

# European Care (Geffen) Limited







# Nunthorpe Oaks

## Inspection report

114 Guisborough Road  
Nunthorpe  
Middlesbrough  
Cleveland  
Tel: 01642 316694  
Website: europeancare.co.uk

Date of inspection visit: 22 July 2014  
Date of publication: 15/12/2014

### 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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

At the last inspection on 21 June 2013 the service was found to be meeting the regulations we looked at.

We inspected Nunthorpe Oaks on 22 July 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Nunthorpe Oaks is a residential care home providing personal care for up to 56 people and / or people living with a dementia. At the time of the inspection there were 55 people who used the service. Accommodation is provided over two floors and includes communal lounge and dining areas. There are garden areas surrounding the building.

# Summary of findings

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

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The registered manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. This meant that people were safeguarded and their human rights respected.

We found that people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

People told us that they were cared for and supported by suitably qualified, skilled and experienced staff. Staff told us there were sufficient staff on duty to meet people's needs; however people who used the service disagreed with this. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Staff who worked at the service were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care. People who used the service and relatives told us they were very happy with the care that they received.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. The majority of people told us that they liked the food provided; however some people thought that improvements could be made.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People and relatives told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after.

We observed interactions between staff and people who used the service. We saw that staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

People's care and support needs had been assessed before they moved into the home. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plans; however care records looked at did not contain detailed evaluations of needs.

We saw that people were involved in a wide range of activities. We saw that staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis.

Appropriate systems were in place for the management of complaints. People and relatives told us that the registered manager was approachable. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

# 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.

Good



The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

Staff at the service enabled and supported people to take responsible risks.

Staff told us there were sufficient staff on duty to meet people's needs; however people who used the service disagreed with this. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

### Is the service effective?

This service was effective.

Good



Staff who worked at the service had completed induction, training and received support. Staff were extremely knowledgeable about the care that people received.

People told us they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met. People told us that they liked the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

### Is the service caring?

The service was caring.

Good



People and relatives told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after.

We observed interactions between staff and people who used the service. We saw that staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People's care and support needs had been assessed before the service began. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plans. Staff and people who used the service spoke of person centred care.

We saw people were involved in a wide range of activities. We saw people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis.

The people and relatives we spoke with were aware of how to make a

## Is the service well-led?

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

**Good**



# Nunthorpe Oaks

## Detailed findings

### Background to this inspection

The inspection team consisted of two adult social care inspectors and an expert by experience who had experience of residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home. The provider completed a provider information return (PIR) which we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. After the inspection we contacted the local authority and Healthwatch to find out their views of the service.

During the inspection we spoke with 14 people who used the service and five relatives. We also spoke with the registered manager, the head of care, the chef, an activity organiser, the ancillary lead and three care staff.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. We observed how people were supported at lunch time and during activities. We looked at six people's care records, seven recruitment files, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms (with their permission), bathrooms, communal areas and the garden.

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

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

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person said, "If I was worried or something was bothering me I would tell them and they would always take the time to help me."

During the inspection we spoke with eight members of staff. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the senior staff and registered manager would respond appropriately to any concerns. The registered manager said abuse was discussed with staff on a regular basis during staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We looked at the home's training chart and saw that 98% of staff had received safeguarding training in the last 12 months. We saw that the home had a whistleblowing policy that was last reviewed and updated in June 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in June 2013. One staff member we spoke with said, "I'd whistle blow, I'd be straight in the office."

The management team had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. The home had two safeguarding incidents within the last 12 months. Safeguarding incidents had been reported by either the home or by another agency. Incidents had been investigated and appropriate action taken.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in

care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager and staff that we spoke with had a good understanding of DoLS. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty.

One staff member we spoke with said, "We never say they can't do something they want to do. We try to help and assist." We were told by staff that people were encouraged to walk freely around the garden and home to ensure least restrictive practices were used. Another staff member we spoke with was able to describe how best interest decision making was implemented for one person who refused to take their medication. We were told that a mental capacity assessment was undertaken which showed that the person lacked capacity. The family, GP and social worker were then involved in a best interest decision to give the medicines covertly (disguising medication in food or drink). This indicated that the service followed the correct process when assessing what was in the best interest of a person who lacked capacity.

