Broadening Choices For Older People

Neville Williams House

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place on 26 and 27 August 2015. We last inspected this service on 14 October 2013, where we found the provider was meeting the requirements of the regulations we inspected.

Neville Williams House is a purpose built residential care and nursing home for up to 50 people. At the time of our inspection 50 people were living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Some people had different ways of expressing their feelings and were not able to tell us about their experiences. People who could speak with us felt safe and secure in their home. Communications between people and staff were generally friendly and polite.

Summary of findings

Relatives, social care and health professionals and staff felt people were kept safe and cared for. Staff understood their responsibilities to protect people from the risk of harm and abuse.

People received their medicine safely because procedures were in place to make sure this was done without risk of harm. We found people had received their medicine as prescribed by their doctor. People's needs were individually assessed and written in care records that minimised any identified risks so reducing the risk of harm.

We found there were enough staff to meet people's identified needs. The provider had a robust recruitment process that ensured suitable staff were recruited to meet the care needs of people living at the home. Staff received continuous training to support them in their role.

The provider took the appropriate action to protect people's rights and staff were generally aware of how to protect the rights of people.

People were supported to have choices and their care and support needs were met. Everyone spoke positively about the choice and quality of the food available. Staff supported people to eat their meals when needed. However there was some inconsistency between the dining areas, when providing people with a choice and individual one to one support.

People were supported to access other health care professionals to ensure that their health care needs were met.

People and relatives told us that staff was kind, caring and friendly and treated people with dignity and respect. Staff supported people who could not communicate verbally, in a dignified way, ensuring staff remained respectful. Although there were occasions where the behaviour of staff that supported people, was presented in a discourteous way.

People's health care and support needs were assessed and reviewed. People and their relatives told us they were confident that if they had any concerns or complaints they would be listened to and matters addressed quickly.

The management of the service was stable and the registered and care home managers carried out regular audits. The provider had systems in place to monitor and improve the quality of the service, although these were not always effective, in ensuring the home was consistently well led and some improvements were needed.

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 understood their responsibilities to keep people safe and reduce the risk of harm.

People's care needs were assessed and where any risk was identified, appropriate actions were taken by staff.

People they received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff received training to support them to meet people's care and support needs.

Peoples' rights were protected.

People had a choice of meals and were supported to access health care services when required

Good

Is the service caring?
The service was not consistently caring.

Although staff were seen to be involved and motivated about the care they provided; this was not always reflected in all staff.

People felt they were treated well by staff and their privacy and dignity was respected and promoted at all times.

Staff knew people's likes and dislikes and how people wanted to be supported.

Requires improvement

Is the service responsive?
The service was responsive.

People had their care and support needs reviewed.

People were supported to participate in a range of group or individual activities that they enjoyed.

People and their relatives were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was not consistently well led.

People, relatives and staff were actively encouraged in developing and running the service.

Requires improvement

Summary of findings

Staff told us the management team motivated them and led by example.

Quality assurance processes were in place to monitor the service, so people received a high standard of care. Although they were not always effective at identifying variances.

Neville Williams House

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.

This unannounced inspection took place on 26 and 27 August 2015. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis

During our visit we spoke with 11 people, five relatives and friends, three social and health care professionals, the registered manager, care home manager and eight domestic, care and nursing staff. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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 with us.

We looked at records in relation to five people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included five staff recruitment and training files; to check staff were recruited safely, trained and supported, to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I'm kept safe." Another person told us, "I do feel safe within the home." We saw staff supported two people, with different ways of communicating, to transfer from their wheelchairs to lounge chairs safely. Staff were attentive during the transfer ensuring the people were safely supported.

