

# HC-One Limited

## Ferndale Mews

### Inspection report

St Michaels Road  
Widnes  
Cheshire  
WA8 8TF  
Tel: 0151 495 1367  
Website: [www.hc-one.co.uk](http://www.hc-one.co.uk)

Date of inspection visit: 2 and 9 July 2015  
Date of publication: 01/09/2015

### 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

Ferndale Mews is a care home located in the Ditton area of Widnes, close to local shops, pubs and St. Michael's church. The building is a two storey purpose built home on the same site as Ferndale Court Care Home.

The home provides care for up to 34 older people living with dementia. All of the bedrooms are single with en-suite facilities. There is a residential unit on the ground floor and a nursing unit on the first floor. On the first day of our inspection there were 31 people living in the home.

The last inspection took place on the 1 May 2014 when Ferndale Mews was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

This inspection was unannounced and took place on the 2 July 2015. An arranged visit to complete the inspection was then undertaken on the 9 July 2015.

The home is required to have a registered manager. 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'.

# Summary of findings

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. At the time of our inspection visit the home did not have a registered manager in post. An acting assistant operations director [AAOD] employed by the provider was in day to day charge of the home during the inspection. We are aware of the circumstances surrounding this situation and the provider has kept the Care Quality Commission [CQC] updated as required. We were informed during the visit that a new manager would be appointed as soon as possible and have since received written confirmation from the AAOD that a new manager had now been identified and that they would be starting work in the immediate future.

We asked people if they felt safe and all of the people we spoke with said that they did feel safe in the home. Comments included, “Yes, oh yes I feel safe” and “I can lock my door, the girls are quite good, they secure me, they’re very nice”. A visiting family member was asked if they felt their relative was safe and they told us, “Yes, she seems alright, I come every day for an hour or two, no problems really”.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

Staff members and some of the people living in the home spoken with on both the nursing and residential units during the inspection felt there weren’t enough staff at times. We discussed this with the AAOD on the first day of our visit and they explained they were trying to get additional staff to cover peak hours. They were able to update us further on the second day when they confirmed that additional funding had been provided by HC-One and staffing levels were to be increased during the peak time of 8am until 2pm.

The provider used a computer ‘e’learning package called Touchstone for some of the training and staff were expected to undertake this when required. The AAOD explained that the training statistics needed to be improved when she had started at the home and she had now achieved this.

The care files we looked at contained relevant information regarding people’s background history to ensure the staff had the information they needed to respect the person’s preferred wishes, likes and dislikes.

A resident and relatives meeting had been held recently and another meeting was planned and this was due to take place during the evening of the second day of our inspection.

# 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.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were kept up to date to help ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were robust and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe.

Good



### Is the service effective?

The service was effective.

We asked staff members about training and they all confirmed that they received regular training throughout the year, those we spoke with also said that their training was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The home provided an environment that could meet the needs of the people that were living there.

Good



### Is the service caring?

The service was caring.

We asked the people living in and visiting Ferndale Mews about the home and the staff members working there. They all commented on how kind and caring all the staff were.

Visiting relatives made a number of positive comments regarding the home and the staff members working there.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Good



### Is the service responsive?

The service was responsive

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual.

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as speech and language services in order to ensure people received the most appropriate care.

The home had a complaints policy and processes were in place to record any complaints received.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The staff all said they could raise any issues and discuss them openly within the staff team and with the management.

The service had a robust quality assurance system in place with various checks and audit tools to evidence good practices within the service.

Good



# Ferndale Mews

## 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.

We carried out an unannounced inspection on the 2 July 2015 and then undertook a second announced visit on the 9 July 2015. The first day of the inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was undertaken by one adult social care inspector.

Before the inspection, the registered 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 also checked the information that we

held about the service and the service provider and looked at any notifications received and reviewed. We also invited the local authority to provide us with any information they held about Ferndale Mews.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with 12 people living there, six family members and visitors, two visiting professionals and ten staff members including the AAOD, deputy manager and one of the nurses who was working as a supernumerary staff member and helping the AAOD with some project work taking place.

