

Dryband One Limited

Temple Croft Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We undertook this unannounced inspection on the 20 and 21 November 2014. The last inspection was completed on 7 July 2013 and the service was meeting the regulations we assessed.

Temple Croft provides personal care and support for up to 35 older people, some of whom may have needs associated with dementia. The service is an old detached building which has been extended over the years. It is in a central location and local facilities and amenities are within walking distance. At the time of our inspection visit

there were 32 people living at the service. There is a good range of communal rooms on the ground floor. Bedrooms are provided on the ground and first floor with lift and stair access.

The home had 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service including relatives we spoke with made positive comments about the care and treatment provided. We saw staff treated people with dignity and respect and involved them as fully as possible in decisions.

People had their health needs met and had visits from professionals for advice and treatment. People received their medicines safely and on time and the registered manager was dealing with some recording shortfalls.

Storage facilities in the service were limited and additional storage in a caravan in the garden had been provided. The registered manager had identified some safety concerns for staff with this storage facility and taken action to limit access to the maintenance team. The registered manager confirmed they were in the process of addressing the issues with the registered provider.

The service had policies and procedures in place to protect people from abuse or harm. Staff told us they felt confident the registered manager would respond to and investigate any concerns they raised. The training records showed staff had received training in how to safeguard vulnerable adults from abuse.

A recent increase to the numbers of staff on duty in the mornings meant there were sufficient staff available to meet people's needs and keep people safe. Staff had the

right skills and experience and received an initial induction and on going training and support. Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. The staff made appropriate and timely referrals to health care professionals and recommendations were followed. Including support to attend routine health checks.

People told us that they felt included in discussions and decisions about their care and treatment. Information was available that advised people about independent advocacy services and information about the service including the registered providers' complaints procedure. The service provided personalised care and treatment, people had been asked what was important to them in how they wished to be cared for. This information was reflected in their plans of care.

People who used the service, relatives and staff were positive about the leadership and said improvements had been made to the service. The registered manager regularly assessed and monitored the quality of care by completing audits and seeking feedback from people who used the service. Some negative comments had been received about the quality of furnishings. There had been some delays in developing the annual refurbishment programme, however the registered manager confirmed this would be completed by the end of the year, and all improvement works would be appropriately planned.

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. Staff understood and had received training in how to recognise abuse and how to keep people safe from harm. Medicines were appropriately managed although some aspects of recording of medicines could be improved. Staff were recruited safely. The recent increase to staffing levels meant these were maintained at more appropriate levels to ensure people's assessed needs could be met in a safe way.

The safety of the environment including equipment was monitored. Although action had been taken to minimise some safety hazards the external storage facility posed to staff, further work was needed to ensure staff safety when accessing this area.

Requires Improvement



Is the service effective?

The service was effective. People were able to make independent decisions and systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff were trained to ensure they could support and meet the assessed needs of people.

People were encouraged to maintain a nutritionally balanced diet and fluid intake.

Good



Is the service caring?

The service was caring. Staff had a positive, supportive and enabling approach to the care they provided for people.

We observed people were being treated in a kind and caring manner and were encouraged to be independent.

We saw people's privacy and dignity was supported.

Good



Is the service responsive?

The service was responsive. People received personalised care. They were asked about their preferences, interest and hobbies and what was important to them with regard to their care.

People told us they felt comfortable in approaching the management team if they had any concerns or complaints and they felt they would be listened to. This meant people who used the service were supported to raise concerns and knew they would be acted on.

People were supported to participate in a range of social activities within the home and the broader community which promoted their social inclusion.

Good



Summary of findings

Is the service well-led?

The service was well led. We saw people were comfortable in approaching the management team who had adopted a management style that was open and receptive.

Staff told us they felt they received a good level of support and direction from the registered manager. They felt their contributions to the running of the home were valued and respected.

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address the majority of areas that needed improving.

Good



Temple Croft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

This inspection took place on 20 and 21 November 2014 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by 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 expert-by-experience had experience of the care needs of older people.

At our last inspection of this service in July 2013 the service met the regulations inspected.

Before the inspection, we asked the registered provider to complete 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. We received this

information within the timescale. We also received information from North East Lincolnshire clinical commissioning group and we contacted the local safeguarding of adults team for information.

During the inspection we observed how staff interacted with people who used the service. We spoke with six people who used the service, four of their relatives, the registered manager, a senior care worker, two care workers and the cook. We also had the opportunity to speak with three visiting health care professionals and two visiting social care professionals.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service. These included 32 medication administration records (MARs) and assessments carried out under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards that had been authorised by the local authority.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training certificates, the training matrix, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Temple Croft. One person said, “Very much so” and explained how staff always looked in on them at night and they appreciated that. Comments from other people included, “Oh yes, I’ve got peace of mind here. You’ve got to be confident in a place and I am” and “Yes, I feel very safe here with the staff and everyone, they make sure things are okay.” Relatives also made positive comments about safety. One relative told us, “It’s about trust and when I leave here I have every confidence the staff make sure my husband is safe and well cared for, he is the most precious thing I have.”

