoke with people who used the service and their relatives, they told us communication was good, they said they were always involved and consulted about decisions regarding their care and welfare. Records showed that consent, where appropriate had been obtained from those who lived at the home, in areas such as the taking of photographs, access to external professionals, medication administration and use of equipment. We saw that staff communicated their intentions with people before attempting any personal tasks or assisting with eating and drinking. This showed us that people were involved in decisions about their care, treatment and support.

Good

Is the service caring?

Our findings

During our inspection, we saw staff respected people wishes and listened and acted upon what they said. We saw people were relaxed in the company of the staff on duty; there was lots of friendly interactions and laughter between staff and people who used the service. One person told us, "It's a very nice home I am pleased to be living here" and, "The staff are very kind and they genuinely care." People who used the service told us how their care and welfare needs were met. Their comments included, "All the staff are very kind and prepared to listen to me" and "I'm happy and quite content here." One person said, "Lovely staff" and "Nothing is too much trouble." A relative said, "The service was very good with a really good manager and kind staff." Another said, "I am in most days and I am pleased with the way my relative is looked after."

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with us about their desire to make sure people had high quality care. They were very caring towards the people who used the service. Comments included, "We want to provide the best care possible." and "Making sure people are treated like you would want your own family to be treated." Other comments included, "We take time when talking with people and try to find out what they want."

We found the staff, including the catering staff and domestic staff were warm, friendly and considerate towards people using the service. We observed that the care provided was person-centred and all of the staff promoted people's wellbeing.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly. For example seeing when people wanted to go to a different room, or have more food or drinks. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns.

The registered manager and staff that we spoke with showed genuine concern for people's welfare. We found that staff worked in a variety of ways to ensure people received care and support in the way they preferred. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an integral important part of their role. When we spoke with people about privacy, respect and dignity, they said staff always respected their wishes and preferences.

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go out, take part in activities, what to have for their meal, or whether to spend time in the lounge or another part of the home. Care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff said they accessed the care plans to find information about each individual. Staff told us at the end of every shift, there was a detailed handover of events and people's changing needs. We saw detailed records were kept to show these handovers took place. All of these measures demonstrated how the service met people's health and welfare needs effectively.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people could easily understand.

We saw a notice board on which was displayed information about how to access an independent advocate who could assist people to make decisions that were important to them.

Although no one required end of life care at the time of our inspection. We saw the provider had policies and procedures in place to support people should they require this.

Good

Is the service responsive?

Our findings

We spoke with staff, the deputy manager and the registered manager who told us everyone who lived at the home had a detailed care plan that described people's holistic needs. They described to us how staff at the home made sure people were properly cared for.

We looked at the care records of people who used the service to see how peoples' needs were to be met by staff. The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and aspirations. We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet people's needs safely. We saw care plans had 'hot spot indicators' which highlighted essential information about people's specific conditions, treatments and support needs. The registered manager said these were particularly useful for new staff or when the home occasionally used bank nurses. This helped staff to access important information about people's specific needs.

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called 'About Me'. Some people's close relatives had helped to prepare these documents. These told staff, in detail, all about each person's needs, preferences and like and dislikes. This document was also used in conjunction with the providers Hospital Passport. This meant if people moved between services, it helped to ensure their continuity of care was maintained.

Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at people's care plans which confirmed staff had all the information available to be able to give people consistent, care, treatment and support in person centred ways and in the way that people preferred. For example, where people were at risk, these were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw examples of how staff had taken action to promote people's independence and take calculated risks so they could have a more independent lifestyle. For example, one person at risk of falls enjoyed pottering around in the garden independently, just as they did before their admission to the home. We saw their risk assessment relected this person's wishes.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. These reviews included a meeting which had been attended by relatives, staff from the home and people's social workers. We saw each person had a key worker whose role it was to co-ordinate and review their care plans on a monthly basis. This meant people's plans were current and set out in detail the action staff were to take to ensure that all aspects of their health, personal and social care needs were met.

We saw staff wrote down the support provided to people each day in the 'daily records.' The daily records we looked at were detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify and respond if there were any changes.

The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain activities and interests. Activities were personalised for each individual.

The home had a very enthusiastic activities coordinator who told us, that people's interests were recorded and they were given opportunities for stimulation through leisure and recreational activities in and outside the home which suited their individual needs, preferences and capacities, for example, particular consideration was given to people living with dementia such as lots of one to one activities: aromatherapy and reminiscence. She also used a mobile sensory machine which she said was very popular.

