

Mrs Betty Mary Turner

Sunningdales Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced comprehensive inspection took place on 3 and 5 June 2015.

Sunningdales Care Home provides accommodation, care and support for up to 10 older people. At the time of the inspection there were ten people living at the home. A registered manager was in position. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Our previous inspection of the home on 19 May 2014 identified two breaches of the regulations relating to; care and welfare of people and the completion of people's personal records.

Summary of findings

We told the provider that they must make improvements to protect people from the risks of unsafe care and asked them to send us an action plan stating what improvements they would make. We received the action plan on 20 June 2014.

At this inspection we found the provider had made the required improvements.

People told us they felt safe at the home. Staff knew how to identify, prevent and report abuse. People were relaxed with members of staff and told us they found the staff to be friendly, helpful and very kind. People were supported in accordance with their wishes and their privacy was protected. People received personal care and support in a personalised way. Staff knew people well and understood their physical and personal care needs, treating them with dignity and respect.

Medicines were stored securely, administered, managed and disposed of safely.

People's needs were assessed and care was planned and delivered to meet their needs. Records showed an assessment of need had been carried out to ensure risks to people's health were managed. Risks of people falling or developing pressure injuries were managed effectively. People and their relatives were fully involved in assessing and planning the care and support they received. People were referred to health care professionals as required. Equipment such as hoists and pressure relieving mattresses and cushions were readily available, well maintained and used safely by staff in accordance with people's risk assessments.

There was a system in place to ensure staff received their required training courses and refresher training as required. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received.

There was a very stable staff team and there were enough skilled and appropriately trained staff to meet people's needs. Staff felt very well supported by the management team and received regular supervision sessions and appraisals.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

Staff sought consent from people before providing care and followed relevant legislation to protect people's rights and ensure decisions were made in their best interests.

Staff ensured people's privacy was protected and they were cared for with compassion and kindness. People received personalised care from staff who were responsive to their needs and knew them very well. Staff created a relaxed atmosphere which resulted in a calm and happy culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they had confidence in the management team and felt the service was well led. People spoke positively about the management team and praised the care staff stating, "Everyone here has been excellent, they are all fantastic".

There was a process in place to ensure improvements were made in regard to the safety and quality of the service provided.

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. Medicines were managed safely, consistently, stored securely and records completed accurately.

Staff demonstrated a good understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Sufficient numbers of staff were employed at the service. Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Good



Is the service effective?

The service was effective. Staff received on going support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a variety of choice of good quality, home-made food and drink.

Staff supported people to access the services of healthcare professionals as appropriate.

Good



Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff knew people well and were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate. Staff had a supportive, respectful approach and listened to peoples wishes.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

Family members continued to play an important role and people spent time with them and were always made to feel welcome.

There was a complaints process in place that encouraged people to comment or raise a concern or complaint. People felt confident that any concerns would be addressed promptly.

Good



Is the service well-led?

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive open culture. There was good staff morale and people felt involved in their relative's care.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good



Sunningdales Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 3 and 5 June 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met all of the people living there and spoke with all of those that were able. We spoke with all visitors to the home which included four relatives and a GP. We requested written feedback from GP's on their views of the care provided at the home. We spoke with the manager and all five members of the care staff on duty during our inspection. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staff recruitment and training records and premises maintenance records.

Is the service safe?

Our findings

People who were able to tell us said they felt comfortable and safe living at Sunningdales Care Home. One person told us, “I’m really enjoying it here, everyone is so friendly, I feel very spoilt”. A relative told us, “I’m so pleased we got a place here, I never have to worry... they look after her so well”. Another relative told us, “It’s always very clean and bright and the staff are so helpful, it’s lovely, like a home from home”.

Our inspection on 19 May 2014 identified that care was not always planned and delivered to meet people’s needs. This was due to an incorrect technique being used when moving a person. At this inspection, records showed and staff told us they had received and completed manual handling training. We observed staff on three occasions using lifting equipment, which was used correctly and safely. Moving and handling techniques were used to assist people appropriately and safely.

