Somerset Redstone Trust

Exmouth House

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

We carried out an unannounced comprehensive inspection on 30 July and 3 August 2015. Exmouth House provides accommodation without nursing care for up to 31 people. On the first day of the inspection there were 25 people staying at the service with an additional person receiving treatment at the hospital.

We last inspected the service in June 2014, at that inspection the service was meeting all of the regulations inspected.

There was a registered manager who registered with the Care Quality Commission (CQC) in March 2015. A registered manager is a person who has registered with the CQC 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. Feedback we received from staff, visitors and health professionals was positive about the new registered manager and the changes which they had been made. They said the registered manager was approachable and fair and would listen.

Summary of findings

People were supported by staff who had the required recruitment checks in place, were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

The staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

People were supported to eat and drink enough and maintained a balanced diet. People and visitors were positive about the food at the service. People were seen to be enjoying the food they received during the inspection. People had access to drinks and snacks at all times.

People received their prescribed medicines on time and in a safe way. Staff treated people with dignity and respect at all times in a caring and compassionate way.

People were supported to follow their interests and take part in social activities. People at the service supported by staff, had planted hanging baskets. They had entered the Exmouth in bloom competition and had been given the first prize in the category entered.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people where able and their families had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. There were regular checks undertaken and emergency plans and a disaster plan in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager had responded to concerns appropriately.

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

People were protected from avoidable harm and abuse by staff who could recognise the signs of potential abuse and report concerns appropriately.

People were able to take risks appropriately. Staff undertook regular risk assessments to identify where there might be risks.

There were plans in place for dealing with emergencies and untoward events.

The premises and equipment were managed to keep people safe.

Staffing levels were regularly assessed and monitored to ensure the correct skill mix to make sure there were sufficient staff to meet people's individual needs and to keep them safe.

People's medicines are managed so that they receive them safely.

Is the service effective?
The service was effective.

Good

People were supported to have their assessed needs, preferences and choices met by staff with the necessary skills and knowledge.

Staff received effective support, induction, supervision, appraisal and training.

Staff had the skills to communicate effectively so that they could carry out their roles and responsibilities.

People's consent for care and treatment was always sought in line with legislation and guidance. Staff had a good understanding of the relevant requirements of the Mental Capacity Act 2005.

People were supported to eat and drink enough and maintain a balanced diet.

People were supported to maintain good health. They had access to healthcare services and received on-going healthcare support. Referrals were made quickly to relevant health services when people's needs changed.

Is the service caring?
The service was caring.

Good

Staff treated people with kindness and compassion in their day-to-day care. Staff ensured people were given privacy and were treated respectfully and with dignity.

Staff had a good knowledge about people's personal histories and preferences.

People were involved in decision making and planning their own care.

Is the service responsive?
The service was responsive to people's needs.

Good

Summary of findings

People or, where appropriate, those acting on their behalf, contributed to the assessment and planning of their care, as much as they are able to.

Care plans reflected how people would like to receive their care, treatment and support. There were arrangements for people to have their care needs regularly assessed, recorded and reviewed.

People were supported to follow their interests and take part in social activities.

People's concerns and complaints are encouraged, explored and responded to in line with the provider's policy. People felt they could raise a concern or complaint, and did they feel comfortable doing so.

Is the service well-led?

Good

The service was well led.

There is a registered manager in post, who people visitors and staff had confidence in.

The leadership at the service was visible at all levels and inspired staff to provide a quality service. The registered manager and deputy manager were aware of the day-to-day culture in the service which included the attitudes, values and behaviour of staff.

People, visitors and staff were actively involved in developing the service.

The provider had quality assurance systems in place which were used to drive continuous improvement at the service.

Exmouth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection took place on 30 July and 3 August 2015 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

The majority of people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. 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 talk with us.

We met most of the people who lived at the service and received feedback from five people who was able to tell us about their experiences and two visitors.

We spoke with 15 staff, which included care and support staff, the registered manager, the provider's quality and compliance manager and the provider's senior maintenance officer.