People who used the service told us the staff were busy but they didn’t usually have to wait for care support. One person said, “It has got much busier of late, there are a few new residents and staff are rushing round.” Relatives commented, “The staff are busy but it doesn’t affect the quality of the care” and “There seems to be enough staff around, but I don’t come that often.”

People told us they received their medicines on time. We looked at how medicines were managed and spoke with one of the senior care staff. Medicines were safely stored in the staff office. The temperature of the room and medicine fridge were monitored regularly and found to be satisfactory. We saw there were some recording issues which were mentioned to the registered manager and staff to address. The standard of some hand written records was inconsistent and there were a small number of gaps in signatures on two of the medication administration records (MARs.)

The registered manager confirmed recent audits had highlighted similar findings, the increased monitoring they had put in place had not been effective and they would now be taking more robust action, to ensure the records were completed accurately. However, we observed good practice when staff administered medicines to people. Staff were patient and took time to explain the medicines, ask the person if they needed any pain relief and sat with them until they had taken their medicines. We spoke with a community nurse who commented positively about the senior care worker’s competence in managing the

medicines. They had just witnessed a telephone call the senior care worker had made to a person’s GP to follow up a recent prescription change. They considered the care worker was conscientious in their practice.

Staffing levels were determined according to the dependency needs of people who used the service. The registered manager told us and records confirmed, dependency assessments were reviewed regularly to ensure people’s health and safety. We found the staff team had a positive, collaborative approach to their work, this included the registered manager, administrator, kitchen staff, care workers and housekeeping staff. During the visit we observed staff responded well to people’s needs, but they appeared at times to be overstretched. There were times in the morning when there were no staff in the communal areas to ensure people were safe. Some people became agitated and upset. We observed the senior care worker was continually interrupted during the medicines round. Comments made by staff included, “We have had some recent admissions and its much busier now” and “We could do with another carer in the mornings.” The registered manager confirmed the occupancy and dependency levels had increased recently, and although they were providing the hours indicated on the staffing calculator tool, they recognised this was not sufficient. During the inspection the registered manager increased the levels of staff on duty in the mornings and confirmed they would be monitoring the workloads for staff on other shifts, to ensure sufficient staff were on duty at all times.

People told us that the cleanliness and hygiene of the service was good. Whilst we found the overall cleanliness of the service was good, we told the registered manager of two areas where cleanliness could have been better. These related to carpets with mal odours in the lounge and dining room. The registered manager confirmed both carpets had been cleaned recently but they would review the cleaning schedules to ensure they were cleaned more regularly.

There were procedures in place to minimise the risk of harm or abuse to people who used the service. Staff employed at the service had relevant pre-employment checks completed before they commenced work. This was to check on their suitability to work at the service.

Staff told us they had received training in the safeguarding of vulnerable adults as part of their induction process, with additional on-going refresher training in this area. Records were available to support this. Staff also told us they had

Is the service safe?

access to the organisation's whistle blowing and safeguarding adult policies and felt confident in initiating the whistle blowing procedure without fear of recrimination. They told us they felt confident in reporting any concerns to the registered manager or escalating them to external agencies if required.

We saw some people had specific health conditions that put them at greater risk. Staff were aware of people's individual risks and what was required of them to manage these risks. We saw risk assessments were reviewed on a regular basis to ensure risks were monitored for any changes.

From the care files we looked at, we saw risk assessments were relevant for people and associated plans of care were in place. For example, a person had been identified as at a very high risk of falls. A detailed plan of care instructed staff of how to meet this person's needs.

During our observations we found staff supported people safely. For example, we saw staff supported people with their mobility needs. This included assisting people to transfer from a wheelchair to another chair using a hoist. Staff were unhurried, they used the equipment correctly and people were spoken to throughout the procedure.

There was a system in place for ensuring equipment was serviced and safe. We checked a selection of records and saw equipment such as hoists, the fire alarm, call bell systems, portable electrical appliances and gas appliances

were serviced regularly. The maintenance team kept a folder of the checks they completed on equipment such as bed rails, window restrictors and hot water outlets. These checks enabled staff to identify issues that required attention and helped to maintain people's safety.

We noted there was a static caravan sited in the courtyard garden area. The registered manager confirmed storage in the service was limited and this facility was used to store equipment such as a spare freezer, spare walking frames and continence pads. When we checked this storage facility we found access was difficult, the caravan was crammed full of equipment and untidy. Records showed the storage facility was not included in the environmental risk assessments for the service. The registered manager had identified the caravan as a safety hazard for staff in an environmental audit in February 2014. The registered manager confirmed that action had not yet been taken to improve the safety of the facility, however they had arranged for the maintenance team to access any equipment needed, where possible. The registered manager confirmed they would be discussing the ongoing safety hazards with this facility at the next quality meeting to ensure they were addressed.

