Twinglobe Care Limited

Azalea Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Azalea Court is a nursing home providing personal and nursing care to 77 people at the time of the inspection. The service can support up to 83 people; across three separate floors. Two of the floors specialise in providing care to people living with dementia and nursing needs. In addition there is a separate eight bed high dependency unit in the grounds for people who have specialised needs such as brain injury, tracheostomy care and non-invasive ventilation.

People's experience of using this service and what we found

Although medicines were generally managed safely, the controlled drugs were not managed safely as the disposal of these drugs was not carried out appropriately in line with the service's medicines policy on one unit. The provider's medicines audits had not picked up this concern. This had not had a negative impact on people who were getting their prescribed medicines safely. We have made a recommendation to make improvements in the management of medicines.

People and their relatives were generally happy with the standard of care provided at Azalea Court. Their health needs were met, and they had good support from healthcare professionals who worked closely with the home.

People had comprehensive care plans which addressed their needs and wishes. They found staff to be caring.

There was mixed feedback about the choice of food provided and we have made a recommendation to review people's preferences.

Staff were suitably trained and supervised to carry out their duties. The building was clean and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's religious and cultural needs were met.

There was a new registered manager since the last inspection. Staff said they felt supported and found the registered manager to be approachable. The manager was supported by a management team including a training manager, hospitality manager and quality assurance managers. The nominated individual representing the company who own the home was very involved in running of the home on a day to day

basis.

The service had quality assurance systems in place to monitor the safety and quality of the care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 28 April 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We had also been informed of an incident regarding medicines. This incident was subject to a safeguarding investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of medicines. This inspection examined those risks.

We found that people were receiving their medicines appropriately at the time of this inspection. We have made recommendations for improvements in the disposal of controlled medicines and improving the quality of the medicines audits, which the provider acted on immediately during and after the inspection. Please see the safe section of this full report for details. The provider took suitable action to mitigate any risks and this has been effective. We found no evidence during this inspection that people were at risk of harm from this concern.

The overall rating for the service has remained good. This is based on the findings at this inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Azalea Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team included two inspectors, a pharmacist specialist and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Azalea Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information sent to us since the last inspection including safeguarding concerns, feedback from local authorities, people living at the home and their relatives and information from a visit to

the home by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection
We spoke with 37 people who were living at the home and 13 people's relatives about their experience of the care provided. We spoke with 19 members of staff including the registered manager, unit managers, nurses, care assistants, training manager, hospitality manager, quality assurance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We met with two healthcare professionals who visit the home regularly.

We observed staff interacting with people in communal areas including people who we were unable to communicate with to help us understand the experience of people who could not talk with us. We also observed organised activities and mealtimes in each unit.

We walked around all four units to look at the décor, cleanliness, health and safety and equipment.

We reviewed a range of records. This included seven people's care records (care plans, risk assessments, daily care records) and multiple medicines records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including staff rotas, audits, health and safety records, safeguarding, incidents and accidents, complaints, policies and procedures were reviewed.

After the inspection –
We spoke with other professionals involved with the home and we reviewed information the registered manager sent to us at our request including training and supervision records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People received their prescribed medicines safely, but the management of controlled drugs was not overseen effectively. Medicines that were no longer required by the home were returned to the community pharmacy for disposal. However, staff on one unit did not follow the provider's policy in relation to controlled drugs. We found that staff were disposing of large quantities of controlled drugs in house instead of sending then back to the community pharmacy as recommended in their policy.

● The provider carried out monthly medicines' audits. However we found medicines related issues and discrepancies were not identified by the audit therefore the audit process was not effective.

● These concerns had not had any negative impact on people in the home as the medicines were destroyed in a safe way with no risk to anyone. When we informed the registered manager and provider of our findings they immediately investigated and took appropriate action. This included retraining and assessing competence of the staff, liaising with the local controlled drugs accountable officer and pharmacist to make the necessary improvements.

We recommend the provider reviews the medicines audit process to ensure effective implementation of the medicines management policy.

● Medicines were stored securely, including controlled drugs. Protocols were in place for medicines prescribed on a when required basis to enable staff to give these medicines consistently.

● Care plans included medicines risk assessment information.

●Some people were given their medicines covertly or via a percutaneous endoscopic gastrostomy tube (PEG) tube where liquid food is given directly into a person's stomach. Staff followed the dosage instructions on the prescriptions and medicines administration records (MAR) when administering these medicines.

● Staff members had received medicine handling training and a competency assessment.