We looked at the care provided to three people which included looking at their computerised and hard copy care records and observing the care they received. We reviewed the medicine records of five people. We looked at four staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, supervision and meeting minutes and quality monitoring audits.

Before the inspection we contacted 12 health and social care professionals that supported people at the service to ask for their views about the service and received feedback from seven.

Good

Is the service safe?

Our findings

People and relatives said they felt the service was safe and they were happy at the home.

People were protected by staff that were knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training and said they would be confident if they raised an alert, the management at the service would take the necessary action. They were also able to tell us about external agencies they could contact if they were not satisfied with the managements actions. The registered manager reported safeguarding concerns promptly to the Care Quality Commission (CQC) and undertook investigations when requested

When people behaved in a way that challenged others, staff managed the situation in a positive way and protected people's dignity and rights. Staff had worked with people to manage their behaviours and had put into place measures to reduce the causes of the behaviour which would prevent people from becoming distressed and being put at risk of harm. For example, two people found it difficult to be in each other's personal space and became distressed ad agitated. Staff were very responsive to both people's needs and used diversionary techniques successfully to prevent altercations occurring. For example, at lunchtime in the dining room a staff member had recognised one person was becoming anxious. They approached the person and suggested they join them for a meal in the conservatory. We later observed that the person was having their meal with the staff member, happily chatting and laughing. The registered manager had been working with the local authority commissioners to implement additional one to one support for one person.

Staff said they felt there were adequate staff levels to meet people's needs. The registered manager regularly assessed and monitored the staffing levels at the service to ensure were sufficient to meet people's individual needs and to keep them safe. Staff completed monthly individual dependency assessments for each person at the service. The registered manager and the provider's senior manager reviewed these dependency assessments to ensure people's needs had not increased which might require increasing the staff levels.

At weekends the care staff level was increased by one when possible. The registered manager said this was because there were less support staff and management on site at weekends, to answer the phones, deal with concerns and step in when required. They went on to say they looked carefully at the staff schedule to ensure they had the right skill mix on duty. For example, if there was not a supervisor on the night shift a day supervisor would stay on and administer people's medicines. When agency staff worked at the service they completed a check sheet with the supervisor which covered, health and safety, fire procedures, safeguarding, essential hygiene and were told about the emergency contact file. This meant agency staff were informed and would have the knowledge of how to keep people safe when they were in the service. We checked to ensure the agency worker on duty had completed the check and found they had.

Recruitment was robust with relevant checks had been undertaken. These included references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who require care. The registered manager would undertake disciplinary action in line with the provider's policy. For example, the absence management policy had been followed and the sickness levels at the service had improved. We also noted there was a disciplinary meeting being held regarding a medicine error. The registered manager ensured that if agency staff worked at the home, they had their details sent from the agency, so they were assured that they were safe to work at the service.

People received their medicines safely and on time. We observed people being given their medicines safely and on time. Staff ensured the medicine trolley was locked whenever they stepped away from the trolley. They went and sat with each person and discussed their medicines and supported them with an appropriate drink to take them safely. For example, a person was asked if they had any discomfort and advised they could have a pain relief tablet if they wanted. The staff member ensured the person was aware of what was being discussed and took the appropriate action. Staff wore a red tabard advising everybody they were not to be disturbed in order to reduce the risk of making a medicine error. Staff were trained and assessed by the deputy manager to make sure they were

Good

Is the service safe?