The six care plans we looked at incorporated a series of risk assessments specific to the needs of each person. They included areas such as the risks around moving and handling, skin integrity, falls, nutrition and hydration and activities inside and outside the home environment. We were told how control measures had been drawn up to ensure staff managed any identified risks in a safe and consistent manner. The risk assessments and care plans we looked at had been reviewed and updated regularly. One staff member we spoke with confirmed how they monitored people's different needs by using risk tools in care plans. We were given the example of a person who had a pressure ulcer. A skin integrity assessment was undertaken, which highlighted the need for pressure relieving equipment, regular skin checks and the need for the person to mobilise or change position hourly. This resulted in the pressure ulcer healing. The registered manager told us that staff supported people to take responsible risks. Some people who used the service went out independently to the shops, for GP appointments, visited pubs and restaurants and went into town. One person who used the service said, "I go out every day for some part of the day. I enjoy eating out."

## Is the service safe?

The registered manager told us that they had an effective recruitment and selection process to make sure the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with people and / or people living with dementia. Staff we spoke with during the inspection confirmed this to be the case. During the inspection we looked at the records of seven staff to check that the home's recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the home. References had been obtained and, where possible, one of which was from the last employer. From records we looked at we found that staff had provided a full employment history. This meant that potential gaps in employment could be explored.

All of the staff we spoke with during the inspection told us they thought there was sufficient staff on duty to meet people's needs. Staff we spoke with told us that there was good team work and that everyone worked well together. The registered manager and head of care told us that they carried out a dependency assessment of all people who used the service to determine the amount of staff needed.

Most of the people who used the service that we spoke with during the inspection did not think that there was sufficient staff on duty to meet people's needs. One person said, "There are not enough staff but they all work very hard and are very caring. It is as good as it can be with the number they have." Another person said, "I can wait anywhere between five and 15 minutes for staff to help me. They could do with more of them." During the inspection we heard call bells ring for five minutes without being answered. However we were unable to judge impact on people who used the service or if the person was actually calling for help as an engineer was undertaking work on the call bell system. We pointed this out to the staff and registered manager who acknowledged that staff couldn't always respond straight away to requests for help. We were told that staff do explain this to the person and attend to them as soon as possible. Staff told us that they understood that waiting five minutes could seem like longer for people but also felt in reality that people didn't usually have to wait an unacceptable amount of time. The registered manager told us that she would speak with people who used the service and carry out a further dependency assessment to ensure that there were always sufficient staff on duty to meet people's needs.

# Is the service effective?

## Our findings

We saw that people held suitable qualifications and experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us that on commencement of employment they undertook a full induction which included reading policies and procedures and shadowing other experienced staff whilst they provided care and support. We looked at the induction records of the last seven staff recruited. We saw that all staff had commenced or completed the induction.

The registered manager showed us a training chart which detailed training that staff had undertaken during the course of the year. We saw that staff had received training in health and safety, infection control, in moving and handling, behaviour that challenges, food hygiene awareness, first aid and fire safety. During the inspection we looked at the training chart of five staff and compared this against their individual training records we found that training documented on the training chart matched up to certificates on file.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. The registered manager told us that they and other senior staff worked, supported and carried out supervision with all staff on a regular basis.

Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. During the inspection we looked at supervision records and spoke with staff and it became apparent that the registered manager and senior staff misunderstood what was needed for staff supervision. Records showed very little evidence of formal meetings on an individual basis. We discussed this with the registered manager and head of care who told us that a new performance development review (PDR) was about to be rolled out across the company. During the inspection we were shown the new procedure and it appeared that this would address the issue. We saw records which confirmed that all staff had received an annual appraisal. One staff member we spoke with said, "This is a really great place to work. We receive continuous support."

People we spoke with told us that they felt cared for by staff who understood their needs. One person said, "I couldn't ask for better staff. They know everything I need and want and make sure that I get it."

We spoke with the chef and looked at the home's menu plan. The chef told us they had the necessary resources to provide good quality food that met people's needs. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. The registered manager and chef were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar.

