

HC-One Limited

# Kings Park Nursing Home

## Inspection report

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31 October 2016

16 November 2016

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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 ●

# Summary of findings

## Overall summary

This inspection was unannounced and the visits took place on 26, 31 October and 16 November 2016. The staff and registered provider did not know that we would be visiting.

Kings Park Nursing Home is a purpose built care home and is registered to provide accommodation for up to 40 people who require nursing and personal care. At the time of our inspection there were 38 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People told us they were happy with the service and felt the staff did a good job. We heard how people felt the home was well-run and that the registered manager was extremely effective.

We found that a range of stimulating and engaging activities were provided at the home. There were enough staff to support people to undertake activities in the home and community. We saw people went on trips to museums and local pubs as well as the airport. On the day of our visit people were making baubles for the Christmas trees.

People's care plans were tailored for them as individuals and created with them and their family involvement. People were cared for by staff that knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful. We saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

Staff were supported and had the benefit of a programme of training that enabled them to ensure they could provide the best possible care and support. Staff were all clear that they worked as a team and for the benefit of the people living at Kings Park Nursing Home. Their comments and feedback fed into the continuous improvement of the service.

The registered manager understood the complaints process and detailed how they would investigate any concerns. They actively sought people's views and acted upon suggestions. They had also promoted a reflective learning culture in the home, which allowed staff to look at even the smallest of incident to determine what lessons could be learnt.

The registered manager and staff had a clear understanding of safeguarding. The registered manager acted as a champion for people and would raise complaints and safeguarding matters when this was needed.

We found that there were enough staff on duty to meet people's needs. The registered manager had closely considered people's needs and ensured there were sufficient numbers of staff. For the 38 people using the service there were two nurses, a senior carer and six care staff on duty during the day and then a nurse and six care staff overnight.

The registered provider had provided care staff with access to a development programme that allowed them to become competent in providing clinical care such as wound and catheter care. They also became trained to take blood and monitor people's health. This programme was near completion for some staff and the registered manager told us the intention was that the staff would be employed within the home as a clinical support.

Where people had difficulty making decisions we saw that staff worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

We reviewed the systems for the management of medicines and found that people received their medicines safely. Medicines were closely managed and this ensured people received their medication exactly as prescribed.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. The cook provided a home cooked healthy diet and also provided a range of fortified meals for people who needed extra calories to ensure they maintained their weight. People were supported to manage their weight and nutritional needs.

People were supported to maintain good health. The staff had formed good links with the Consultants, GPs, dieticians, speech and language therapists, tissue viability nurses, community nurses and the falls team.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The staff team was stable and a number of the staff had worked at the home for over four years.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained home with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

### Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to meet them.. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

### Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking for ways to improve.

The values of the registered manager were consistently demonstrated by the staff in their interactions with people and with each other.

People's views were sought and acted upon. Relatives' views were sought.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

# Kings Park Nursing 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 registered 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.

An adult social care inspector completed this unannounced inspection of Kings Park Nursing Home on 26, 31 October and 16 November 2016.

We received and reviewed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also reviewed all the information we held about the home.

During the visit we spoke with three people who used the service who were able to tell us their views of the home and had conversations with another four people. We also spoke with a relative. Many of the people were unable to express their views about the home so we also completed a SOFI (Short Observation for Inspectors), which allows us to formally assess how well staff interact with the people who used the service. We spent time with people in the communal areas and observed how staff interacted and supported individuals.

We also spoke with the registered manager, deputy manager, three nurses, a senior carer, six care staff, the administrator, the cook and a domestic staff member.

We looked at five people's care records, recruitment records and the staff training records, as well as records relating to the management of the service.

We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas. We observed how staff engaged with people during activities.

# Is the service safe?

## Our findings

People told us they were very pleased to be living at the home and that the level of care had exceeded their expectations. Relatives told us that they found staff effectively cared for the people who used the service and were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said "I can't fault one of them." And, "They are all very nice." And, "I'm happy here."

Relatives said, "I'm very pleased we found this home. My relative has been done really well since coming here and we could not be happier."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care. Charts were used to document change of position and food and hydration were clearly and accurately maintained. The records reflected the care we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I would not hesitate to report any incidents and know the manager would ensure this was thoroughly investigated."

We found information about people's needs had been used to determine the number of staff needed to be on duty. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service.

The registered provider and registered manager had closely considered people's needs. During the day there were two nurses, a senior carer and six care staff on duty during the day and then a nurse and four care staff overnight. Also additional support staff were on duty during the day such as activity coordinators, an administrator, catering, domestic and laundry staff.

The registered provider had given care staff access to a training programme that gave them the clinical skills needed to take blood and provide wound care

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence

to show prospective staff had attended interview and the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents.