The registered manager had plans in place for foreseeable emergencies. First aid kits were available and each person who used the service had a personal emergency evacuation plan in case of a fire emergency.

Is the service effective?

Our findings

People who used the service spoke positively about the experience, skills and knowledge of staff. They told us staff always consulted them about their care and treatment. One person told us, “They weigh us regularly and always get the doctor straight away if we need one.” Another person said, “Staff always explain what they are doing when they move me, they are good at asking how we like things done.” Relatives said, “Staff are well trained and know what they are doing” and “She has put on weight and seems to have integrated well with the other residents here.”

People were complimentary about the meals provided; they informed us their choices were respected and they received sufficient amounts to eat and drink. One person told us, “The food is reasonable, I really enjoy it.” Another person said, “Very nice meals and you can have second helpings, I like that. Staff come round regularly with drinks and snacks, we don’t go hungry.” Comments from relatives about the meals included, “Meals are offered to me and they always look tasty and well presented. The cooks do excellent birthday cakes. (Name) had a big chocolate one, he didn’t know much about it but everyone sang, ‘Happy Birthday’, it was lovely” and “There’s always a choice and always something on the menu that (Name) likes. They get lots of drinks; staff keep a close eye on how much they have and I watch them going round encouraging people to drink plenty.”

Records showed staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty.

The registered manager told us they worked closely with the local authority adult safeguarding team to identify any potential deprivation of people’s liberty. At the time of our inspection one person was subject to a DoLS authorisation. We found the authorisation records were in order; they had recently been reviewed and the authorisation extended for 12 months. The registered manager confirmed they had recently submitted 14 more applications to the local authority and were awaiting assessment visits to determine the outcome.

Care plans showed consent had been sought about how care and treatment was provided. People had signed their care plans where they were able to. The registered manager and care workers understood their responsibility around protecting people who did not have capacity to consent. This included ensuring relatives and representatives had the appropriate authorisation to give consent. For example, a lasting power of attorney for care and welfare or authorisation through the court of protection. Care records contained capacity assessments. The records also showed meetings had been held with relatives, relevant agencies and care staff for specific people to discuss important decisions made in their best interest. One such meeting was held during the inspection. Health and social care professionals we spoke with confirmed they had been given detailed information by the staff to inform their decision making and their patient was making excellent progress.

We looked at staff training records which showed the courses staff had undertaken and when they were due to be refreshed. These included training courses the registered provider considered essential such as: fire safety, safeguarding, first aid, health and safety, infection control, medication, moving and handling and food hygiene. Some staff had completed additional training either through distance learning or courses provided by external agencies and the local authority. These included: end of life, dementia care, stroke awareness, nutrition and preventing pressure sores. This meant staff received the training needed to provide good quality care. Records showed all care workers had gained a nationally recognised qualification in care at either level 2 or 3.

The registered manager explained the induction programme was based on the ‘Skills for Care’ common induction standards, a nationally recognised training organisation in health and social care. This included orientation to the service and shadowing more experienced workers for a period of time. Records confirmed this. Staff were positive about the training opportunities at the service. One member of staff said, “We get a lot of training. I’m up to date with all the refresher courses.”

Staff told us they were supported by the registered manager and had regular supervision meetings and an appraisal each year. The registered manager confirmed

Is the service effective?

some staff had not received supervision as often as planned in recent months, but they had a new programme in place which would address this shortfall. We saw dates had been identified for future meetings.

We saw throughout the day that people were offered and supported with drinks to maintain adequate hydration. We saw staff offered people choices of what to eat and drink and meals were nutritionally balanced. Assessments and plans of care completed showed dietary and nutritional needs had been identified. People's weights were recorded each month and care records demonstrated how the staff worked with health professionals such as dieticians and speech and language therapists to meet people's needs. Where recommendations from health professionals had been made, we saw these had been included in people's plans of care. For example, the use of nutritional supplements, thickening agents, soft diets and directions for support with position and posture.

We observed the breakfast and lunch time service. Mealtimes were a positive experience for people, we saw them enjoying their meals and chatting with other people and staff. We saw staff were attentive and supported people's needs in a kind and sensitive manner.

The cook told us they met with people on an individual basis for feedback about the food choices and gave examples when the menu choice had been changed to accommodate people's wishes. Records of the 'resident'

meetings showed menu choices were a regular agenda item. Following the recent consultation, people's suggestions for coffee cake, gingerbread and fruit pie had recently been included on the menu.