competent to administer people's medicines and understood their importance. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Systems to monitor medicines which required refrigeration were stored at the recommended temperature were not effective. There were gaps in the fridge monitoring chart where staff had not always followed procedure and monitored the fridge temperature daily. Staff had also not followed the procedure when the fridge temperature was outside of the recommended range. This had not impacted on people's medicines being unsafe to use as at the time of the inspection there were no medicines stored in the medicine fridge. At the end of the inspection we were shown a memo sent to all staff who administer medicines on the services computer system reminding them to take the fridge temperature daily. The memo made staff aware that the pharmacy had advised the high recordings were not accurate and would have demonstrated the fridge was faulty. It was agreed staff had been recording the room temperature in the wrong column on the monitoring form.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. These were accessible so in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. There was also disaster emergency plan guidance in place to give staff relevant information in the event of a major incident or emergency.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to manage the premises and equipment. The provider was actively recruiting a maintenance person. In the meantime measures had been put into place to ensure that checks were being undertaken by other maintenance personnel employed by the provider. These included wheelchair checks, portable appliance testing (PAT), and fire door and water temperature checks. The relief maintenance personnel came to the service twice a week and undertook repairs which staff had recorded in the maintenance log. They were also redecorating rooms and carrying out some of the planned refurbishments works. A staff member had also been delegated to undertake daily checks on the other days and do some maintenance duties. The daily checks involved a daily walk around, checking fire doors were not blocked, lighting was checked and if a new person had come into the service that had electrical equipment which required testing. Any concerns were recorded on the daily check sheet which were signed off by the maintenance manager when completed. Fire checks and drills were carried out weekly in accordance with fire regulations. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, and gas, electrical and lift maintenance.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. The registered manager used a training guide to monitor staff training had been completed. The training guide demonstrated staff had completed all of the provider's mandatory training and training for staff who required refresher training had been scheduled. The registered manager was also implementing additional training to help staff meet people's needs. These included, the safe use of continence pads, challenging behaviour, which staff had requested and pressure ulcer prevention training which was scheduled for September 2015. When supporting people who required assistance to transfer with handling aids, staff were competent and used the required equipment appropriately.

Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. As part of their induction new staff watched mandatory training DVD's and completed a test sheet to ensure their understanding. When these were completed they undertook shadow shifts and completed an induction check list, which included looking at policies and systems within the home. The service were also implementing the new skills for care certificate which came into place in April 2015. One staff member who had recently undergone an induction at the service said, "I feel they have done it all very professionally, not lacks very much on the ball." Another staff member said, "I have definitely learnt a lot since I have been here."

Staff were encouraged to undertake additional qualifications in health and social care. At the time of the inspection 72% of care staff at the service had a health and social care qualification. The quality and compliance manager said that when all of the staff who are working towards a qualification complete their training there will be a 90% level. One member of staff said, "I requested that I would like to do an NVQ, this has been set up, and I start in August. It is great they are giving me the opportunity."

Supervision and appraisals were used to develop and motivate staff and review their practice. Each staff member had a designated line manager, staff said they felt supported. One staff member said how their line manager helped them to use the services computer system, another said how they felt they were able to raise concerns and felt listened to. The registered manager had a programme of scheduled appraisals for all staff. One staff member said they had an imminent appraisal scheduled and had been given a questionnaire to complete. They confirmed they were quite happy to meet with the registered manager and would speak openly.

People who lacked mental capacity to take particular decisions were protected. Staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. They had been in contact with the local authority DoLS team and made appropriate applications to deprive people at the service of their liberty. For example, applications had been made because the main door to the service was locked and some people were unsafe to leave the building without being accompanied.

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people. For example, one person was able to voice their opinion but may not have the capacity to make certain decisions. Staff had undertaken a capacity assessment and then best interest decisions were undertaken regarding the locked door and medication.

People were supported to eat and drink enough and maintain a balanced diet. The lunchtime experience appeared calm and unrushed, staff were offering people support discreetly and appropriately. There were two main meal options and people were given the choice at the time the meal was served up. Each table were served their meal in turn. A staff member would show people a photograph of the two meals on offer and asked them their preference.

Good

Is the service effective?

Once people had their meal staff went around and offered them vegetable and potatoes which were served at the table. People all had drinks and were offered sauces and salt and pepper.