Accidents and incidents were managed appropriately. The registered manager discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment and additional measures such as pressure mats that could be put in place, which had led to a reduction in accidents. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. The registered provider's infection control lead had recently completed their review of the service compliance with infection control requirements and scored the home at 100% for compliance with the standards.

We saw that personal protective equipment (PPE) was available around the home and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEPs) for all of the people living at the service. The purpose of PEEPs is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas records showed the hot water was kept within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. The registered manager had introduced a system whereby each person's medication was checked on a daily basis. Staff told us that this system had made it easier to ensure the medication was administered safely. We found that medication was stored at the correct temperature and regular checks were completed to make sure the fridges were working properly.

We looked through the medication administration records (MAR's) and found the medicines were recorded



correctly and evidence showed these had been administered in line with the prescription. A MAR is a document showing the medicines a person has been prescribed and when they have been administered. Staff worked closely with the GPs and pharmacist to make sure sufficient medication available and no one ran short. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

## Is the service effective?

### Our findings

The people, who were able to comment and the relative we spoke with told us they thought the staff were good and had the ability to provide a service which met individuals' needs. All of the people we spoke with told us they believed that the home delivered an excellent service.

People said, "The staff treat us well, and they always are at hand." And "There are always enough staff." And, "I am so much happier now I moved here and can't thank the staff enough for what they have done for me."

Relatives said, "The staff have made this a real home for my relative and she is happy."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are 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 were being met.

We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described all of the efforts that had been made to establish whether people could make decisions. The staff went to see the person on average three times during a day, in order to see if the individual was more able to make decisions at a different time. This approach also adopted trying all means to support the person formulate their decision and is the abiding principle of the MCA.

When people had been assessed as being unable to make complex decisions there were records to confirm discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what they would have wished and this was used to form a best interest decision. Best interest decisions were clearly recorded in relation to various aspects of care, including treatment plans, supporting individuals to safely engage in activities, finance and administering medicines amongst others. We found that the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice.

At the time of the inspection, we found that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. Staff had a good understanding of DoLS and why they needed to

seek these authorisations. We found that they had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager and staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. They also discussed the e-learning they completed and felt the training sessions were extremely beneficial. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate this additional training.

We also heard from staff and the registered manager that a programme of additional training had been commenced. This programme was designed to equip care staff with the clinical skills needed to, for instance, take blood, complete wound care and provide catheter care. The registered manager told us the aim of this programme was to provide highly qualified health care assistants who could act as a second clinician on site. This would reduce the home's need to use agency staff and provide a route for care staff to gain promotions within the nursing home.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

When new staff commenced work at the home they had obtained access to the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered provider had ensured the Care Certificate formed the basis for a comprehensive induction and this format when new starters commenced work.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. The registered manager ensured that staff received supervision at least every two months and also routinely completed competency checks.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

People were seen by GPs when concerns arose and attended regular healthcare appointments. We found that the staff had formed a close working relationship with the attending GPs, community nurses and hospital consultants, which had led to them being able to raise any slight concerns and seek advice in a timely manner. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the

opportunity to eat at other times.

The cook told us that the registered provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. Staff told us that there was a very wide range of options at each meal-time and the cook confirmed that they would cook alternatives if people did not want what was on offer. Over lunch we saw people enjoy sweet potato soup, sandwiches, cottage pie and a sweet. We heard that a roast chicken dinner was on the menu at tea time.

We saw that Malnutrition universal screening tool (MUST) tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. We found that the majority of people had gained weight whilst at the home, including those individuals who had physical conditions which caused weight loss.

We saw there menu was comprehensive and provided the option for people to have a substantial hot cooked meal at lunch as well as tea. We saw that people were able to get additional helpings of the food if they wanted and the meals were very appetising.

People told us the food was delicious and plentiful. People said "The food is always really tasty and I can have as much as want."

## Is the service caring?

### Our findings

The people we spoke with said they were happy with the care provided at the home. They told us that staff respected them and were considerate. People told us all of the staff were kind. Relatives told us they thought the care received was very good.

People said "They are all very kind." And, "I can't think of anything they could do to make the home any better."

Relatives said, "I always find the staff are kind and caring to everyone."

We heard that one person had moved to the home who was not expected to live and was receiving end of life care. This person had markedly improved since moving to the home and was now walking again as well as eating and drinking well. Their family stated that they cannot believe the difference in a short space of time since he has moved into the home.

The family of this person wrote a compliment to the staff at the home as stated, "Just want to say thank you to you all for the warm welcome which you gave to [relative] and myself over the past week. Its been a difficult time for [my relative] having spent three months in hospital. I have also found it very emotional but the kindness you have shown has helped make it more bearable. Thank you also for the many cups of tea and coffee which you have kindly made for me when I am visiting [my relative]. I feel confident that [my relative] is in safe hands."