Our inspection on 19 May 2014 identified that people who may be at risk of malnutrition were not monitored appropriately. At the time of this inspection there was no one who was at risk of dehydration or malnutrition but we were shown the system the manager had implemented following the May 2014 inspection. The system ensured people’s food and fluid amounts were recorded and monitored daily. Target amounts of fluid were recorded for each day to ensure people who were at risk of dehydration could be monitored safely. People’s records showed the use of a malnutrition screening tool which was completed for all people living in the home to assess and monitor their risk of becoming malnourished. Records showed people were weighed monthly or more often if their assessed needs required more regular weight monitoring. If people were at risk of becoming malnourished, records showed they were referred to the appropriate health professional, for example referrals to the Dietician, Speech and Language Therapy team (SALT) or their GP.

Although overall the service was safe we found some areas where the safety of the people living at Sunningdales could be compromised. First floor windows did not have restrictors on them which meant people’s health and safety could be compromised. Some radiators in people’s bedrooms were not covered and these could pose a scalding risk. Risk assessments had been completed for the uncovered radiators and furniture was placed

appropriately to reduce the risk of scalding. We discussed these concerns with the manager who confirmed there was a maintenance plan in place to ensure all first floor windows had restrictors placed on them and protective covers to be placed on all radiators by July 2015.

Staff demonstrated a good knowledge about the procedure for reporting allegations of potential abuse. Staff told us they had completed training in protecting people from abuse and were aware of the provider’s policy for safeguarding people. We checked the provider’s safeguarding policy and saw it had been reviewed and updated in January 2015 and included relevant contact details for the local authority. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There was a system in place to ensure people’s risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of three people. This was so we could evaluate how people’s care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as moving and handling, falls, nutrition and pressure area care. Records showed if people’s health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

Staff spoke knowledgeably about the provider’s whistleblowing policy and knew how to report any concerns.

We reviewed the providers system for maintenance of the premises and saw the provider kept the premises and equipment well maintained. Records showed regular checks covering all areas of the premises were regularly conducted, examples of checks completed included, gas, portable electrical appliance testing and fire systems. There were systems in place for checking and servicing equipment such as, hoists, stair lifts and wheelchairs. Staff told us all the equipment was well maintained and there was enough equipment available to ensure people were cared for safely.

There were enough staff employed to meet people’s needs. The manager showed us the system they used to ensure there were enough staff on duty through the day and night. Staff told us they felt there were enough staff on each shift to manage the needs of the people living at Sunningdales

Is the service safe?

Care Home. The manager told us they reviewed the needs of people to ensure the correct levels of staff were available on each shift, although as a small home their staff needs were normally very stable. We observed people who required assistance were attended to quickly and safely. During our observations in the communal areas of the home, we observed people were given support in a friendly manner that was not rushed. People were frequently offered a choice of drinks such as fruit juice, milkshakes, tea and coffee and snacks. People were supported in a timely manner and did not have to wait for lengthy periods to get assistance.

We reviewed three staff recruitment records, one of whom had been recently recruited and spoke with four members of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Sunningdales Care Home.

We observed staff supporting people with their medicines and saw staff explained to people what the medicine was for. They waited patiently while the person took their medicine to ensure they had received it correctly. Staff supported one person at a time with their medicines and spoke knowledgeably about how people preferred to take their medicines. Records showed staff had received training and had been assessed for their competency in administering medicines.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded and guidance on the use of 'PRN' (as required medicines) was clearly recorded. At the time of our inspection there was one person who required PRN medicines. This person had capacity to tell the staff when they needed their medicine. Body maps were used to identify any areas of injury and were accurately completed.

Is the service effective?

Our findings

We spoke with a visiting GP who was complimentary regarding the service and the staff. They told us the staff made appropriate referrals and acted promptly and effectively with any instructions given.

There was a programme of ongoing training in place. Staff commented positively about the training they had received, they said, “It’s always good to do refresher training as it keeps us all up to date and checks our knowledge is correct”. Training was conducted by independent training providers and was completed at various local sites in the immediate geographical area. We reviewed all staff members training attendance records and certificates and noted all core areas of training, for example, safeguarding adults, moving and handling, infection control and dementia awareness had been successfully completed. Two members of staff were working towards their NVQ level 3 in Health and Social Care. They told us they felt well supported in their ongoing development and stated their manager had actively encouraged and supported them with their studies.

