Sun Healthcare Limited

Havenfield Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 24 November 2015 and it was an unannounced inspection. This means the provider did not know we were going to carry out the inspection.

Since May 2013, Care Quality Commission inspectors have carried out three inspections. This was because we found areas of non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At the last inspection in February 2014, we found the home to be compliant with the regulations inspected at that time.

Havenfield Lodge is a nursing home registered to provide accommodation and nursing care for up to 46 people who have a learning disability and/or autistic spectrum disorder and/or physical disability. There is a separate unit within the home for three people, where staff were provided specifically for that unit. On the day of our inspection, there were 37 people living at the home.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The home did not have a registered manager in

Summary of findings

post on the day of our inspection, as the previous registered manager had recently de-registered but there was a home manager, who told us they were planning to apply to CQC to become the 'registered manager'.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led. Comments included; "It's a really safe place. It's home", "[Staff] ask if I want to do something or ask what I want to do", "[Staff] are lovely. They always think about what I want first" and "I've never needed to complain but I certainly know how if I need to."

People were protected from abuse. The home followed adequate and effective safeguarding procedures. Care records were person-centred and contained relevant information for staff to provide personalised care and support. People and their relatives had been involved in care and support planning.

Staff were supported well and received regular supervisions. There were some concerns that staff have not received recent training in subjects relevant to their role, which may mean they may be out of date with current good practice The home manager, who was new in post, told us they were aware of this.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity Act Code of Practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There were regular quality-monitoring and audits carried out at the home. We saw that, where concerns had been identified, the deputy manager had developed an action plan for actions to be taken. These actions were not always signed when completed. We spoke with the home manager and deputy manager, who told us they would ensure this was done in future.

Staff, people who lived at the home and their relatives were regularly asked for their thoughts and opinions of the home, and were given opportunities to give suggestions to improve the home.

During our inspection, we found one breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

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.

People were protected from abuse and avoidable harm as the home ensured people understood what 'being safe' meant and had effective safeguarding procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected.

There were sufficient numbers of suitable staff on each shift at the home and the home had carried out adequate pre-employment checks.

Medicines were managed to ensure that people received them safely and in the way they liked. We found some concerns with temperatures in the treatment room but the home manager was addressing them.

Good

Is the service effective?
The service was not always effective.

Staff supervisions and appraisals were up to date. There were concerns, where some staff had not received training or training updates in all areas relevant to their role.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines and people had mental capacity assessments in place.

People were supported to have sufficient to eat and drink to maintain a balanced diet. People also had access to relevant healthcare services for ongoing healthcare support, where required.

Requires improvement

Is the service caring?
The service was caring.

Staff had developed positive, caring relationships with people who lived at the home and people who lived at the home were supported to express their views and be actively involved in the service by staff who promoted and respected people's privacy, choice and dignity.

Good

Is the service responsive?
The service was responsive.

People's care was personalised and responsive to their needs, with care records containing details of people's lives, preferences, including things that should happen for each person for them to have a good day.

The home routinely listened to people's experiences and responded well to any concerns or complaints made.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The home promoted a positive culture that was person-centred, open, inclusive and empowering.

There was good management and leadership at the home. Regular audits and checks were carried out by the deputy manager, robust records were kept and good data management systems were in place. There were monthly monitoring visits carried out by the provider's Quality Assurance Manager.

Regular surveys were sent to staff, people who lived at the home and their relatives to get feedback about the home in general and about care and support provided.

Havenfield Lodge

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 was 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 24 November 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two adult social care inspectors. We did also request an expert by experience to join the team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Unfortunately there was no expert by experience available to assist us on this particular day.

Prior to our inspection, we spoke with 12 stakeholders including the local authority, a dentist, a pharmacist, NHS England and South Yorkshire Fire & Rescue Service. Stakeholders we spoke with told us about any concerns they had about Havenfield Lodge and we looked into these during our inspection. We also checked any previous notifications or concerns we had received about the service so that we could look into these during our inspection.

Before the inspection, we asked the provider to complete 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. The provider returned their PIR.

During our inspection, we spoke with the home manager, the deputy home manager, four staff members and five people who lived at the home.

We looked at documents kept by the home including the care records of four people who lived at the home and the personnel records of six staff members. We also looked at records relating to the management and monitoring of the home.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and felt the home helped them to 'keep safe'. People also said that there were enough staff on duty, during each shift. One person said to us; "Staff are always attentive and here when I need them. I'm very well looked after". Another person who lived at the home said; "There are normally enough staff around. Sometimes during the night there are less but that's when most people are asleep."