● People confirmed that they received their medicines as required. Comments included: "I do get medicines. They are very particular that I take them" and, "The medicine comes when I need it."

Systems and processes to safeguard people from the risk of abuse

● People were protected from risk of abuse because the provider had appropriate measures in place.

● The service had a safeguarding procedure and reported safeguarding concerns to the local authority and CQC as required. Staff had a good understanding of how to recognise signs of abuse, safeguard people and

what to do in the event of any allegations of abuse. People told us they felt safe in the home.
● The service's statement of purpose states there is a policy that no restraint is used in the home, but it may be used in rare and exceptional circumstances to protect from serious harm. There was nobody in the home who had been restrained.

Assessing risk, safety monitoring and management
● People were protected by risk assessments addressing their individual needs.
● Senior staff assessed people's needs prior to coming to the home to ensure they could be met. People had risk assessments in their files detailing risks to their safety and how to mitigate the risks. Staff assessed whether people were at risk for example of pressure ulcers and poor nutrition and care plans gave staff guidance on how to care for the person safely for example by using a pressure relieving mattress or by offering the person extra snacks and monitoring their weight weekly.
●There were risk assessments in place for risk of falls and those at high risk had constant supervision from a dedicated member of staff in addition to the staff on duty in the unit. There was a falls protocol which guided staff to check for injuries, monitor the person's behaviour and vital signs and if no injury was sustained to complete a 48 hour follow up form. People had appropriate equipment in place to reduce the risk of falls or injuries such as bedsides or crash mats on the floor by their bed. There was regular oversight of falls by the registered manager.
●People who needed help to get out of bed using hoist equipment had clear guidance for staff in their files on how to help them safely and staff had been trained in moving and transferring people. In the high dependency unit each person had photographs on their bathroom doors to show staff the positions they should help the person to transfer to in bed.
● The registered manager carried out regular audits checking on safety in the home and there was a team of maintenance and housekeeping staff to ensure the building was safe at all times.

Staffing and recruitment
●Records indicated there were enough staff on duty to meet people's needs. Staff were busy, and a number of people said they thought staff were too busy however we did not find any evidence that there were not enough staff. Senior staff said there were enough staff, but some other staff said there should be more staff. Most people told us that staff responded to their call bells quickly when they called for assistance. Their comments included; "Generally there is someone about to help. Not long after I press the bell.", "It takes about five minutes after the bell is pressed" and, "They are good at answering the call bell."
● There was a nurse on duty in each of the four units along with care assistants. In addition, some people had their own member of staff working with them for health and safety reasons.
● The registered manager said they were about to undertake dependency assessments to check that staffing levels continued to meet people's needs and agreed to send us their review of staffing levels.
● Staff were recruited safely. The provider ensured that checks were undertaken including criminal records checks and references from previous employers.

Preventing and controlling infection
● The service had a 5 star rating at the latest inspection of the kitchen by the local authority Environmental Health team. The home was clean throughout. Staff wore personal protective equipment (disposable gloves and aprons) when providing personal care. Staff were trained in preventing infection.
● People told us their equipment such as suction equipment and hoist were cleaned regularly.

Learning lessons when things go wrong
● After a complaint or incident the management team reviewed what had happened to see if there was any

learning indicated to prevent a similar issue recurring. The manager reported to the provider every month on any accidents, incidents and complaints. We saw that incident records included an action plan to prevent recurrent incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and wishes were assessed and the information from the assessment was used to write care plans to tell staff people's needs and how to meet them. There was detailed guidance on care plans about how the person's care should be delivered.
- In the Willows unit people were living with brain injury and other complex health conditions. Their care plans contained comprehensive information about all aspects of their care and there were photographic guidelines displayed for staff on how to support people to change positions and/or carry out physiotherapy exercises.
- We did not find any concerns about any person's care during the inspection. Staff showed good knowledge of people's assessed needs and preferences. They were able to tell us information about people's former occupations and life history from the assessments that had taken place.

Staff support: induction, training, skills and experience

- Staff were well trained for the job and had ongoing support to develop their skills.
- Staff completed an induction programme and shadowed other experienced staff when they started work. There was a training manager who had good oversight of the training needs of staff and there were clear records of training competed and when refresher training was due.
- Permanent staff on Willows unit were required to complete training in tracheostomy care and non-invasive ventilation before working in that unit. Records showed some staff completed training in prolonged disorder of consciousness (where a person has been unconscious for a long time) in order to understand the needs of people in that unit.
- Staff had attended recent oral hygiene training and some did mobile virtual dementia tour training which they said had helped them understand the experience of living with dementia.
- Relatives said they thought staff had the skills needed to provide the right care and treatment.
- Staff had ongoing supervision and support and told us they felt well supported and able to go to managers for advice any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People had good support with their nutrition and hydration.
- Staff assessed people's nutrition and hydration needs using a nationally recognised tool. The tool gave a nutritional profile so those at high risk had food and fluid intake recorded, weekly weight monitoring, fortified food, snacks between meals and a referral to a dietician.