Staff told us they had received safeguarding training and explained to us about their responsibilities for reducing the risk of harm to people who lived there. One staff member told us, "I would report any concerns to the manager. If they didn't do anything I would go higher than the manager." Staff explained to us what actions they would take, if they saw people were at risk of abuse or being harmed. A new member of staff told us, "We always report our concerns to the manager, but I don't know about the local safeguarding team or how to report to them." We raised this with the registered manager who explained that a number of staff were new to the service and were currently going through their induction training. We saw safeguarding training had been arranged for new staff and that existing staff had received regular safeguarding training. In addition, the systems and processes for recording safeguarding concerns were well documented.

Risks to people were identified and managed appropriately. A staff member said, "There are a lot of people who walk around so it is important to make sure floors are not wet and they have their frames to hand." A relative told us, "[Person's name] had a serious accident in their bedroom. I was very pleased with how the manager dealt with the safety issue to prevent it from happening again." We saw a risk assessment had been completed and equipment replaced in the person's bedroom. As a result of this accident, the registered manager had all rooms with similar equipment checked and audits put in place for regular checks to be completed in the future. We saw people had risk assessments completed to ensure their individual care and support needs were being met. The assessments were regularly reviewed as people's needs changed or new risks identified.

We saw that safety checks of the premises and equipment had been completed and were up to date. Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. One staff member said, "We have a stay put policy in place if there was a fire, all the doors are fire doors which should keep people safe." The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

There were differences of opinion from people and relatives on the staffing numbers. A relative told us, "When I have had to ask for a carer for [person's name] I have been told I'd have to wait because everyone is busy, but they do come eventually." One person said, "There always seems to be someone around when I need help." There had been recent changes with staff which had resulted in some staff being moved to different parts of the home. Not all of the residents and relatives were entirely happy with the new arrangements because they were happy with the support received by staff. However, after speaking with a number of people and relatives, they all said that 'things' had settled down and they were satisfied with the new arrangements. There were also a difference of opinion between staff on the numbers of available staff. One staff member told us, "There are not enough staff to cope with people who have such complex needs. We are always stretched and it is hard to find the time to talk to people." Another staff member said, "We could always do with an extra pair of hands, especially when people need one to one support and there are only two of us, but we can call on the managers to help if we need to." Another staff member said, "We have had some new staff start and this has helped so at the moment I think we're ok." We discussed this with the registered manager; they explained a number of staff had left and that they were in the process of recruiting additional care workers and nurses.

Agency staff worked in the home. We asked the registered manager how they ensured continuity of care for people with agency staff. They told us they requested the same staff and they used a reliable agency. This was confirmed when we spoke with one agency staff member who had worked at the home on a number of different occasions. We saw there were sufficient staff on duty to support people with their needs, throughout our inspection visit.

Staff told us they had pre-employment checks completed before starting work. The provider had a recruitment process to make sure they recruited staff who were suitable. Five staff files showed all the pre-recruitment checks required by law were completed, including a

Good

Is the service safe?

Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People told us they had no concerns about their medicines and confirmed they were given their medicines as prescribed by the doctor. One person said, “I do get my medicine on time, if I didn’t I would soon tell them, I need my medicines.” Another person told us, “The staff give me my medicine.” There was an ‘as and when’ procedure in place to ensure it was recorded when medicines were administered. Though on checking the Medication Administration Record (MAR) for this, we found it had not always been accurately recorded. However, we spoke with the person and they confirmed to us, they were happy with their medicine and they received it when they needed it. We discussed this with the care manager who told us they would introduce a weekly audit to make sure the recording of this information was accurate. We looked at a further three MAR charts and the controlled drugs book and saw these had been completed correctly. Medicines coming into the home had been clearly recorded. Medicines were stored safely and there was an effective stock rotation system in place.

Good

Is the service effective?

Our findings

People and relatives generally felt staff were knowledgeable and trained to support people's individual needs. One person told us, "The staff are excellent; they know how to look after me." Another person said, "The staff are very very good." We found that after speaking with relatives and friends they also felt the staff were generally skilled and effectively trained to support their family members. One relative told us, "I'm confident the staff have the proper training and skills, they are all excellent and should be paid more for the job they do." Staff felt supported by the provider with their training and the feedback they received from the management team. A staff member told us, "When I started, I completed my induction which was really good, I felt well prepared to do the job," another staff member said, "I've worked in lots of different places and can honestly say the training here is brilliant and they pay us to come in when training falls on our days off." The registered manager explained the training was delivered in house by accredited trainers and that the service benefitted from good quality face to face training events. All the staff told us they found the training 'very good'.