People who lived at the home told us they received their medicines on time and in a way that they liked.

We asked staff if they felt there were enough staff on duty each shift. One staff member said; "[The home] is generally well staffed. Sometimes though, staff phone in sick at short notice so that doesn't really help. Agency staff are sometimes used, which can cause some little issues because they don't know [people who lived at the home] as well although [the provider] usually tries to get the same agency [staff member]. The number of agency [staff] used has reduced though."

We checked staffing rota's for the home and found that, during each shift, there were adequate numbers of staff present. During each shift at the home, there were always two qualified nurses and ten support workers. An activities co-ordinator worked five days per week, as did a handy person. There was a domestic member of staff on day shifts at all times. On the day of our inspection, staff on shift were the home manager, the deputy manager, two qualified nurses, ten support workers, an administrator, an activities co-ordinator, a chef, a kitchen assistant, four cleaners, a part-time laundry person and a handy person. This demonstrated staffing numbers at the home were adequate to meet people's needs.

We looked at the staff personnel files of six staff members who worked at the home and found adequate pre-employment checks had been carried out by the registered provider. These checks included photographic identification, proof of address and right to work in the United Kingdom, reference checks from previous employers to confirm their satisfactory conduct and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This meant the home followed safe recruitment practices to ensure the safety of people who lived at the home.

Throughout the inspection, we carried out observations and saw that people were treated well, with safety at the forefront of care and support provided. Staff we spoke with were able to explain to us the different types of abuse, the signs to look out for and how to report concerns. One staff member we spoke with told us; "I know all about safeguarding. Basically, it's all about protecting people from harming themselves and others. Signs to look out for can be anything from bruising, loss of appetite or if someone just seems generally withdrawn." Another staff member said; "Information about how to safeguard people is in their care plans. There are risk assessments so [staff] know what is safe for each particular person."

We reviewed the safeguarding policy for the home and saw that this had been last reviewed in February 2015 and was up to date with all relevant information. The safeguarding policy contained information on how to reduce the risks of abuse occurring, how to recognise abuse, signs to look out for, how to respond to an allegation or concern, how to make a referral, actions to take following a referral being made, how to secure and preserve evidence, and information about whistleblowing. Included in the policies appendices was information about relevant legislation, useful contacts, incident referral forms and consent forms. The safeguarding log kept at the home contained all relevant information about each concern, actions taken and outcomes of any investigations. This demonstrated the home had appropriate policies and procedures in place for addressing and responding to safeguarding concerns and that safeguarding concerns or alerts were addressed and dealt with appropriately.

Accidents and incidents at the home were recorded and contained all relevant information. We saw that analysis of accidents and incidents was carried out on a monthly basis, where outcomes and actions were looked at to identify any trends or patterns. This demonstrated the home had adequate procedures in place for dealing with accidents and incidents and that the home carried out adequate monitoring of accidents and incidents to reduce the chances of reoccurrence.

Risk assessments and care plans were present in people's care records in areas including, but not limited to; personal

Good

Is the service safe?

care, eating, drinking, health, continence, medicines, social needs, safety and consent. All care plans and risk assessments were reviewed on an (at least) annual basis, or when there had been a change in the person's needs or wants. There was a document in each care record titled 'All about me', which contained information about the persons communication needs, allergies, medical interventions, medicines, moving and handling and how to calm the person if they became upset. This document was taken with the person, should they need to be admitted to hospital and/or during an emergency. This meant the home ensured relevant, up to date assessments and care plans were in place. This also meant that important information was present and ready to be taken to hospitals, during or when the home was responding to an emergency, so that other healthcare professionals were aware of the person's needs.

We looked at Medication Administration Records (MAR) at the home and found these were well maintained and completed accurately. We carried out stock checks of nine medicines at the home and found they were all correct. We checked four controlled drugs kept at the home against the controlled drugs register and found stock levels and stored controlled drugs were correct. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of treatment rooms and refrigerators, where medicines were stored were carried out on a daily basis to ensure medicines were stored safely. However, we found that, the day previous to our inspection, the refrigerator temperature had been recorded as 17C, which exceeds the maximum temperature for storage of certain medicines. We spoke with the nurse on duty and the home manager about this, who told us they were addressing this and looking to either get the refrigerator repaired or replaced. We also saw that the temperature checks of the treatment room were recorded everyday as the minimum temperature being 13.1C and the maximum temperature being 26.1C, which exceeds the maximum temperature for safe storage of some medicines. We spoke with the nurse on duty and registered manager about this, who told us that this was due to staff not 'resetting' the thermometer, before taking the temperature checks. The home manager assured us that they would speak with all staff and ensure they were aware of the need to reset the thermometer before recording the treatment room temperature on temperature charts. During our inspection and our time in the treatment room, we noted that the temperature did not exceed the 25C maximum temperature for safe storage of some medicines. Policies regarding medicines had all been reviewed in February 2015 and included policies for; the management of medicines in residential care homes, drug errors, missing medicines, covert medicines and controlled drugs. This meant the home had policies and procedures in place for the safe storage, administration, recording and management of medicines.