Other activities included film shows using a full size cinema screen, coffee mornings with Brockwell Court buddies who visited the home every Wednesday. We were told that the buddies also helped to raise funds for the home.

On the day of our inspection some people attended Beamish Museum's weekly gardening club using the homes mini bus. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, friends and other social links. We found

Good

Is the service responsive?

people's cultural backgrounds and their faith were valued and respected. There was a sensory garden at the home which was popular with some people who used the service as they found this to be very relaxing. This meant people's routines of daily living and activities were flexible and varied to suit people's expectations, preferences and capacities.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made. During the last six months, we saw there had been two complaints and both had been investigated, responded to and resolved. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail.

The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or registered provider. People who used the service told us they would report and alert others if they had any concerns. One person told us, "I would certainly tell the manager if I was unhappy about anything." This meant people who used the service and those that mattered to them were confident that their complaints would be listened to, taken seriously and acted upon.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was a qualified nurse and had been in post since January 2015.

We saw that the registered manager worked alongside staff, covered nursing shifts when required and provided guidance and support. People, who used the service, and their family members, told us, "It's a well-run home" and "The staff are very caring and hard working." The results of 2015 surveys from people who used the service were consistently good; 98% of people said they felt safe, 97% said they were happy with the care they received, and 90% thought the service was very well led.

Staff we spoke with told us the manager was approachable and they felt supported in their role. One member of staff told us, "We work well as a team and we support each other." We saw the results of the 2015 staff survey, and saw that "job satisfaction scored highly" and 80% of staff were satisfied in their role overall. This meant that the provider gathered information about the quality of the service to measure its success in meeting the aims, objectives of the home.

We looked at what the provider did to check the quality of the service, and to seek people's views about it on a daily basis. We saw that the manager or nurse in charge completed a daily audit and walk around, which included, conversations with people using the service, health and safety checks of the home, whether people who used the service were suitably dressed and presented, documentation, observing staff practices to ensure people were being treated with respect and had their dignity upheld. We saw that these audits were electronically recorded carried out daily and were described as 'find and fix'. This meant any shortfalls identified were rectified immediately, or a date for action was recorded.

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, care plan audits every month, medication audit every day and a thorough medicine audit every week, infection control audit every month, health and safety audit every week and a quarterly safeguarding audit. We saw copies of the most recent audits. All were up to date and included action plans for any identified issues. For example, an audit of a care plan had identified that a best interest's DoLS authorisation was due for renewal. We saw that this had been actioned immediately so that a new authorisation would be in place before the deadline date.

We saw that the most recent monthly quality assurance visit on behalf of the provider had taken place and included discussions with people who used the service, relatives/ visitors and staff, a review of notfiable events, a check of the premises and a review of medicines, records and documentation. We saw that actions were put in place, for example, "two care plan trackers must be completed each week." Records showed that this now happened.

We saw there was emphasis on consulting health and social professionals about people's health, personal care, interests and wellbeing. Such as occupational and physiotherapist's, dementia care team, district nurse, dieticians and other health and social care professionals. We spoke with two occupational therapists who visited the home on a regular basis, they told us that that the staff were very good at following directions, were always prepared for their visits by being very organised.

The registered manager told us it was essential that best practice guidance was adhered to such as, the new fundamental standards 1st April 2014 and the human rights approach to regulation and what these meant for people using the service, to ensure standards of quality and safety and people's care and welfare were maintained at all times and being honest with people when things go wrong. The registered manager said, "We will always place people at the heart of what we do." She said these principles were regularly discussed during staff meetings and observations to ensure staff understood and were consistently put into practice. She told us the service had a positive culture that was person-centred, open, inclusive and empowering. When we spoke with staff they had a well-developed understanding of equality, diversity and people's human rights. All of these were reflected in people's care plans. The service had policies and procedures in place that had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety.

The manager was aware of the new duty of candour and the need to display prominently within the home the rating for the service.

Good

Is the service well-led?

Staff told us they were highly motivated by the manager and well supported by the way the service was managed and that they were happy in their job. We saw staff were supported through regular supervision meetings and annual appraisals. They said the manager was good and led by example and was available if they needed support.

In addition the service worked with other key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health's quality of life guidance, Service Commissioners and NICE guidelines. This showed us how the service sustained and strived to continuously make improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.