People were happy about the food they received. Comments included, “The food here is beautiful, very good, more than enough for me. There is a good choice. I am sure I could have something different if I wanted.” “The food is alright.” We have a themed meal sometimes, like, Chinese food and lasagne for Italian. One person who was on the last table to be served said, “You should eat the food it is very good, just waiting for it is the problem.”

The menu and photographs of the meal choice were displayed on the wall outside of the kitchen at the end of the lounge. However there were no prompts in the dining room to remind people of the meal choice. The registered manager said there had been a menu on each table which had been dismantled by a person and that they were in the process of replacing them.

Throughout the morning people were offered a variety of drinks. There was a trolley in the main dining room with snacks for people to help themselves, along with a water cooler in the lounge to access drinks. The snacks included fresh fruit, crisps and chocolate bars. The registered manager said the snack trolley worked very well, but there were times when staff had to support people who filled their pockets with chocolate bars.

People who required a specialist diet had the appropriate meal to meet their needs safely. People who required had plate guards in place and had the choice if they wanted to use a napkin to protect their clothes. 53% of staff had undergone training in “Dysphagia” which is the medical term for swallowing difficulties of certain foods or liquids. To ensure people who required support with their meals had them safely.

Good

Is the service caring?

Our findings

People were positive about the caring attitude of staff. Comments included, "I feel quite comfortable, I was dreading it but I am quite happy with everything here. They are all lovely." "Everyone is very kind and thoughtful, they are super." "I feel very happy to be here with such lovely people to look after me." A visitor commented, "Everyone seems to get the care they require."

The atmosphere in the communal area of the home appeared very calm and relaxed. The conservatory doors were open and people could walk out into the small courtyard which was well maintained and had a lovely display of bedding plants. Staff were seen approaching people in a caring and friendly manner. Staff spoke with affection and knew people well. Staff supported people to maintain their independence. People who were able were able to walk around freely and where people needed a walking aid staff ensured they were given. Staff discreetly supported these people by standing the required distance so they could mobilise independently. When staff were assisting people to stand up, they guided people to know what was expected of them. For example, they said, on the count of three, we will stand and together they then counted to three. The person was engaged in the action and was seen following the guidance.

Staff appeared happy working at the service and every staff member greeted us when they came across us in the home. They also greeted people when they saw them for the first time that day in a welcoming and friendly manner. One staff member said, "It's great working here." Staff respected people's privacy, they knocked on people's doors before entering and closed the door for privacy when delivering personal care.

Staff were very knowledgeable about people's individual preferences and personal histories and were able to tell us in detail people's likes and dislikes. They had a good understanding of what might trigger someone's anxiety and how best to prevent the trigger. Staff responded appropriately to people who appeared distressed or anxious or just appeared unsettled. For example, staff had placed a chair in the main entrance, because a person liked to see who was visiting. The staff office had a stable door, which was open when staff were working in there, so people could come and speak if they had a question or needed reassurance.

People were given support when making decisions about their day to day preferences. Staff said they asked people what they wanted to wear, meal choices, where they wanted to spend their day and if they wanted to use the toilet. One staff member said that a person had requested to stay in their room on the day of the inspection, so they stayed in their room. A person showed us they carried the key to their bedroom door. They said, "It is my flat and I don't want anyone going in there when I am not there."

The service had a cat from the cat protection league, which was seen lounging in the conservatory. The registered manager said people had been involved in the decision to have a cat living at the service. People said they liked the cat and others appeared very fond of the cat and were seen interacting with it throughout our visit.

Staff were respectful of people and were heard chatting appropriately. The registered manager and records confirmed that they had been working with staff regarding the terminology used when speaking to people. For example, rather than saying I am going to feed (person), to say going to support (person) with their meal. As part of an action plan put into place at the beginning of the year, staff had been reminded to call people by their preferred names, which we heard they were.

People's bedrooms had been personalised, people had been able to bring in some of their own furniture and ornaments. Each person's door had a photograph of the person and some rooms had personalised items significant to the person. For example, one room had pictures of puppies. People's relatives and friends were able to visit without being unnecessarily restricted.