● The chef prepared food to meet people's different dietary needs for example diabetes, soft or puree diet. Care plans clearly recorded people's specific dietary needs and preferences and any risks from allergies or choking. There were guidelines for staff on how to recognise signs that a person might be aspirating (where food or drink goes into the lungs) their food.
● Mealtimes were planned so that all staff available assisted people with their meal if they needed it. We saw that staff encouraged people to drink and eat enough. We observed people enjoying their meals.
● The menu was healthy but had a choice of only two meals. Staff said that people could request other meal options, but these were not recorded on the menu for them to see.
● Every evening the menu showed soup, sandwiches or "chef choice of hot meal if needed." One person told us they didn't like sandwiches and that the chef made them their own preferred hot meal each evening.
● People's views about the food was mixed. There were positive comments such as; "The food is good, nice choice", "The food is lovely, they know what I like and don't like and give me something else. Evenings its limited; if I go out they keep my lunch and heat it up for my evening meal" and, "They come around the day before and ask what you want for lunch." Less positive moments included; "I enjoy mealtimes, but no there isn't much choice of food", "I don't like the food. I tell them, and it gets a bit better and back to worse" and, "The food is reasonable. I complained but the food didn't change. They say they have a budget, I would like better food, but it can't be helped."
● People said that they could get snacks between meals, but this was only biscuits.

We recommend that the full menu options are made available to people to see and are reviewed in line with people's preferences.

Staff working with other agencies to provide consistent, effective, timely care
● Professionals involved with the service told us that the staff worked well with them, acted on their advice and reported any concerns to them. The service benefitted from the local community health team whose occupational therapist and nurses visited the home regularly to advise on the nursing care of specific people. The GP said that a monthly multidisciplinary meeting was held where people's needs were reviewed by all the professionals involved in their care.
● The local pharmacist carried out regular medicines reviews with people who took a large number of medicines and worked with the home and GP in order to ensure people received appropriate medicines.

Adapting service, design, decoration to meet people's needs
● The building had a range of lounges and dining rooms and staff made good use of smaller seating areas which they had made homely. The service had started using front door fronts for people's bedroom doors and were continually trying to make the building more dementia friendly. The provider told us of plans to introduce a therapy room in the high dependency unit.
● Baths and showers were designed to meet the needs of people with a physical disability and the service had a lift.

Supporting people to live healthier lives, access healthcare services and support
● People's mental and physical health needs were described in their care plans. People told us their health needs were met. The local GP visited weekly and on demand and people knew they could see the GP regularly.
● Staff were trained to meet the health needs of people who had catheters and stomas and people fed via a PEG.
● Some people needed assistance to cough and/or suctioning at regular intervals and we saw from records that this was carried out by nurses as detailed in the person's care plan.
● One person raised a concern about how staff responded to their health needs on one occasion. The