The provider had a planned training programme that tracked the training requirements for each member of staff. Staff said the skills they had learnt from their training had been put to effective use. For example, one staff member said, "There is so much training here to help me to do my job properly." We saw that staff were also supported through supervision by a senior member of staff. One staff member told us, "We do have supervision and I've had my annual appraisal but if I am worried about anything, I can raise it with the managers at any time."

Staff told us they had received training in respect of the Mental Capacity Act 2005 and Deprivation of Liberty. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions about care and medical treatment. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for the authority to deprive someone of their liberty, in order to keep them safe.

Three staff demonstrated to us they had an understanding of the principles of both Acts. The remaining staff we spoke with demonstrated a limited knowledge of a DoL, although they were able to give effective examples of how they gained people's consent. For example, showing people a choice of clothing so they could point to the item they wanted. We saw mental capacity assessments had been completed and applications to deprive people of their liberty, in order to keep them safe, had been submitted to the Supervisory Body. This ensured the provider complied with the law and protected the rights of people living at the home.

Everyone we spoke to was complimentary about the quality of the food. One person told us, "The food is very good, with a wide selection." Another person told us, "I only like some foods and the kitchen staff always give me what I like." Picture cards were displayed outside the main lounge and dining area to remind people what was on the menu. A relative told us, "I've had tea here quite a few times and it is always hot and very good with plenty of choice." We saw that meals were prepared daily with fresh ingredients and were tailored for people who had specific dietary requirements.

There were three separate dining areas for people to eat in. We saw that the dining experience was not consistent between the three areas. For example, staff did not show the two different plated meals on offer in the dining area to people on the first floor. People were asked which dinner they would prefer, although it was clear at least two people had difficulty with making a choice. However, when one person explained to the staff member that they were not very hungry, they were then asked if they preferred sandwiches. The person smiled and told the staff they would. The person was provided with a plate of sandwiches, which they appeared to enjoy. For the person who could not verbally tell staff their choice, we asked staff how they knew what the person liked. They told us they had previously tried different foods and knew what the person liked because they would either eat it or refuse. One staff member told us, "It was trial and error." During lunch time the atmosphere was calm and relaxed. Each of the dining tables were laid with linen table cloths, napkins and crystal style glasses.

We saw food that was pureed or soft was presented in an appetising display of textures and colour. Staff provided support when people needed assistance with eating and supported people at a pace that was suitable to the person's individual needs.

Good

Is the service effective?

Staff told us people were assessed to meet their individual needs and to ensure people received a healthy and balanced diet. We saw that information contained within care records detailing people's dietary needs and preferences were shared with the kitchen staff. Staff said they had received training on supporting people to maintain a balanced diet, and how to monitor people's food and fluid intake. Staff were able to demonstrate to us in their answers what action they would take where a person was at risk of losing weight or had specific dietary needs. For example, we saw that where necessary, people were referred to a dietician and speech and language support (SALT).

People said they were seen by the doctor and other health care professionals. One person said, "The doctor comes to see me when I'm not very well." Relatives had no concerns about people's health care needs. A relative said, "As soon as [person's name] has become ill, the home are very quick to call the doctor in." Health care professionals had told us staff would contact them quickly, when the person's needs changed. This maintained people's health and wellbeing.

Requires improvement

Is the service caring?