Requires improvement

Is the service effective?

Our findings

People we spoke with said they received their care and support in the way the wanted and that they were able to make choices about their care and support. People who were able, told us they were involved in their care and support planning. One person told us; "I'm always involved when my care plan is reviewed." Another person said; "I was involved with my care plan review. So was my family and social worker." Where people did not want to be involved in their care and support planning, this was recorded in care records.

We asked people about the food available at the home. People told us that the food was good but that there were limited choices. Comments made by people included; "I love the food", "The food is ok" and "The food is good, I enjoy it." One person told us; "The food is good, but it depends on who is cooking. There's a lot of the same thing on the menu's too, like stew or omelette and there's not many alternatives if you don't want that." We spoke with the cook about this, who told us that other options were available but that people who lived at the home needed to express their preference for a different option the previous day. The cook also explained that, following feedback from people, they were currently developing a four week menu, so there would be more variety and choice in the future.

Staff we spoke with were able to tell us how they ensured people were able to make choices about their day. One staff member we spoke with told us; "[Staff] know [people who lived at the home] so well that a gesture or noise lets [staff] know what [people who lived at the home] want to do. [Staff] always ask." Another staff member said; "[Person who lived at the home] has dementia, so [staff] have to give regular prompts. [Staff] always still ask what [person] wants to wear, if they want a wash, what they want to eat. It's all about letting the person choose."

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We looked in staff files and found evidence that staff received regular, written supervisions from managers, with supervisions having taken place (at least) every three months and annual appraisals carried out yearly. Staff we spoke with told us they felt supported by the manager and deputy manager and would have no issues in raising any concerns with them. One member of staff said; "I've met the new manager, I like him" and another staff member said; "I have supervisions regularly and I had my annual appraisal in the summer." One staff member, who we spoke with about supervisions and staff meetings, told us; "I like [working] here and wouldn't keep coming back if I didn't. There will be a few changes with the arrival of the new manager, but we'll get used to them." The home's supervision policy stated that staff should receive supervision six times per year (every two months). We spoke with the home manager about this, who told us they had a plan in place for all staff to receive supervision every two months, in line with their policy. We saw this plan and could see that supervisions had been planned in for each staff member every two months. The home manager also showed us a diagram, showing who each member of staff would receive supervision from. This demonstrated staff received supervisions and appraisals and were adequately supported.

We looked at the staff training matrix at the home and saw that some staff training was out of date. The training matrix was colour-coded and, where training not completed were identified on the training matrix with a white box and required training updates were identified as a red box. Where training was up to date, the training matrix identified this with a green box. We looked at the matrix to identify where staff training was required and saw that, out of the 61 staff members on the training matrix, training required included, but was not limited to; 11 staff requiring training in dignity & respect, 36 staff requiring training in fire, 23 requiring training in health & safety, 8 requiring training in moving & handling, 16 requiring training in the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards and 7 requiring training in safeguarding. This meant the home had not ensured staff were up to date with their training requirements.

The above evidences a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Requires improvement

Is the service effective?

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 conditions on authorisations to deprive a person of their liberty were being met.

We asked the home manager if there was anyone living at the home who had a DoLS authorisation in place. The home manager told us there were several people who did have a DoLS authorisation in place, and provided us with a spreadsheet with this information. The spreadsheet contained details of; the person's name, their representative, the conditions of the DoLS authorisation, the local authority, the date the DoLS application was submitted and the date it was approved, the expiry date of the DoLS authorisation and the date that CQC were notified of the application and authorisation. This demonstrated the home kept an accurate and robust log of DoLS referrals and authorisations and carried out and followed relevant procedures in order to lawfully deprive someone of their liberty.