management team investigated this concern immediately and acted to ensure this would not happen again.
● Most people said they had support to care for their teeth and where two people said they needed dental support we passed this onto the registered manager who said they would address this straight away.
● People had oral healthcare assessments so that staff know the type of support they needed with oral hygiene. In Willows unit, guidelines on how to brush people's teeth were displayed in their bathrooms so that staff carried out this task safely.
● The GP referred people for specialist healthcare where needed and the local community health assessment team nurses visited regularly to provide nursing support and advice to staff on meeting people's health needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The service applied for deprivation of liberty safeguards for people and reported this to CQC as required.
● There were consent forms in people's files showing whether or not they consented to various aspects of care such as; bed rails, having photographs taken, flu vaccination, medicines and lap straps on wheelchairs.
● Where a person could not sign, the forms clearly showed if the person consented but could not write or if the decision was made by another person who had the appropriate legal authority such as lasting power of attorney or relevant person's representative.
● People told us staff asked their consent before supporting them with personal care each day. They said; "They always show respect and ask before cleaning me", "I am quite capable of saying I don't want to take a shower" and, "They always ask me permission then they help me."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us they were supported well. Comments included; "Yes I'm well looked after", "Yes I do feel well looked after" and, ", Well they have a laugh with me, a bit of banter."
- People told us they had emotional support from staff. They said, "I think they would sit with me and find out what is going on, " They do try to find out if I'm struggling or bothered" and "They never upset me. They make me feel comfortable and welcome."
- People said that their cultural needs were met mainly by family and friends, but that staff would accommodate any specific requests. A staff member said they "Ask people's background, religious needs, ask them what is important to them."
- Religious leaders visited the home for those who wanted it. Some people had communion in the home and others had visits from people involved in their place of worship.
- A senior staff member said that they asked people if they wanted their sexual orientation to be disclosed or not so that this was always their choice.
- One person who had come to the home in an emergency for a temporary stay spoke a language that nobody in the home understood well. The registered manager and nominated individual said they would produce a communication book for the person and use a translation app to translate. In the meantime, this person had regular visits from a relative and the unit manager was able to communicate with them well.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in planning their care if they were able. They told us; "Yes I'm involved in the care plan, the staff follow it properly and, "I have family they are involved in my care plan."
- A relative told us they were fully involved in the care plan, read it regularly and were able to suggest changes to the care plan which were always acted on.
- People told us they felt able to express their views. We heard of two examples where certain people did not feel comfortable with a specific member of staff and in both cases the staff member was asked to work in another unit. This showed people's views and personal preferences were listened to and acted on.
- People said they could choose to be supported by a specific staff member where possible if they particularly liked a member of staff.

Respecting and promoting people's privacy, dignity and independence
- People told us they were treated with respect. Relatives agreed. Comments included; "The staff do [treat

me with dignity]. They are all really very nice," and, "She isn't mobile, they are really good at maintaining dignity and asking permission, really good."

● A staff member told us how they respected people's independence. They told us they enabled people to, "Choose what to wear. Ask them how they want their hair done. Empower people."

● Staff told us they always ensured doors were closed to protect people's privacy during dressing and personal care.

● We observed staff listening to people and respecting their choice to be independent where they were able. Staff also supported people well when they were confused and responded to distressed behaviour in a way that respected people's dignity.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. (Ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were comprehensive, covered all aspects of their care and included detail about their history which helped staff provide a personalised service to them and to understand them better.
- One person said, "I've got a care plan, the activities coordinator read it and saw it said I like my nails done and she now does it for me."
- Where people were unable to communicate due to being in prolonged state of unconsciousness, their care plans detailed their former interests, TV programmes, music etc so that staff could talk to them about their interests and play the TV programmes and music they used to like.
- People could choose how they liked their personal care and could choose whether to have baths or showers and as often as they liked. Some people chose to have one or two showers a week and others had one every day. The personal care met people's own choices rather than routines of the home.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people were in a prolonged state of unconsciousness, their communication plans guided staff to talk about their favourite topics of conversation and to look out for nonverbal communication.
- Each person had a communication plan and staff were able to describe how they communicated with people effectively.
- We saw where staff could not understand a person who was upset they asked another staff member to come as this staff member was able to communicate with the person better.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's friends and relatives could visit whenever they wished. Relatives told us staff were supportive towards them. One relative said, "I have nothing bad to say. They are here for me too" and others said they were offered drinks, Christmas dinner and made to feel welcome.
- One person told us they went out with relatives regularly. The staff arranged for visitors from a local

church to visit people if they wanted this.
● The service employed two activity organisers who arranged group activities in the service. During the inspection we saw people playing games, Bingo and decorating scotch pancakes with toppings. The activity organisers visited people who were in their rooms to spend some individual time with them.
● Two people who were bed bound said they didn't get any support with activities, so we passed on their requests to the registered manager who said they would ensure these people got the support they requested. Records showed one person had asked for specific activities support three times in their keyworker meetings before we brought this to the registered manager's attention. We were satisfied that they would act on this and find out why no action has been taken already. They were able to tell us plans for improving the activities on offer for people who were unable to get out of bed.
● People told us, "One or two of the games are good", "I went out quite recently, they are trying to get me to go to church" and "There is always lots going on, I appreciate the activities."
● Other people said they did not like taking part in group activities and were not forced to do so. People who liked spending time on their own were able to.
● Some people who attended lunch clubs or church continued to do so when they moved into the home.
● People told us they loved a visit from a donkey recently. The donkey had visited people in their rooms as well as communal areas.
● Some people said they were visited by religious leaders. They told us; "A nun comes in every week and a priest now and then." and "I am C of E, they ask but I don't need to see a priest."