The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living in the home.

We looked around the home as well as checking records. We looked at seven care plans and other documents including policies and procedures and audit materials.

# Is the service safe?

## Our findings

We asked people if they felt safe and they told us, “yes, oh yes I feel safe” and “I can lock my door, the girls are quite good, they secure me, they’re very nice”.

We asked a visiting family member if they felt their relative was safe and they told us, “Yes, she seems alright, I come every day for an hour or two, no problems really”.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any concerns that arose were dealt with openly and people were protected from possible harm. The acting assistant operations director [AAOD] working in the home was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission [CQC]. From the notifications we have received we can see that this process has been followed. Homes such as Ferndale Mews are required to notify the CQC and the local authority of any safeguarding incidents that arise.

Staff members confirmed that they had received training in protecting vulnerable adults. Those we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. Staff members were also familiar with the term ‘whistle blowing’ and each said that they would report any concerns they had regarding poor practice to senior staff. Whistle blowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right and reports their concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw risk assessments within the care files we looked at. These assessed the risks to people regarding falls, pressure areas, choking, maintaining a safe environment, bed rails and moving and handling. The risk assessments were kept under review so the people who lived at the home were protected from unnecessary hazards. We could see that the home’s staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan [PEEPS] in place. These along with an emergency contingency plan were kept in a file in the entrance area. The home’s administrator checked this on a daily basis as part of their duties. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employee had completed an induction programme when they had started work at the home.

As part of the home’s auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the home was maintained. This was an annual process; registered nurses in any care setting cannot practice unless their registration is up to date.

We saw that policies and procedures were in place to help ensure that people’s medicines were being managed appropriately. Medicines were administered by the nurses or the senior carers working on each of the two units. We saw that both the medicine trolley and the treatment rooms on each of the two units were securely locked. We checked the medicine arrangements on both units. We saw that records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when

## Is the service safe?

they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members received regular medicine training. One person we spoke with when asked if they took any medicines said, “Yes, it was always on time”.

Although our observations during the inspection indicated that there were sufficient staff on duty the staff members and some of the people living in the home spoken with on both the nursing and residential units during the inspection felt there weren't enough staff at times. We asked one person living in the home if staff talked to her and they told us, “Some days they do, but if they're short staffed like they have been, they can't”. Staff members told us, “This is a good home, the main issue is staffing” and “Not enough staff, especially in the morning”.

The staffing rotas we looked at during the visit demonstrated that there was usually one nurse and four care staff members between 8am and 2pm and one nurse and three care staff members between 2pm and 8pm on the nursing unit upstairs. In addition to this there was an extra care staff member on duty for four days per week between the hours of 8am and 2pm. On the residential unit on the ground floor there was usually one senior carer and two care staff members between 8am and 8pm. There was an extra care staff member on both floors between the hours of 8pm until midnight. This shift is often called a twilight shift and was designed to provide additional support when people were getting ready to go to bed.

During the night, 8pm until 8am there was one nurse and one care staff member plus the twilight on the nursing unit and one senior carer and one care staff members plus the twilight on the residential unit.

We discussed staffing levels with the AAOD on the first day of our visit and they explained they were trying to get additional staff to cover peak hours. They were able to update us further on the second day when they confirmed that additional funding had been provided by HC-One and the 8am until 2pm extra staff member had been increased from four to seven days per week on the nursing unit. Funding had also been agreed for the same times for all seven days on the residential unit. This would be implemented as soon as possible.

The AAOD who was currently managing the home was not included in these numbers.

In addition to the above there were separate ancillary staff including an, administrator, kitchen, cleaning and laundry staff plus the home's maintenance staff.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We saw that there was plenty of specialist equipment available to meet people's needs including airflow mattresses and cushions to reduce the likelihood of pressure sores.

# Is the service effective?

## Our findings

We saw that the provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.

We asked staff members about training and they all confirmed that they received regular training throughout the year, those we spoke with also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling and dementia awareness.