Good

Is the service responsive?

Our findings

Visitors were happy they could raise a concern and the registered manager had listened and acted upon concerns raised. One visitor said, "I am happy to tell them if I am not happy, I am on good terms with everyone here." Complaints received by the service had been investigated in line with the provider's policy. For example, a concern raised about a person at the service being disruptive. There had been a meeting with the complainant and a letter sent in line with the provider's policy.

People or, where appropriate, those acting on their behalf, contributed to the assessment and planning of their care, as much as they were able to. Before people were admitted to the service, the registered manager or deputy manager met with the person and their families where appropriate and undertook a pre- admission assessment. They assessed the care the person required and assessed whether the service could meet their needs. On admission to the service the pre- admission assessment was used to generate the person's care plans. Staff would meet with the person and their family and go through their care plans. A staff member said, "The care plans have to be written within five days and reviewed with the resident and family, then after two weeks these are reviewed again, then again after one month then six months and then reviewed annually." Records of one review was signed by the person and recorded, "I was present when my assessments and care plans were completed." Relatives and friends were asked in a survey in March 2015; "Does the home involve service users and their families in service user's care and affairs of the home." There had been 20 response with 95% answering, 'usually' and 'always', with 5% not answered. One visitor said, "I was kept involved all the time, they also asked me to write down his routines."

People's care plans were reflective of their health care needs and reflected how they would like to receive their care, treatment and support. The service used a computerised system to record people's care records. They also had a hard copy of people's important information for staff to access in an emergency or if the computer system failed. People's care plans included their personal histories which identified the persons previous work history and family. They also included their individual preferences and interests and demonstrated people had as much choice and control as possible. For example, "I would like a warm wet flannel as I am able to wash myself apart from my back." "I like to have a bath once a week." "I like medium sized meals." Care plans guided staff how people wanted their needs to be met. For example, I have dementia it has some impact on my abilities and I will often need prompting to complete tasks myself. I may lose track during a conversation or have minor difficulties finding the words. I need staff when this occurs to give me a gentle reminder of my last statement or suggesting the word I missed may help."

People were supported to follow their interests and take part in social activities. There was a designated staff member employed at the service to oversee activities. The service were actively recruiting for an additional activities person to increase the provision of activities. People were kept informed of the activities available by a social activity calendar in the small dining room. The activity person had also recorded the activity of the day on a white board in the small dining room. In the main lounge a board was completed daily identifying the day and what was happening at the service. We were told and records confirmed the activity person spent time with people in their rooms at least twice a week so people were not at risk of social isolation. During these times depending on people's choices, they read therapeutic poetry, listened to music and read books. One person was seen in their room with a fresh jug of juice, they were well presented and had a magazine to read and gentle music playing.

We observed people playing in an indoor bowls game. All 15 people playing were actively engaged and appeared to be enjoying the game. As part of the activity program people had been supported to plant hanging baskets by the activity person and staff. The service had entered the, Exmouth in bloom competition, class 17, hanging baskets. On the second day of our inspection they received a letter saying they had won. The registered manager said they were thrilled and that they would be asking people who had been involved if they wanted to attend the presentation in October 2015.

The service had also been involved in the national care homes open day in June 2015. The service had held an awards ceremony, where people had presented staff with awards. This had been reported in the Exmouth journal with a photograph of the event. The registered manager said that everyone had thoroughly enjoyed the day and were thrilled to have their picture in the newspaper.

Good

Is the service well-led?

Our findings

Visitors said they had confidence in the registered manager and would go to them if they had any concerns. Their comments included, "(The registered manager) tells me if there is anything happening." "I find (registered manger) very approachable and kind.

Staff were also very complimentary about the registered manger and said they had confidence in their ability. Their comments included, "Confident she challenges poor practice- has challenged me a few times but does listen to your side. Very fair." "I love my job, I love it here, it is better since (registered manager) took over."