We found in care records that mental capacity assessments had been carried out to assess a person's mental capacity to consent to specific care and treatment. Mental capacity refers to a person's ability to make a decision. The MCA states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Where people lacked capacity to make decisions, a best interest meeting was held with relevant professionals and relatives, where appropriate. This meant people's capacity was assessed and recorded appropriately and that the home worked within the principles of the Mental Capacity Act 2005.

We saw that a Multi-Universal Screening Tool (MUST) was used to assess people's nutritional needs and to establish any nutritional risks the person may have had. The MUST assessments were reviewed on a monthly basis, to ensure the risk score given was still correct and remained relevant to the person's needs. We saw information in care records about people's preferences regarding food and drinks. On the day of inspection, we observed staff offering choice to people about their food and drink. This demonstrated people were supported to meet their nutritional needs and that care records contained detailed information about people's preferences.

During lunch time at the home, we carried out observations in a dining room. We saw that mealtimes were not rushed and people were supported to eat their meals. We also carried out observations in the 'bistro' area at the home, which was another smaller dining room. We found that, in both dining areas, the environment was pleasant and welcoming. There were enough staff available to support people who required assistance with eating and drinking.

Care records evidenced that people were involved in their care and support and, when required, relevant healthcare professionals were contacted and involved when people's care needs had changed.

People's bedrooms were well-decorated and personalised. We saw photographs and items of importance and interest to the person were present and people confirmed that they had been involved in choices about the decoration in their rooms.

Good

Is the service caring?

Our findings

We asked people how they felt about staff who worked at the home. Everyone we spoke with felt staff were caring, warm, kind and compassionate. People said staff spoke to them with dignity and respect. People told us; "It genuinely feels like home", "I like all the staff", "I can make choices and staff respect that. This is my home" and "[Staff] are lovely, couldn't ask for better really." One person said to us; "I feel really comfortable with all [staff], except maybe one, who can sometimes be a bit patronising." We asked this person if they had reported this to the home manager and they told us that they hadn't yet, as the home manager was new in post.

Comments made by staff included; "I enjoy it here. I think [people who lived at the home] enjoy a good quality of life" and "I love my job. It gives me great pleasure to see people enjoying what we do for them."

Throughout our inspection, we carried out observations of staff interactions with people who lived at the home. We saw that people were treated with warmth, kindness, dignity and respect. People who lived at the home were well groomed, with the men being clean shaven and the women having their hair done. We also saw that people's fingernails were clean and there were no offensive odours throughout the home. Throughout the day, we did not hear any staff member discussing people's care needs within earshot of others. When staff provided personal care to people, bedroom and bathroom doors were closed to ensure people had their privacy and dignity maintained. This demonstrated staff were caring and respectful of people's privacy and dignity.

Staff we spoke with were able to tell us about people who lived at the home, their likes and dislikes and any interests they had. Staff told us about people's lives, what people enjoyed doing and people's routines or habits. This demonstrated staff knew the people they supported well.

We saw care records were written in the first-person narrative and contained details about how people had been involved in their own care and support planning. There were details about people's preferred activities and what made them happy. For example, in one care record, we read; "I like to be outside as much as possible, no matter what the weather", "I like being able to come and go as I like", and "I like having a walk out to the shops to buy my cigarettes and lager." We also saw that care records contained information about people's dislikes, or what made them unhappy. For example, in one care record we read; "Some of the things I dislike are; people shouting and making a lot of noise, not having much to do and having to wait for things like my meal." This demonstrated documents were in place to enable staff to provide person-centred care and support, in line with people's likes and dislikes.

Documents were present in care records with information about places people would like to go on a good day and what people would like to see on a good day. For example, in one care record we read; "For me to have a good day, some of these things should happen; Go to Bridlington to look around by myself." We also saw a document in care records that had details of the person's goals. There were documents present in care records that contained information about "people to see on a good day" and in one care record, we read; "My friend who lets me have reclaimed timber, so that I have something to do." This person liked to go into the garden area and chop wood. This demonstrated that the home ensured information was present about people's likes and dislikes and that people were enabled to carry out activities that meant something to them.

We saw on a notice board in the reception area of the home that there was information present about advocacy services. An advocate is a person who speaks on behalf of another, when they are unable to do so for themselves. We also saw information present on the notice board about Independent Mental Capacity Advocates (IMCA's). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. This meant the home ensured information was available for people about advocacy services available.

There were no restrictions on visiting times at the home and the home manager, staff and people who lived at the home confirmed this to us.

Good

Is the service responsive?