We reviewed all of the staff supervision and annual appraisal records. These were detailed and gave staff members the opportunity to comment and request further learning and development opportunities. Staff supervisions were conducted each quarter and were positively written, giving encouragement and praise for work well done.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. The manager told us they had completed DoLS assessments and sent these to the local authority for authorisation for all of the people living at Sunningdales Care Home.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people’s care were carried out in their best interest where people lacked the ability to give their consent. Records showed people’s family, friends and health and social care professionals were consulted when

best interest decisions were made. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent. Staff told us if they needed further guidance they would refer to their manager.

We observed staff checked and consulted with people about what support they needed and how they preferred their support to be given. For example, one person’s care plan stated they liked to select their own clothing but may need occasional guidance with the appropriate level of clothing, making sure they had selected warm clothing in the colder months etc. We spoke to this person who confirmed they always chose their own clothes and added, “It’s nice though, the girls are always there if I need any help.... they’re there if I need them but they’re not pushy”.

The manager cooked all the meals for the people at Sunningdales Care Home. People’s dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example pureed or a ‘soft’ diet or fortified meals with added cream and cheese. Clear guidance and prompts detailing what dietary requirements people needed were on display in the kitchen for staff to follow should the manager not be available. Snacks, sandwiches and fruit were available throughout the day and we observed staff constantly offering people hot or cold drinks and a variety of fruit juices or milkshakes. People were able to request an alternative meal if they did not like what was on the menu or fancied a change. One person did not want their main meal but wanted to just eat their pudding, their wishes were respected and staff told us, “She sometimes likes her main meal at tea time, it’s no problem she can have it then, it’s what she prefers”.

The kitchen equipment and fittings were well maintained. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. The manager told us they completed daily, weekly and monthly cleans.

People ate their meals in their bedrooms or in the main dining room/ lounge with others, as was their choice. If people needed extra help and support to eat their meal they were given assistance in a calm and unrushed manner

Is the service effective?

that allowed them to enjoy their meal at their own pace. People were supported on a one to one basis which gave them time to enjoy their meal and ensured they got the nutritional support they needed.

There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away.

We observed staff had an effective knowledge of how people preferred to be cared for and showed good understanding of how people living with dementia needed supporting. People had their routines they preferred and staff demonstrated good knowledge about how people chose to spend their day, where they liked to sit and what they preferred to do.

One person liked to have their memory box with them so they could occupy their time which they enjoyed. We observed staff made sure the box was within easy reach and spent time talking through the objects with the person. Another person liked their daily newspaper each morning which was ready for them after their breakfast and they could read it with a cup of tea.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, district nurses, opticians, occupational therapists, chiropodists and GP's.

People's care plans were clearly written and person centred and provided clear, detailed guidance on how to provide people with their individual care needs. People's care plans were reviewed on a monthly basis and changes in their plans of care were amended when their health needs changed. People had a morning and evening routine care summary in their bedrooms to ensure staff could provide the individualised care they required. The care summaries were clear and gave practical, person centred advice for staff, for example one evening routine summary stated the person needed some support with their night time routines, such as assistance to undress and staff were to ensure their night light was on.

People's needs were taken into account when the premises were adapted and decorated. Clear pictorial signage was displayed on the toilets and bathrooms which helped people with dementia orientate themselves around the premises. People's bedroom doors had their names and pictures they would recognise on them to help them identify their bedroom. Hand rails were available throughout, these additions all helped to promote people's independence and sense of well-being whilst living at Sunningdales Care Home.

Is the service caring?

Our findings

We spoke to four relatives who all spoke very positively about the care their relative received at Sunningdales Care Home. One relative told us, “I have found the service excellent, everything is perfect, the staff are fantastic and Mum is looked after so well, I’m kept involved and I never have to worry”. Another relative told us, “It’s always spotless and clean, Mum always looks so well and is always well turned out...just how she likes it”.

Staff told us they loved working at the home and really appreciated being given time to spend quality time with the people living there. Staff said, “I really enjoy being able to spend time talking with the people, being able to enjoy their company and getting them to relax, I’m treated like family, it’s lovely, like a big family home”.

During our observations in communal areas of the home we saw staff interacted with people in a caring and compassionate way. Most of the staff had been employed at the home for many years and knew the people well and treated people with warmth and friendliness. Staff gave good examples of how people preferred to spend their day, for example what television programmes they preferred to watch and whether they preferred their radio on to watching television. Staff gave good examples of what people liked to do which was reflected in their care plans.