We also spoke with the ancillary lead who was also the nutrition champion. They told us they regularly met with representatives of other care homes, the local authority and other professionals to discuss nutrition, how illness affects nutrition, special diets and numerous other topics relating to this.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. On the day of the inspection there was sufficient staff to support those people who needed help. One person said, "They always give me help cutting up my meat for me." Food was well presented and looked appetising. Throughout the day people were offered both hot and cold drinks for example, tea, coffee and juice. The majority of people we spoke with told us that they enjoyed the food that was provided one person said, "I always get a good breakfast which sets me up for the day. I like to have black pudding most days." Another person said, "The food is very enjoyable and there's always plenty of choice." Some people thought that the food could be improved and said, "The veg can be soggy." Another person said, "The quality of food is poor and cheap, they obviously don't allow a budget for anything else and nutrition is so important."

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.



## Is the service effective?

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “The chiropodist visits monthly and the optician or dentist as and when.” People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks

and treatment options. One person said, “If we ask for anything it is provided, the doctor or nurses come in to look at my legs.” Another person said. “They are quick to spot if I don’t look right and always call the doctor.”

We looked at the care records for six people and could see that detailed records were maintained of consultations with healthcare professionals, such as the GP, district nurse, speech and language therapist and dietician.

# Is the service caring?

## Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. One person said, "The staff always listen to me they chat and talk to me." Another person said, "I spend my day how I want to. I get up when I want, eat breakfast at the time I want and plan my day."

At the time of the inspection there were 55 people who used the service. During our visit we reviewed the care records of six people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

During the inspection we sat in the communal lounge area so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. When one person who used the service became upset and needed reassurance we saw that staff provided this. We saw that staff were considerate and thoughtful when transferring people by using a hoist. We saw that staff clearly explained what they were doing and what the person should expect. This helped to ensure their wellbeing.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and staff understood the way people communicated. This helped them to meet people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their wellbeing. A relative we spoke with said, "They are all friendly and helpful I feel he is surrounded by love."

We saw staff treated people with dignity and respect. When people were assisted by use of a hoist we saw that staff used a blanket to cover their body to preserve their dignity. When staff asked people if they needed to go to the toilet they were quiet and discreet. Staff were attentive

and interacted well with people. We observed that staff were polite and knocked on people's bedroom doors before entering. One person said, "They always close my door to do anything and are very respectful to me."

There were many occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff always got down to the person's level to ensure that eye contact was made. This demonstrated that people were treated with dignity and respect.

The environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted, had a key. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. All bedrooms had a lockable draw to store items of a personal nature.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff told us how they ensured privacy when supporting people with personal hygiene.

Each year the home had a day in which they celebrated dignity. We saw records and photographs of this year's dignity action day which was celebrated on 31 January 2014. The registered manager and head of care told us that this was a day when they stopped and recognised dignity and the little things that they could do to make a difference to people who used the service. People and staff celebrated this day with a 50's style buffet tea. People we spoke with told us that they had really enjoyed the day.

We were told by people and staff that people were encouraged and able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice. We saw staff regularly checked on those people who spent time in their rooms. People were able to eat, have drinks, rest on their bed and join in activities of their choice when they wanted to.

# Is the service responsive?

## Our findings

People's care and support needs had been assessed before they moved into the home. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in care plans. People and relatives told us that care and treatment needs were regularly assessed and reviewed.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care.

During our visit we reviewed the care records of six people. Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to do for them. Care records we reviewed contained information about the person's likes, dislikes and personal choice. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be.

We found that care records were reviewed on a monthly basis or more often if needed. However evaluations did not comment on any deterioration or progress made. For example we saw that one person had a care plan for pain. The care plan had not been evaluated to reflect if the person had been in pain or how the pain had been managed. We spoke with the registered manager and head of care who said they would make changes with immediate effect to make sure that evaluations of care were detailed.

Risk assessments had also been completed for a number of areas including falls, moving and handling, nutrition, skin integrity and burns or scalds. Risk assessments detailed specific measures to reduce or prevent the highlighted risk.

We saw staff engaged and interacted positively with people. The home employed an activity co-ordinator to plan activities for people who used the service. We saw that people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis. People were given the opportunity to

pursue their hobbies. On the morning of the inspection we saw people took part in different activities. On the day of the inspection the sun was shining and many people spent time in the garden area. We saw that some people were drawing whilst others had their nails painted. One person told us, "The first thing I do in a morning is turn the radio on as I like to listen to music."