The provider used a computer 'e'learning package called Touchstone for some of the training and staff were expected to undertake this when required. The AAOD explained that the system generated statistics relating to the percentage of staff members who had undertaken relevant training. If there were any shortfalls the manager of a home in conjunction with HC-One's learning and development team would generate an action plan which the manager then had to address. The AAOD told us that she was currently working on the home's action plan and had written to individual staff members explaining that they needed to update their training. Failure to then update the relevant course would lead to disciplinary action. They told us that at the time of the inspection they were concentrating on improving the statistics for mandatory training such as moving and handling. When these statistics met the appropriate percentage they then intended to address any shortfalls in supplementary courses. We saw examples of the correspondence sent to staff members and from the statistics supplied the overall training statistic at the time of our visit stood at 86.8%. HC-One expects homes to achieve at least 85% compliance. This statistic is based on the fact that some staff may have just started, they may be on maternity or sickness leave.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We checked

the records which confirmed that supervision sessions for each member of staff had been held. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member. This may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

Staff competency was assessed through the supervision system and through the auditing of records such as medication.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent.

The majority of the information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle, for example how someone wanted to be dressed. We saw that the home tried to obtain consent to care from the person themselves or if this was not possible they asked the person's family or representative to agree to the care being provided.

Visits from other health care professionals, such as GPs, community psychiatric nurses [CPN], speech and language therapists, occupational therapists [OT's], dieticians, chiropodists and opticians were recorded so staff members knew when these visits had taken place and why. During the inspection we were able to speak with a visiting CPN who told us that the AAOD kept them up to date and that they had a good understanding of mental health and dementia issues. We were also able to speak with a visiting OT who told us that in their opinion the quality of care was good.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 [MCA]. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not



## Is the service effective?

inappropriately restrict their freedom. Some of the staff members we spoke with confirmed that they had received training on the MCA and DoLS via E learning. We looked at the training matrix supplied and at the time of the inspection visit 29.7% of the total staff numbers employed had completed this training. We have discussed this with the AAOD since the inspection and they explained that this course was not currently included in the list of HC-One's mandatory training although it was likely this would be changing. It was currently still classed as supplementary which meant staff members had longer to complete these. Given the fact that the mandatory training issues had now been addressed they were now asking staff to complete any relevant courses such as the MCA and DoLS.

The AAOD informed us that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to deprive an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The AAOD explained that at the time of our inspection visit one person had a DoLS in place and three had been applied for. They were also in the process of applying for more. We were able to confirm this during the inspection.

There were no kitchen facilities in Ferndale Mews; food was prepared in the main kitchen within Ferndale Court which is on the same site. Food was taken to Ferndale Mews in heated trolleys designed for the purpose and was then served by the catering staff. We did not identify any issues with this process during our inspection. We saw that there was a flexible four week menu in place which provided a good variety of food to the people using the service. This menu was seasonal and the summer menu was due to start. Special diets such as gluten free and diabetic meals were provided if needed. There were two choices available each day at lunchtime and in the evening. There were also alternatives available to the set menu. We asked how the kitchen staff were made aware of a new person's dietary needs and were shown a dietary preference sheet that was completed when someone moved in to the home. This included any dietary needs and an individual's likes and dislikes.

There were kitchenettes on both units so drinks and snacks were made there. In order to provide greater flexibility and to give people more choices a daily supplies request was sent to the main kitchen. This included items such as bread and butter, cooked meats, cheese and spreads for sandwiches, jams, fresh fruit, rice puddings, biscuits, chocolate and ice cream.

We observed staff members supporting people in both dining rooms in a patient, unhurried manner during lunch. The relationships between the care staff and the people using the service were relaxed and positive. This included one person entering the dining room downstairs who upon entering smiled and waved to a carer who went straight over and hugged her saying, "Have you missed me?" the lady smiled and told her, "Yes, I have". We used the Short Observational Framework for Inspection (SOFI) in the upstairs dining room at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We asked the people living in the home about the meals being provided and one of them told us, "Some of them I like, I like salads you see". This person went on to say that the meals were "Quite nice" and that choices were available. A visiting family member told us, "Food has improved a lot".