The following extracts are from carehome.co.uk and were recorded between September 2016 to December 2016:

"[My relative] is happy and is well looked after. He is treated with dignity and the nurses and management are happy to listen and to help with any problems that may arise. He enjoys getting his hair cut, going out for a pub lunch with the care home and he seems to have a great relationship and rapport with staff." And, "Very good living here, the food is excellent and I get a beer at night." And, "As a family, we could not be more pleased with the care [my relative] receives. The home is always clean. [My relative's] clothes are always clean and her room kept spotlessly. When visiting the staff always speak to us about how [my relative] has been. They always offer a drink and make sure there is somewhere to sit. You can tell that the staff really care for [my relative] and the other residents. The atmosphere in the home is excellent. My mother could not be better cared for." And, "Dear [registered manager], I cannot thank you and your amazing colleagues enough for looking after [my relative]. I don't know how you do it but you made the last 12 months so much easier to cope with. [My relative] clearly had a connection with you all."

A number of people had difficulty discussing their experience of the home but were able to say they felt happy. We used a SOFI to understand more about the experience of the people and the home and found that every member of staff that we observed used a caring and compassionate approach when working with the people who used the service. The interactions staff had with people led to all of the individuals

responding positively to staff. They also encouraged people to engage in conversation and express their opinion about what they wanted to do.

Staff described with a great passion their desire to deliver high quality support for people, and were extremely empathetic. We found the staff were warm and friendly. All of the staff talked about the ethos of the home being to place the people who used the service at the centre of the service.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. One care staff member said, "We want to make sure people get the best care possible." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join in. A number of relatives had, as tokens of their appreciation for the care being provided made financial donations to the home, which was used to support the people lead active lives. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

## Is the service responsive?

### Our findings

We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were designed to be engaging. At the time of our inspection people were making baubles for the Christmas tree and appeared to derive a great deal of pleasure from this activity. They also enjoyed displaying the items once complete.

People said, "There is always something going on." And. "They always come up with good ideas."

We found people were engaged in meaningful activities. We saw that a range of activities were on offer such as outings, entertainers, activities in the garden and trips to the airport.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed.

We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. We found that care plans were up to date and written with each person in mind. Thus they reflected each individual's needs and wishes.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager. They told us although they had not needed to make a formal complaint but were confident that if they did have any concerns these would be thoroughly investigated and addressed straight away. The registered manager was able to discuss how they would thoroughly investigate issues. They had a solid understanding of how to work with people to resolve complaints.

We found the registered manager was a strong advocate for people and critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives and reach their potential.

## Is the service well-led?

### Our findings

The people and relatives we spoke with were extremely complimentary about the home and how it was run. People told us that home did not feel like a care home but their home. Relatives told us they found the care to be exceptionally good and people were treated with the utmost respect.

People said, "It is so lovely."

Relatives said, "I can't fault it. They really do provide a very good service and I would say this is the best home around"

The home had the benefit of strong, focused leadership. The registered manager was supported by an effective staff team. The registered manager and staff told us they were all comfortable about being able to challenge each other's practice as needed. A member of staff said "[The registered manager] is always looking for ways we could do even better". During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living there. Any question we asked was met with detailed information.

Staff told us the registered manager truly valued them as well as the people using the service. Staff also told us that the registered manager was approachable had supported them to have a work and home life balance. All the staff found that they were respected and this made them eager to come to work and deliver a high standard of care.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives annually, and meetings were held. As well as formal methods of feedback the registered manager encouraged informal feedback. They had an open door policy and encourage relatives to see them to discuss individuals care and how areas could be improved.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The registered manager discussed the reflective process used to assist them and staff learnt from any incidents or accidents. The majority of staff we spoke with discussed how they used all incidents and near misses to assist them review the care. They felt this learning style had helped them as a team improve the home and reduce the likelihood of the incident re-occurring. The Datix (a system for reporting incidents) entries showed that between March and May 2016 there were 50 falls; during June to August these reduced to 26; and during September to November 2016 a further reduction occurred to 10 falls. The registered manager believed that the oversight of incidents and ensuring staff proactively addressed such incidents had led to a reduction and therefore enhanced the quality and safety for people living in the home.

The registered manager audited all of the processes and records relating to the care and support of people within the home. This included health and safety, infection control, mealtime experience, medicine



management and people's care plans. Action plans had been developed from the audits and the results had been used to drive improvements. For example an audit of an aspect of medication had led to the introduction of a daily count. The registered manager had then evaluated the introduction of this new way of working and found it reduced the scope for errors.

The service had a monthly monitoring visit from the area manager who reported their findings to the registered provider.

The staff we spoke with had a pride in the home that they worked in. Staff said, "I love working here."