Our findings

During the first morning of our inspection visit, there was an energetic atmosphere in the conservatory, staff were engaged with people in a two different activities. There were people singing to music, we could see from people's reactions, their body language and smiles that they were relaxed and happy. One person told me, "I'm very happy here, everybody is nice." A relative told us, "I'm so pleased [person's name] is here it really is excellent." Most of the staff treated people with kindness and spoke to people in a sensitive and respectful manner. For example, we saw one staff member being patient with a person who became distressed. We saw that they gave them explanations of what was happening and why. However, we also saw that another person who was distressed and asking the same questions repeatedly, was told by another member of staff, they would have to go to their bedroom if they did not behave. We discussed this with the registered manager and they have assured us this will be fully investigated and discussed with the staff member. They told us, "That sort of behaviour is not acceptable of our staff."

Additionally, we saw two staff support a person to be moved from their wheelchair to their lounge chair. During the move, there was no verbal reassurances exchanged between the staff and the person to make sure the person was at ease throughout the transfer. Although we saw from their manner the person appeared to be at ease, staff should offer verbal assurances to people during what can be a testing process. This would help to ensure the person remains calm and relaxed as much as possible, throughout the move.

At lunchtime, in the main dining area on the ground floor, one person with dementia had been given a bowl of soup and a spoon, but had continually got up from their chair and moved to different tables. A staff member fetched the bowl of soup and spoon and left them in front of the person each time they sat at a different table. The staff member was not seen to provide any further assistance or reassurance to the person to try and support them to eat their lunch. We saw another person request a cup of tea with their dinner and was told by a staff member they would have it after dinner. We raised this with the registered manager. They told us the staff member was experienced and they were usually "very good" but that they would speak with them.

Generally, we saw that staff understood people's communication needs and gave people the time to express their views, listening to what people said. Staff were able to demonstrate to us in their answers to our questions, that they knew people's individual needs. They gave examples of peoples' likes and dislikes that ensured staff cared for people in a way that was agreeable to the person. Largely, we saw and heard staff responded to people in a patient and sensitive manner. For example, we saw one staff member taking one person, who wanted to return to their room, walking down the corridor and they both started to 'dance'. We could see from the person's face and their body language, how much they enjoyed this support from the staff member, who was sensitive to the person's needs.

People and relatives told us the staff were caring and kind. One person told us, "The staff are brilliant," another person said, "Staff are very caring" and a relative told us, "The care here is outstanding." Health care professionals told us they would not hesitate in recommending the home to others. People told us the provider had arrangements in place for them to continue to practise their preferred faith.

People said staff did ask them first before carrying out any care or support needs. They were happy with the help they received from staff. One person said, "[Staff name] is lovely, always happy to help me." Another person said, "The staff do listen to me, I'm happy." We saw care files did not contain a great amount of detail about people's previous lives and there was limited information to demonstrate how people, who have different ways of communicating, were involved in developing their care. However, staff were able to explain to us how they would support people who could not verbally communicate their wishes. For example, staff said once they got to know people, they could tell by facial expressions and body language, whether the person was happy with their care. We discussed this with the registered manager, they were already aware there were some improvements to be made within some people's care records that had been identified in an independent audit. We saw they were actively reviewing the files with action plans and a timetable in place, to address this.

Information was available in the home about independent advocacy services, although the registered manager confirmed no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes known.

Requires improvement

Is the service caring?

People told us staff respected their privacy and dignity. One person said, “The staff do treat me with respect.” Another person said, “The staff always knock my door.” We saw that staff knocked on people’s doors and waited to be invited in. We saw people were supported to move around the home and staff gave us examples of how they encouraged people to do some smaller tasks for themselves. For example, brushing their own teeth or washing their face. Staff spent time sitting with people in the lounge area and were on hand to help support people when required. For example, one staff member sat with a person and assisted them with their knitting. People were dressed in clothing that reflected their age and gender that demonstrated staff generally were listening to people; respecting people’s wishes and ensured their dignity and privacy was preserved.

People and relatives told us there were no restrictions on visiting. A relative told us “I visit at different times.” There were separate rooms and areas for people to meet with their relatives in private. There were opportunities for people to use the conservatories for private events, giving them the opportunity to continue with their individual interests and meet with their relatives in private.