Our findings

People told us they were able to make choices about their lives and that staff were responsive to their needs. People said staff provided them with choices about everything, including what time they wanted to eat and what activities they wanted to do. One person told us; "Staff always listen and are interested in what I have to say." Another person said; "[Staff] ask if I want to be involved in [an activity] and I get to decide if I do or not."

People we spoke with told us they felt able to complain, if they needed to and that their complaints would be dealt with effectively.

People we spoke with told us they were able to access other healthcare services, when they needed them. One person said; "I go to the hospital to my appointments and the doctor (GP) comes out if I'm not well."

We asked people if they were supported to go on trips out of the home. People said they were. One person said; "Yes, I can go out. I'm going to the disco tonight." Another person told us; "I like getting involved in activities. I like going to the cinema, going to college to do arts and crafts, bowling and I like meals out." Another person who lived at the home said; "I go out to the [adult learning] centre once a week to learn maths. I like that." There was an activities co-ordinator on shift during our inspection, who worked Monday to Friday. We saw that the home had an activities board, which included activities such as; armchair aerobics, art, information technology, photography, bowling, trips to the pub, walking and a disco. We saw in the enclosed garden area a large game, in which people had to insert coloured discs into a grid to create a line of four of the same colours, before their opponent. This game encouraged gentle physical and mental exercise and encouraged people to partake in activities outside.

Care records we looked at were personalised and had been written with the involvement of people and their families, where possible and appropriate. People had expressed their views and preferences, and these were recorded in care records. We found information about the person's life, including their preferences, interests and aspirations. This meant information was available for staff to provide personalised care and support.

During our inspection, we saw one person, who liked to be outside, was in a poly-tunnel that was in the garden area of the home. This person had identified in their care records that they liked to be outside and enjoyed spending time alone, in the poly-tunnel. One person we spoke with while they were playing dominoes with a staff member told us that this was something they enjoyed doing. We also saw people getting ready to attend a weekly disco, if they wished. We spoke with people who were attending the disco and they all told us they were excited and enjoyed the trip out. Throughout the day, we saw people sat in lounges engaging in conversations with each other and with staff members. This demonstrated the home enabled people to partake in activities that they enjoyed and that people were able to maintain friendships and avoid social isolation.

The complaints policy for the home was up to date, having been reviewed in March 2015. We also found that the home had an easy-read version of the complaints policy, containing photographs and pictures for people who did not communicate using words. This meant the home ensured the complaints policy was available, and understandable for people who lived at the home.

We looked at the complaints and compliments file held at the home and found details of two complaints that had been recorded, during 2015. We saw both these complaints had been addressed and investigated. Detailed and comprehensive response letters were present in the file, demonstrating actions taken and the response provided to the complainant. This demonstrated the home addressed, responded to and managed complaints.

We found complaints were encouraged in a variety of ways. We saw there were regular 'residents meetings', where people were able to attend and give suggestions or raise any issues. People told us that, if they needed to complain, they would tell a member of staff or go to the office to speak with the manager. We also saw information on how to complain was present in the 'service user guide'. This meant the home made information available for people on how to complain and that people felt comfortable and confident in doing so.

Good

Is the service well-led?

Our findings

People we spoke with told us they knew who the home manager was and that they felt the home manager was approachable and 'nice'. People also told us they felt involved in decisions made about the home and could recall filling in surveys to give their opinions and thoughts. One person said; "I enjoy going to the residents meetings. It's good to be involved." We asked people if they felt they were treated fairly. Everyone we spoke with said they felt that everyone was treated with the same amount of respect and that people were enabled to make choices about their own lives and the home itself.

Staff we spoke with told us they were actively involved in developing the service provided at the home. One staff member told us; "We have staff meetings and we can make suggestions about what needs changing or what we would like to see changed. We gave some suggestions about where staff could smoke and [the provider] put changes in place." Another staff member we spoke with said; "I go to staff meetings when we have them. I'm looking forward to the next one with the new manager." All staff we spoke with were aware of their role within the home and what was expected of them.

There were regular staff meetings took place at the home, where staff were able to discuss items including, but not limited to; 'I Care…Ambassador', Dignity Champion, resident's communication board, keyworker role and new qualifications. The role of an 'I Care…Ambassador' is to visit schools, colleges, job centres and other employment agencies to inspire others to work in adult social care. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. Separate nurses meetings were held where items discussed included, but were not limited to; care plans; medication; accurate documentation; sickness/absence and completion of training books.