At lunchtime in the downstairs dining room we saw that the tables were clean, tidy and set with cloth, mats, cup/saucers, glasses and cutlery. There was a full menu on each table with the day's meal choices on.

We saw that the staff monitored people's weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home's on-going auditing systems. People were being weighed to monitor for any weight loss and if necessary they were being given fortified food and drinks with supplements to help maintain their weight.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with people's consent a number of bedrooms as well. A visiting relative told us, "The place is always clean".

## Is the service effective?

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence. There was appropriate signage to bathrooms and activity areas.

There were no laundry facilities in the home. This service was provided by Ferndale Court which is another home on the same site as the Mews. We did not identify any concerns regarding this during the inspection.

# Is the service caring?

## Our findings

We asked the people living in Ferndale Mews about the home and the staff members working there. Comments included, “Excellent, quite a pleasure, never any harsh words, all so nice”, “Very nice here”, “they come and chat” and “I’ve always found them kind, always”. We asked if the care staff members respected their privacy, one person told us, “Yes love, plenty of privacy, they say to me, we know what you like”. We asked this person if they were given a choice of female or male carers and was told no. Whilst people should be asked this question we are aware that there were no permanent male staff members working in the home at the time of our inspection.

A visiting family member told us, “Yes, oh yes and they’ve always knocked on the door when I’ve been there”.

Comments from the family members we spoke with included, “[my relative] is being well looked after. The staff are very friendly and attentive. They always treat her with respect and she is being cared for as well as she could be”, “Brilliant, [my relative] is being well looked after”.

We observed one of the people living in the home being helped to stand and being assisted to the toilet. The carers were careful, caring, communicative, friendly and fully engaged with the person they were helping. They explained what they were doing and showed a caring manner, chatting and joking with the person. After the person was helped back to their chair staff asked did she want a drink, she said yes and they brought one straight away.

We saw that family and other visitors could attend whenever they wished. This was confirmed by the people living in the home. A visiting family member told us, “Yes, [I] come every day. I know them all by name and all of them know me”.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Ferndale Mews and had positive relationships with the people living there.

We saw that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa. From our observations during the inspection we could see that the staff did know and understand the needs of the people using the service. We saw staff members responding to the people using the service with both care and affection.

We saw that the people living at the service looked clean and well-presented. They were dressed appropriately for the weather on the day and were also wearing the clothes they felt most comfortable in, for example a shirt and tie.

We observed that staff members responded to any call bells quickly and they used a dignified approach to people, for example, knocking on people’s doors before entering.

The quality of décor, furnishings and fittings provided people with a homely and comfortable environment to live in. The bedrooms seen during the visit were personalised and comfortable with some containing items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as key staff, the facilities and the services provided, safety, what to do in the event of a fire, communication and complaints, activities and the laundry. A copy of the service user guide was placed in all of the bedrooms.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

# Is the service responsive?

## Our findings

A pre-admission assessment to ascertain whether a person's needs could be met by the home was carried out prior to anybody moving into Ferndale Mews. As part of the assessment process staff would ask the person's family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were being reviewed so staff would know what changes, if any, had been made.

The seven care files we looked at throughout the two units contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them.

We saw that G.P.s, CPN's, district nurses, dieticians, occupational therapists, tissue viability nurses and speech and language therapists [SALT] were regular visitors to people in the home. If people needed specialist help, for example assistance with swallowing, staff contacted the relevant health professionals who would then be able to offer assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening when one person's care plan had been updated to include support with swallowing after the SALT assessment. We asked the people living in the home if they had access to a G.P. when they needed one and were told by one person, "He comes out to me straight away".

The AAOD told us that the activities co-ordinator had left recently and they were in the process of appointing a new person. In the meantime a co-ordinator from another HC-One home was covering this post. The co-ordinator from Ferndale Court was also helping in Ferndale Mews. The activities co-ordinator role is to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed, or in groups. We did see a variety of events taking place during our inspection; these included one to one activities such as nail care and the planning for a barbeque during the evening on the second day of our visit.