Improving care quality in response to complaints or concerns
● Relatives told us they were able to make complaints and would go to the unit manager or registered manager. The registered manager reported any complaints to the provider on a regular basis so that they had an overview of all complaints. Records were clear about what action was taken in response to any complaint.
● Records showed that where a relative had raised concerns about a person's care, the service acted and made the necessary changes.
● One relative was unhappy with an aspect of a person's care and we passed the concern the provider who resolved it to their satisfaction.

End of life care and support
● The service supported people at the end of their life. People and their families were asked where they might want to spend the end of their life and whether they would want to be resuscitated. People's wishes were recorded so that staff could act accordingly.
●The service was supported by the community matron and other healthcare professionals to ensure people could be as comfortable and pain free as possible at the end of their life.
● Advanced care plans detailed where the person would like to spend their last days, their wishes after death, whether they had a funeral plan, religious requirements. Relatives said they were fully involved in these discussions.
● Some people were receiving palliative care and staff told us that they always received good support and guidance from healthcare professionals on how to support people well at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The nominated individual told us the home has always had an open culture and as they had been running the home for 17 years people knew her and contacted her any time. She met relatives at weekends and in the evenings. In order for staff to have more time with people they planned to introduce electronic care planning where staff could record the care and interactions they had with people at the time which would save time at the end of shifts where staff had to write notes so staff could spend ore quality time with people.
- Staff told us the registered manager was approachable. They helped with mealtimes and supporting people.
- We saw both the registered manager and nominated individual knew people and spent time talking with people and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual and registered manager had good understanding of the duty of candour and records showed that the service apologised to people when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out regular audits to ensure they had a good oversight of risks in the home, although their audit systems had to picked up the concern about the disposal of controlled drugs.
- The audits included a sampling of records for anyone who has lost weight anyone who had more than three falls in a month, people new to the home, people whose dependency had increased or who were subject to safeguarding concerns.
- The registered manager's audits were comprehensive and included checking staff files and the environment. The audits were sent to the provider.
- The service employed an estates manager who was responsible for all maintenance in the home. This person kept clear records and ensures that gas, electricity and equipment was serviced regularly as required.
- The registered manager met with the four unit managers daily and there was a weekly management

meeting so that all managers were clear about their roles and current risks in the home. We found managers had a thorough understanding of their duties and of the needs of the people living in their units. They were clear about their reporting responsibilities.

● Senior staff knew the requirement to report certain events to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The activity coordinators engaged with people and families to ask what people liked to do. They had taken some people to a local school play and shopping recently.

● Staff had one to one keyworker meetings with people who could benefit from them, so they could talk about their care and any improvements they would like.

● Satisfaction surveys were left in reception for relatives to give their views.

● The provider held quarterly events with relatives for example cheese and wine evenings to discuss what they are doing in home and keep people up to date. They also produced a regular newsletter for people and interested parties.

● One relative helped with maintaining the garden.

● The service held unit manager surgeries where relatives and friends could come in and discuss people's care and any concerns or suggestions they might have.

● People living in the home and relatives had been consulted on use of communal rooms and decided to have cinema room in one quiet lounge and reminiscence in another plus an arts and crafts room which relatives could use with people when they visit. These were planned for the near future.

● The hospitality services manager has spoken with people and relatives about whether to have main meal in evening which they planned to trial. They attended relatives meetings. They met new residents and asked about their food preferences.

● The service had invited relatives and social workers to take part in mobile dementia bus experience recently.

● Although some staff thought there needed to be more staff on duty they were generally satisfied with working at this service. Staff had regular supervision and support and 24 hour access to advice from a manager on call. One staff member said, "I love my job. Everything, seeing the smile on people's faces. When you go home you know you have helped someone and that's a good feeling."

Continuous learning and improving care

● The provider was committed to continuous improvement.

● The service planned to give staff electronic tablets to record care tasks completed which the provider had researched and visited other nursing homes and asked care staff about it. This was also planned for medicines management which would inform pharmacy of ongoing stock and reduce waste.

● The nominated individual told us that since the new registered manager started, staff retention had improved significantly.

● The registered manager was planning to introduce dementia champions to improve the care for people with dementia.

Working in partnership with others

● The GP told us that the staff team worked in partnership with them for the benefit of people living in the home.

● Other professionals said that the staff tried to follow their guidance.

● The staff were supported by local healthcare professionals who worked closely with them and advised on the specialist healthcare needs.