Good

Is the service responsive?

Our findings

People took part in group and individual activities throughout the day, in the main lounge and conservatory. Activities staff took some people out into the garden later in the afternoon for a short walk. One of the staff explained their role was to provide activities that ensured people were able to maintain their hobbies and interests. Staff also told us people were offered one to one support. Although one relative felt more could be done to support their family member. We discussed this with the registered manager who explained the person did not wish to participate in activities, despite encouragement from the staff and preferred to be left alone. We saw people who could choose, were encouraged to take part in a group or individual activity if they wished. One person told us, "I love playing the music bingo; I think I have the winning card today." For people with more complex needs and with advanced dementia, we saw limited activities were in place throughout the day to stimulate them. We saw people were either walking around the unit, unable to go outside unaccompanied or sat watching television. Some people remained in their room. Those with family visiting were accompanied into the garden, whilst others waited until activities staff visited in the afternoon. We discussed this with the registered manager who felt there were sufficient activities available for everyone, but that they were open to suggestions and would discuss with the activities team.

We did see people were given the opportunity to go out to the local pub and other social events. The home had the use of a mini bus which was also used to collect relatives when they wanted to visit their family member. Relatives told us they were actively encouraged by the provider to participate in the homes activity schedule.

People told us they were happy with how their needs were met. One person told us, "I wouldn't want to be anywhere else." Relatives told us that regular meetings had taken place and one relative said, "The manager is very good, they listen and act on any concerns." We saw that staff responded in a timely way to alarm call bells and to requests made by people when they required support. Health care professionals told us that instructions given to care and nursing staff were responded to and that there were never any problems.

The provider had modified and extended the building to support people living with dementia. Corridors were spacious and the décor colours stood out so that people could differentiate between the walls and the floor. In the dementia suite, we saw the doors had been customised with a reflective mirror that distorted the image of a person when reflected. We asked the registered manager about this and the impact this had on people. They explained prior to the mirrors, people would become distressed with the daily activity they could see through the doors. However, since the mirrors had been fitted, this had significantly reduced. We saw that people were not distressed by the mirrors when approaching the doors.

We saw there were different seating areas throughout the home which provided quiet and comfortable areas for people to sit and relax. The layout of the home enabled people to have numerous choices about where they wished to spend their time. We saw that the home had large garden facilities and an outside café however; on the day of our visit we saw that no one used these facilities unaccompanied. We discussed this with the registered manager and care home manager, they told us the areas were used often and it was unusual for people not to be outside when the weather was fine. We asked some people did they have a choice, if they wanted to go outside and they told us that they did but it was a 'little cold' for them.

The communal bathrooms, and individual en-suites and rooms were suitably adapted for people's needs. One person told us, "I am very happy with my room." A relative said "We love [person's name] room, they have a fabulous view of the garden which really catches the sunshine." Some of the bedroom units had mirrors that could be closed and were specifically designed for people living with dementia. One staff member told us, "The mirrors are very useful because some people think another person is in their room. So we can close their mirror to reassure them."

There were period style pictures and models displayed throughout the home to stimulate people's memories; and one small area had been designed to a 1960s style kitchen. We saw there was a small animal petting farm. One person told us, "It's lovely to go out and see the animals." The pet enclosures were large and unrestrictive so people could see the pets clearly without obstruction.

People and relatives told us they could raise any concerns and were confident they would be addressed by the registered manager. One relative told us, "When I have raised anything with the manager, they are always very quick to respond." We looked at how complaints had been

Good

Is the service responsive?

managed and found there had been only one since the last inspection. We saw this had been investigated by the manager and a full response provided to the complainant. The complainant was satisfied with the outcome. People and relatives told us they were invited to attend regular meetings with the registered manager. We saw from minutes these meetings were attended and issues were discussed in an open forum, with action plans being put in place where appropriate.

Requires improvement

Is the service well-led?