We spoke with the activities co-ordinator who told us that they were working for 30 hours over a seven day period. They told us that because of the needs of the people living in the home the majority of their work was on a one to one basis rather than group activities. The activity co-ordinator told us that they recorded the time spent with each person and what they had done with them. This ensured that nobody was missed and everybody who wanted to could participate in activities.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Complaints were recorded in a file along with records of the investigations which took place and the outcome achieved. We looked at the most recent complaint made at the end of May 2015 and could see that this had been dealt with appropriately. People were made aware of the process to follow, in the entrance area and within the service user guide. One of the people using the service when asked about complaints told us, "Me, no, I'm quite happy as I am". Visiting relatives told us, "I have no complaints at all but I would complain if needed" another said they would "go see the manager". Two relatives of another person who had moved in to the home recently told us that they had had to complain and that it had been dealt with appropriately at the time.

# Is the service well-led?

## Our findings

The acting assistant operations director [AAOD] told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They ‘walked the floor’ regularly in order to check that the home was running smoothly and that people were being cared for properly, the people using the service confirmed this. As part of this process the manager held a daily briefing session with senior staff that covered any issues for the day and a manager’s daily audit covering a visual check of the premises, any action requiring attention and any comments or feedback from the people using the service, any relatives and from staff members. Although we did not attend this meeting we did observe that they took place on both days of our inspection.

HC-One were in the process of introducing a computerised feedback system in to its homes. This had been fitted in the entrance area and this was due to go ‘live’ in the immediate future. The system comprised of a ‘have your say’ touchscreen that would enable people to comment immediately after a visit. This will be open to anyone, including family members and visiting professionals.

The AAOD had held a resident and relatives meeting since being in the home and had another planned for the second day of our inspection visit. This meeting was due to take place just before the barbeque planned for the evening and as part of the process, all of the relatives had been given a letter inviting them to attend. The letter sent explained that the purpose of the meeting was to be a ‘general update’ and chat.

In order to gather feedback about the service being provided HC-One had provided feedback forms for people to complete if they wished to do so. We saw that these were available in the entrance area.

In addition to the above and to gather feedback about the service being provided HC-One also used a separate company, Ipsos Mori, to undertake surveys on their behalf. The AAOD sent us a copy of the most recent findings from the survey undertaken in September and October 2014; this showed that the overall performance rating for the home was 915 points out of a possible 1000. This result is

based upon the survey findings from four key areas; staff and care, home comforts, choice and having a say and quality of life. This showed that the people who had completed the survey were happy with the service being provided by the home at the time.

HC-One had a corporate management system within its homes. This was called "Cornerstones".

It was a combination of practical tools such as, a manager's daily diary, guidance and corporate documentation. The manager's diary contained eight core daily activities that they needed to carry out. These were; ‘walkarounds’, activities and life in the home, daily briefing for staff, enhancing the meal service, welcoming prospective new residents, care plan audits, supporting and developing the staff team and effective management systems. The completion of the diary provided an on-going account of life within the home that was audited as part of the company's internal quality assurance system.

One element of Cornerstones was the on-going monitoring of the systems used within the

home via the company’s computerised monitoring system called, Datix. This included audits on care plans, medicines, any accidents or incidents, falls, hospital admissions and infection control. As part of this process the AAOD completed a monthly key performance indicator report which included any pressure sores, weight losses or gains, the use of bed rails, the reason for any hospital admissions and if any infections had occurred. This helped to ensure any issues were identified and addressed.

Representatives from HC-One such as the operations director also visited the service and spoke to the people living there on a regular basis. This helped to ensure any issues were identified and addressed quickly.

The staff members we spoke with made a number of positive comments about the AAOD; these included, “She is approachable and fair” and “If she says something I know she means it. She has turned this place around and is on the ball”.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff members how they

## Is the service well-led?

would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns they had.

In addition to the above there were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency

lighting. We looked at the maintenance certificates and could see that they were all up to date, these included checks on the call system, any hoists in the home, the lift and the gas and electrical systems..

Staff meetings were being held regularly and that these enabled managers and staff to share information and / or raise concerns.