As it was a hot day we saw that staff offered people a plentiful supply of cold drinks to both those people in communal areas and those in their rooms. We saw that two jugs of juice and glasses were left in the communal lounge. Those people who were able to, helped themselves; other people were offered and given drinks by staff. At lunch time staff were quick to respond when a person didn't touch their lunch. Staff brought an alternative meal to them. One person we spoke with told us that staff were quick to respond when they were unwell. They said, "I can be up one minute and down the next. They know when to call the doctor."

The registered manager told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. The registered manager told us that staff had undertaken training in first aid. We saw records to confirm that this training was up to date. A staff member we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We looked at the home's complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. We saw that a copy of the complaints procedure was displayed on the notice board in the main corridor for people and relatives to read.

The registered manager told us people who used the service and relatives were given a copy of the complaints procedure when they moved into the home. During the inspection we spoke with people who used the service who told us that if they were unhappy they wouldn't hesitate in speaking with the manager or staff. People said that they were listened to and that they felt confident in raising any

## Is the service responsive?

concerns with the staff. One person said, "I would go first to a senior carer or to the manager, they would listen." Another person said, "The manager will always listen to you."

Discussion with the registered manager and head of care during the inspection confirmed that any concerns or

complaints were taken seriously. We looked at the home's record of complaints. There was no record of complaints made in the last 12 months. We saw many cards and letters in which people and relatives had written expressing their praise and thanks for the care and service received.

# Is the service well-led?

## Our findings

The home had a clear management structure in place led by a registered manager who was very familiar with the service. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

The registered manager showed and told us about their values which were clearly communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. The registered manager told us, "I am very proud of the staff."

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. One of the staff we spoke with said, "The manager is very open and you can speak to her about absolutely anything." We spoke with a representative from the local authority who told us, "They have a good culture. They don't hide things, they discuss anything with me." Staff we spoke with demonstrated commitment to providing a good quality service. They told us that the registered manager was approachable, supportive and they felt listened to. We found that the registered manager had a good understanding of the principles of good quality assurance. The registered manager recognised best practice and developed the service to improve outcomes for people.

People and relatives we spoke with during the inspection told us that they thought that the home was well led. One person said, "It always seems to be organised and staff seem to know what they should be doing." We asked people if the registered manager was approachable. One person said, "Anytime you want to chat you can, she always makes time."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that a satisfaction survey was used to gather feedback. We looked at the results of a survey undertaken in December 2013. The results of the survey confirmed that people were happy with the care and service that they received. Some people (seven out of 33 people) expressed dissatisfaction with the laundry and activities. We asked to see an audit identifying the actions and areas for improvement. The registered manager told us that this had not been undertaken as the survey had generally been

positive. The registered manager told us that people's dissatisfaction in these areas were discussed at staff meetings and improvements had been made. The registered manager told us that in future they would develop an action plan for those areas identified as requiring improvement.

The registered manager told us that people who used the service met with staff on a regular basis (usually 3 monthly) to share their views and ensure that the service was run in their best interests. We saw records of the last meeting on 7 April 2014. We saw that staff and people had talked about the laundry, activities and food provided.

We saw records to confirm that meetings with care staff took place in March, April and July 2014. We saw that open discussion had taken place about health and safety, the laundry, cleaning, teamwork and shift handover. We saw other meetings had taken place between heads of department. However, records indicated that the last meeting with night staff was January 2014. This was pointed out to the registered manager at the time of the inspection who told us that they would arrange a meeting as soon as possible.

We saw that regular checks and audits were carried out on the environment, hoists, bedrails and equipment to ensure that it was safe.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there were areas for staff learning and action planning within the document. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on medication systems, health and safety and infection control. We saw records of audits undertaken. The registered manager told us the provider carried out an annual audit to monitor the quality of the service and systems in place. The registered manager showed us the last audit which was undertaken in April 2014. Following the audit an action plan was developed for those areas requiring improvement. We saw that the action plan had been updated as and when actions had been undertaken.

## Is the service well-led?

The Registered manager told us the home's regional manager carried out unannounced visits to the home on a monthly basis to monitor the quality of the service provided. We saw records of these visits which involved the

regional manager speaking with people who used the service, relatives, and staff. Records were audited as were events. The helped to ensure that the home was run in the best interests of people who used the service.