Staff ensured people’s belongings such as their memory boxes or their soft toys were placed near to them so they could reach them if they wished. Staff spent quality time with people interacting with them in a warm and kind manner. Staff were attentive to people’s needs and regularly checked if they would like a hot or cold drink or a snack. We observed staff encouraged people’s independence; staff offered assistance promptly when required and supported people discreetly when they needed assistance.

Staff spoke fondly and knowledgeably of people and were able to describe what activities they liked to take part in this showed staff knew the people well and provided support and care in an individualised manner.

Staff approached people in a friendly manner, speaking to them on their approach to make sure people were not

startled if they had hearing impairment. We observed staff constantly reassured people by explaining what they were doing if they needed to move the person or use any equipment such as a hoist. People responded well to staff, smiling and actively seeking them out to chat with.

Staff spoke to people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed.

People’s privacy and dignity were respected. We observed staff moving and hoisting people on three occasions in a communal area and the person’s privacy and dignity was respected at all times. Staff gave good examples of how they ensured people’s dignity was maintained at all times, for example, the use of blankets to ensure people had their privacy and dignity maintained and ensuring people’s clothing was properly arranged before hoisting them.

One bedroom had two people sharing and we observed mobile screens were readily available to protect people’s dignity when moving them. We observed that people’s bedroom doors were closed when people were receiving personal care. People who were able to told us the staff were respectful of their wishes and made sure they were comfortable at all times. We asked people if staff respected their privacy and dignity, they all said they did.

People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected.

People and their relatives were involved in planning their care. Care plans and care records were signed by relatives and showed people and their relatives had been included and consulted in their plan of care. A visiting relative told us, they felt fully involved in the care of their relative and were always kept informed of any changes. People’s relatives and friends were free to visit them throughout the day. One relative told us, “I’m always made to feel very welcome; it’s like a second home for me”.

The manager told us about the end of life care provided to some people in the past at Sunningdales Care Home. They told us the District nursing team were consulted and visited the person twice a day to administer medicines and staff spent time with the person ensuring they were comfortable and a calm, dignified atmosphere was promoted.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt the staff treated everyone as individuals and responded well to people's particular health needs. We spoke to a visiting GP who told us they had no concerns, that the staff listened to their advice and guidance and followed it correctly.

People's needs were assessed and care and treatment was planned and recorded in people's care plans. Pre-admission assessments and on going assessments were completed for all people and covered areas including; falls, skin integrity, chest complaints, choking and manual handling. The assessments showed the relatives had been included and involved in the process wherever possible and were signed by all parties present. Care plans were reviewed by the manager on a monthly basis and updated to reflect changing care needs where appropriate.

Risk assessments were completed for a range of areas including, mobility, nutrition, skin integrity environmental hazards and the use of bed rails. We looked at three people's care plans in depth and saw all care plans were reviewed on a monthly basis or when their needs changed. We checked all people had the required specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place and in use. Where people required mobility aids these were left positioned so people could reach them easily. Where people required hoisting, their slings were kept in their bedrooms for ease of use.

At the time of this inspection there was not anyone being cared for in bed, however we saw the system the manager had implemented in the past when people had needed re-positioning in their bed. The records had been accurately completed with detail stating how often people required re-positioning to help prevent pressure ulcers.

There was a system in place to record people's daily and personal care needs. We spoke to staff about people's specific daily requirements and staff spoke knowledgeably about how people liked their care to be given. They gave good examples of how they ensured people received individualised care, for example what routines people liked to follow when getting ready for bed, what time they preferred to get up in the morning and whether they

preferred to eat in the lounge with others or preferred to spend time in their own bedrooms watching the television. Care plans accurately reflected people's choices and confirmed what the staff told us.

Staff spoke knowledgeably about people's specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people's pain was managed effectively.

Care plans were simple and effective and gave a clear morning and evening summary that was kept in people's bedrooms to enable staff to ensure people received their care as they preferred. Staff told us they found the care plan documents effective and easy to use.

Call bell alarms were available in all bedrooms, bathrooms and toilets and people told us they knew how to use them if they needed to. One person told us they did not usually have to use the alarm as staff were always available to help them if they needed support and they were not left waiting for lengthy periods.