The registered manager was registered with the Care Quality Commission in March 2015. The registered manager also had day to day support from the service's deputy manager. Visitors and staff were also very complimentary about the deputy manager and said they were confident they would sort things out if something was highlighted. The registered manger said they made a good team and both had their designated roles which worked well. Staff said, "It is a lovely place to work, we have support when we ask from the (the deputy manager) and (registered manager). They are both very approachable and would challenge poor practice straight away, they are always fair. The registered manager was also supported at the inspection by the provider's area manager who visits at least monthly. The registered manager attended a monthly meeting with senior managers and manager's from the provider's other services. These meetings enabled the registered manager to have peer support, to share best practice and to be updated on changes within the organisation. The registered manager said, "The centre of everything with Redstone Trust, is the resident, they come first." This was echoed by staff, who were positive about the culture at the service. They said it was person-centred, open and inclusive.

The area manager undertook quality assurance checks at the service for the provider. The registered manager was given an action plan to complete for any actions identified. The area manager would then review the actions had been completed at their next visit. The area manager had completed a full audit of the fundamental standards in January 2015 which had generated a large action plan which the registered manager had been working through. Each month the area manager would review the progress. Following the inspection they sent us a report confirming that they had completed nearly 50% of the action plan so far. They said they were happy with the steady progress, with some of the outstanding areas relating to on- going refurbishment and monitoring of care plans. They were confident it would continue to reflect this over future months.

The service encouraged open communication with people who use the service and those that matter to them. The provider had recorded in the provider information return, "There is an open door policy for residents, visitors and staff to discuss any concerns at any time or to try and resolve any problems." The registered manager walked around the service each day to speak with people and to monitor their needs were being met. There were regular visitor's meetings and the registered manager had an open door policy for people visiting the service to pop in if they had any concerns. Meeting minutes were displayed on the notice board in the small dining area to advise people of what was discussed.

The provider actively sought the views of families, friends, visitors and health professionals to develop the service. The provider had received 20 responses to a survey sent out in March 2015, which were positive. The results of the survey had been collated and placed in the main foyer to inform visitors to the home. The registered manager said they were looking for a suitable format to inform people living at the home of the results. The registered manager said they were going to undertake 'a resident survey,' as some people within the service would be able to express their views.

Staff were actively involved in developing the service. Staff meetings were held at least twice a year with other meetings held regularly for different staff groups, for example, the supervisors, night staff and housekeeping staff. The registered manager had meetings scheduled with the next meetings recorded in the main staff office to keep staff informed. Records of a supervisor meeting with senior care staff recorded they looked at better systems of duties and responsibilities to improve the care provided. With each supervisor being given an area of responsibility. For example, night staff to change paperwork and check people were having their baths and weights completed. They also discussed a change they had made to the way they worked where senior care staff would undertake extra

Good

Is the service well-led?

responsibilities to support the supervisor on duty. This included answering the telephone when the supervisor was dispensing medicines. Everyone said it had made a big difference.

The provider had also undertaken a 2015 staff survey. The results of the survey showed an improvement in staff satisfaction compared with the previous year 2014 results. One staff member said, ""It is very good here, much better than it was, staff are using more moving aids than they used to. A lot better quality of care, a lot of training."

The registered manager monitored and acted appropriately regarding untoward incidents. The registered manager said staff would keep them informed of any accidents at the service. The registered manager and area manager looked for trends and similarities and checked for frequency and whether there were any patterns that could be addressed to reduce risk. The registered manager undertook regular audits which were collated on a monthly basis and a monthly risk report generated which enabled the registered manager to identify any areas of concern. For example, monitoring of pressure sores, infections, weights and falls. These were shared with the staff and action plans made to improve the service. For example, an infection control audit had identified a room odour. The registered manager had made an action that the room undergo a thorough deep clean and put in place a backup plan to replace the carpet if that was not successful. Every three months a health and safety committee met to look at accidents and incidents which had occurred, fire planning, Control of Substances Hazardous to Health (COSSH). They would discuss and plan interventions and cascade to relevant staff.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.