There were regular 'residents meetings', where items discussed included, but were not limited to; safeguarding, named nurse and keyworkers, ideas for outings and activities, Dementia Champion, suggestions on new colour schemes for the home, health and safety and new care staff including an activities co-ordinator. We saw these meetings were attended by an average of six people who lived at the home. This demonstrated that the home ensured regular meetings were held to measure and review the satisfaction of people, their relatives and staff members in regards to the home and delivery and quality of care and support and so that people had an arena to give any suggestions or ideas about improving the home.

We saw there was an emphasis on support, fairness, transparency and openness at the home. The home manager told us; "I try to be as open and available as I can be. Staff can come to me at any time to talk. I'll have to make sure they all know that because I'm new to post but [staff] seem to be open to changes."

Staff told us they felt able to question practice at the home. Comments made by staff included; "We have regular supervisions and we can raise any concerns or question something if we don't think it's been done right. Or if we think it could be done better" and "The staff meetings are mostly about what is going on [at the home] but we can question things and give feedback too. It's pretty open." This demonstrated the home supported staff to question practice and raise any concerns.

We carried out observations throughout the day and spoke with the home manager and found that the attitudes, values and behaviours of staff were kept under constant review. Staff received regular supervisions, where the values and behaviours of staff were discussed. This demonstrated the home kept under constant review the values and behaviours of staff.

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. The manager, who was present on the day of our inspection had not yet applied to become 'registered manager' with CQC as they were new to post, but they told us they would be applying shortly. The new home manager had had several years' experience working within the health and social care sector.

We looked at the audits carried out at the home. We saw that monthly audits were carried out in areas including, but not limited to; the kitchen, infection prevention and control, medicines, Medication Administration Records (MAR) and accidents and incidents. Any actions from audits were recorded on an action plan. We saw that, where actions had been completed, these had not always been signed and dated as complete. We spoke with the home

Good

Is the service well-led?

manager and the deputy manager about this, who told us they would ensure actions were 'signed off' when complete. All safety checks at the home were carried out by suppliers or approved technicians, such as electricians or plumbers.

We saw a monthly monitoring visit was carried out by one of the providers Quality Assurance Managers. Each month, monitoring visits looked at one of CQC's five questions; Is the service safe, effective, caring, responsive and well led? The last monitoring visit carried out in November 2015 looked at the questions; 'Is the service caring?' and 'Is the service well led?', and asked questions such as "How are positive caring relationships developed with people using the service?", "How is people's privacy and dignity respected and promoted?" and "How does the service deliver high quality care?" The Quality Assurance Manager also, during each monitoring visit, spoke with people who lived at the home and staff. The Quality Assurance Manager then wrote an action plan, fed back to the home manager and deputy manager and checked that all actions had been completed during their next monthly visit. This demonstrated the home had good auditing systems and identified and addressed areas that required attention or improvement.

We looked at the latest staff survey results, from 2014. We saw that 56 surveys had been sent and 47 had been returned by staff. Survey results showed; 45 out of 47 staff said they had received an annual appraisal in the last 12 months and one staff member didn't answer; 43 out of 47 staff said they felt 'satisfied' or 'very satisfied' with support from their manager and one staff member didn't answer; 41 out of 47 staff said they felt the home was adequately staffed and three staff members didn't answer; and 47 out of 47 staff said they were satisfied with the flexibility of their working pattern.

We looked at the latest relative survey results, from July 2015. We saw that 19 surveys had been sent and ten had been returned by family of friends of people who lived at the home. Survey results showed; nine people said bedrooms were excellent, good or adequate and one person said they did not know; nine people said the cleanliness of the home was excellent, good or adequate and one person said they did not know; all ten people said they felt their family members needs were met by the home; all ten people said they felt the home provided excellent, good or adequate personal care to their family members; and all ten people said they felt staff friendliness was excellent, good or adequate.

Results from the latest surveys for people who lived at the home had not yet been collated. We took a sample of ten questionnaires that people had sent back. We saw these questionnaires asked about; catering and food; management and staff; daily living and activities; and the home premises. On the ten surveys that we sampled, we saw no negative comments. People were very positive and complementary about the home, enjoyed the activities and liked the food, although some said there was limited choice on the menus. We found that, following this feedback, new menus were being developed to offer more choice. This demonstrated the home sought the views and opinions of people who lived at the home, their friends and relatives and staff assist in development and improvement of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. (2) Persons employed by the service provider in the provision of a regulated activity must— (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, (b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and (c) where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.