Our findings

The provider had internal quality assurance processes that were completed monthly by the registered manager and care home manager. For example, staff training, medication, infection control and health and safety processes. We saw that the provider had undertaken reviews of their care plans as part of the quality assurance processes. However, the audits were not always effective at detecting recommendations made by health care professionals. Nor did they identify gaps in monthly reviews and monitoring charts. For example, we saw from one person's records, there was a recommendation for the person to use a walking frame. This recommendation was not updated into the person's monthly review. We raised this with the registered manager and care manager. They explained the person did not want to use the walking frame and preferred to be supported by staff. We also saw that two people's care records monitoring their fluid and food intake was not regularly updated. This had not been identified through the monthly reviews. Audits had also been unsuccessful in identifying the recording errors on one person's MAR sheet. Although there had been no detriment to the people at that point, the quality assurance processes had failed to identify the information was not up to date. However, we saw the care home manager had recently started a review process. This listed the information that needed to be included on the care records, on an action plan. A date to be completed by had been set against each action and this was to be reviewed monthly.

On admission to the home, each person and their relatives were provided with a copy of the provider's 'Statement of Purpose'. This document stated the provider's aims and objectives to ensuring people's personal expectations and needs were met. Everyone was complimentary about the service describing it as, "very good" and "excellent." One person said, "The staff are very friendly, it is a well-run home." A relative told us, "We have meetings every few months which the managers come to. We can talk about any concerns, they are very open." Another relative said, "The management could actually do with getting out more, they tend to be office bound." A staff member told us, "The managers are approachable, pleasant, all a good team here." Another staff member said, "I felt I have been here for years, everyone has been so helpful and friendly." We saw that people approached the manager and other staff freely. We saw the managers had a presence around the building speaking with people and visitors.

Staff we spoke with told us they did have team meetings. One member of staff told us, "We have team meetings about every two or three months." Staff continued to tell us meetings were used to raise issues of concern, discuss the development of the service, changes in people's support so everyone was involved in making sure the home continued to meet the individual needs of the people. A staff member told us, "I've worked in a number of different places and this one is by far the best." The majority of staff spoken with told us they felt like a team; they felt motivated and valued by management. Staff said the management were knowledgeable and led by example. One staff member told us, "If we are short in staff numbers, the managers can always be relied upon to help out. Another staff member said, "It's a great place to work and I love my job."

People and relatives told us they attended meetings at the home and we saw minutes that confirmed this. Relatives said they attended events that took place at the home and they were encouraged to participate. People were encouraged to give feedback on the quality of the service and we saw this feedback was reviewed by the registered manager for development and learning. Some of the comments received from the feedback were 'the environment is excellent', 'excellent activities', 'staff friendly with excellent attitudes' and 'always kept informed'.

There was a registered manager in post who had worked at the home for a number of years. There was a good mix of new staff and staff that had also worked at the home over a number of years; so the management of the service was stable. The provider had a history of meeting legal requirements and the manager had notified us about events that they were required to by law. Before the inspection we asked the provider to send us a Provider Information Return (PIR), this is a report that gives us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service overall, reflected the information included in the PIR.

In the PIR the provider had told us they had recently taken part in two research projects involving Birmingham University and the Queen Elizabeth Hospital concerning Deep Vein Thrombosis in nursing homes and Falls

Requires improvement

Is the service well-led?

Prevention respectively. We saw as a result of this partnership working, the home had featured in the 'Nursing Standard' and was now working closely with other providers, sharing their working practices.

The management structure was clear within the home and staff knew who to go to with any issues. All but two of the staff spoken with were aware of the provider's whistleblowing policy. However, both staff told us they would have no concerns and felt confident to approach the manager or the police if they were worried about working practices. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations.

We also saw that audits had been completed to seek feedback from people who used the service and their relatives. This included sending out surveys to people who used the service and their relatives. We saw that matters identified through the feedback surveys and meetings had been documented and had been actioned by the provider. The registered manager told us the senior management team also visited regularly, including attendance at quarterly meetings, to provide management support and guidance