People's weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. Care plans correctly reflected what types of food the person liked if they needed additional nutritional support, for example offering milkshakes or cream with their coffee, and high calorie snacks throughout the day such as chocolate and cakes.

People were supported to take part in group activities. Staff spent individual one to one time with those people who did not like to take part in the group activities, these activities could include, hand massage, nail painting, reminiscence and board games. People had memory boxes and soft toys and dolls which they enjoyed and kept them occupied and happy. The manager told us each fortnight an independent activities music and movement entertainer visited the home, which everybody enjoyed. Aromatherapy, gentle ball games and arm chair activities were provided for people in the afternoons. Most family members and friends visited in the afternoon and relatives we spoke to told us they were always made to feel very welcome.

A hairdresser visited the service each week and people who were able to told us they enjoyed having their hair done as it made them feel good.

Is the service responsive?

People and relatives told us they knew how to make a complaint if they needed to and were confident any concerns would be addressed, although none of them had ever needed to raise a complaint. We saw there was written up to date guidance available for people and relatives in the reception area of the home on how to make a complaint and clear guidance available in every person's personal records. The manager confirmed the service had

not received any formal complaints. We reviewed the provider's complaints policy which gave up to date information for people on how to make a complaint or raise a concern.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

Is the service well-led?

Our findings

During our inspection visit we spoke to all the staff that were on duty. They all commented the manager was very supportive, approachable and always available to give advice, help and support. One member of staff said, “I love working here, it’s like a large happy family, we are always supported very well and there is such a good, happy atmosphere”. We spoke to a visiting GP who commented positively on the home and the staff stating their advice was always followed and they received appropriate referrals from the service. Relatives we spoke with commented they felt the home was well run with a friendly approachable management style.

Our inspection on 19 May 2014 identified that people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. At this inspection we found that people’s care records contained appropriate accurate information which correctly reflected their personal care needs.

Records were kept securely and could be accessed when required. We saw staff completed daily records for each person and these records were then returned to the manager for secure storage.

Staff described the culture of the home as homely and friendly and relatives commented, “It’s lovely, like a home from home”. Staff had a good understanding of their roles and responsibilities and stated communication in the home was good. The manager told us, as they were a small stable team they were able to talk through any issues or concerns on a daily basis. Staff confirmed they had quarterly supervision meetings with their manager and found these to be useful. They commented the appraisal process was very helpful and ensured they were given the opportunity to request any specific training or courses that they wanted to complete.

Throughout the inspection we observed staff interacting with each other in a friendly and professional manner, working well as a team to ensure people received the best care.

We checked a range of policies the manager had in place, these had all been updated during January 2015 and covered a range of core topics such as; safeguarding, infection control, contingency planning, grievance and disciplinary processes and whistleblowing.

The manager had a system in place to monitor the quality of the service provided. This included a series of checks or audits on a variety of aspects of the service, such as, environment, bedroom checks including mattress and alarm mats, care plans, infection control, medicines and health and safety. We saw all equipment used in the home to assist people with their mobility such as hoists and stair lifts was monitored and serviced in accordance with the manufacturer’s recommendations. Records showed all fire safety equipment and was also maintained through annual checks.

The manager encouraged people and relatives to comment on the service provided. We saw questionnaires were sent to families and people who used the service and any requests or suggestions acted upon if this was possible. Completed questionnaires were returned with favourable, positive comment and any queries were addressed by the manager directly with the person. For example, one person had enquired if there was anywhere private they could take their relative other than their bedroom, the manager had stated the conservatory was available for people who wished to chat somewhere a little more private.

Accidents and incidents were recorded when they occurred and any concerns discussed with the staff team with a view to reducing the risk of re-occurrence. Plans would then be put in place to ensure any re-occurrence of the incident was reduced. For example, the manager told us one person over time had become more agitated and had developed a high risk of falling. They discussed the concern with the staff and it was agreed in consultation with the person and their relatives to move the person downstairs to a larger room where staff could easily see them and support them as necessary. The larger room also meant a hoist could be used more effectively which assisted the staff with ensuring care was given effectively and safely.

The manager told us they obtained information about good practice and changes to regulation by reading role specific publications from organisations such as Alzheimer’s and The Care Quality Commission. They told us

Is the service well-led?

they found the independent training courses run by the local authority and various training providers very useful for sharing and exchanging knowledge and ideas with other local managers.