People were supported to maintain their general health. Records showed people had access to care and treatment from a range of health care professionals. These included GPs, district nurses, emergency care practitioners, opticians, dieticians, community psychiatric nurses and chiropodists. During the inspection we spoke with three health care professionals who were complimentary about the service. They told us appropriate referrals were made and staff communicated well with them. Comments included, "The staff are very good here, I'm confident that our patient's needs are well met."

The registered manager showed us examples of improvements they had made to the décor and premises to support better orientation, safety and wellbeing for people with dementia needs. A corridor on the ground floor had been decorated in a street theme which included signage, brickwork and other exterior décor such as front doors. We saw photographs which showed how the people in the service had contributed to the decoration. Outside, the courtyard had been planted with colourful and scented shrubs and flowers of people's choice. Wind chimes, bird feeders and ornaments provided more visual and sensory stimulation.

Is the service caring?

Our findings

People who used the service told us they felt their privacy and dignity was maintained at all times. They told us when staff were assisting them with their personal needs they were caring, patient and ensured they were supported to maintain their independence. People told us, “Staff always knock before they come into a room”, “I don’t think I’d find a better place to be looked after like I am. All the carers look after me properly”, “Most are quite helpful, some care more than others but on the whole they are fine” and “I’ve got to know all the girls now and they are all lovely.” One person explained how staff always gave her time to do things herself and said the staff never rushed her.

A relative said, “I am 110% happy with everything. The standard of personal care is very good. Same staff as when he came in, they really are a lovely bunch, they really do care. [Name] can’t see anymore and is very dependent but he knows their voices and settles when he hears them, they are his family too.” Another person’s relative told us, “The staff I’ve met seem to genuinely care. There have been big changes in my relative’s health and personal care, they look so much better.”

Care records showed review meetings were held annually. The majority of review meetings had included, where possible, the person who used the service and their relatives or representative. Records showed people used independent advocacy services to assist them in making decisions about their life choices. Advocates had been used during the review process.

Throughout our observations we found staff were kind, caring and compassionate. Staff used people’s preferred names and spoke with people in a respectful and friendly manner. Appropriate light hearted banter was also used; this was also evident whilst the maintenance team were putting up the Christmas decorations in the dining room and lounge areas. We observed people really enjoyed watching this and chatting to the work men.

We established through conversations with staff that they had a caring approach for the people they were supporting.

Many people in the service were living with dementia related needs and some were unable to communicate verbally. We saw staff incorporated effective verbal and nonverbal communication skills as well as providing care and support in a manner that enabled people to feel valued. For example, staff were patient and had good eye contact. We observed staff positioned themselves well and used positive body language such as holding people’s hands, comforting them and kneeling to speak with people who were sitting down. One member of staff told us, “The dementia training course was really good; we learnt how important it is to take time to listen to people and to try and understand what residents are saying to us.”

Staff were organised and ensured people were comfortable and had their needs met. Staff had good knowledge of people’s needs and observations showed staff had developed positive relationships with people; they acknowledged them as they walked by, stopped to talk and provided reassurance when necessary.

There was a dignity champion for the home and records showed all staff had received training in dignity and rights. Staff meeting records showed ‘dignity’ was a regular agenda item. Information on display showed how dignity in care was promoted. People who used the service, relatives and staff had designed a ‘dignity tree’ and they used the leaves to describe what dignity meant to them. This was a visual reminder of what dignity in practice meant to people. Statements we read included, “Call me by name not babe or sweetheart”, “Respect for each other” and “Take me for what I am.”

The registered manager confirmed a new end of life assessment record, ‘What If’ was being introduced when people indicated they wanted to discuss this aspect of their care. We found some people’s care records contained detailed information about the care they would prefer to receive at the end of their lives and who they would like to be involved in their care. This was to ensure people were cared for in line with their wishes and beliefs at the end of their life. The registered manager explained how they involved people’s families and representatives where possible.

Is the service responsive?

Our findings

People who used the service told us they would feel able to raise concerns and that these would be addressed. One person told us they had never had any issues of concern whatsoever whilst another person said they were very happy at the home and would talk to any of the staff if something was 'upsetting' them. A relative told us, "I don't have any concerns. If I did I would talk with the manager, I trust her, she would deal with things properly." Another relative told us they were aware of the complaints procedures and they were very satisfied with the care their relation received.

Relatives told us the visiting arrangements were good and staff always made them welcome. A relative told us, "It doesn't matter what time I come, the staff are always friendly and welcoming. We are always offered drinks and can stay for meals if we choose."

People who used the service told us there were activities for them to participate in. They said, "I like the ball games and singers" and "We're getting ready for Christmas now. I'm no artist but I'm enjoying it." A relative told us, "I met the activity co-ordinator and they wanted to know what activities mum liked. I explained that she was an artist and they said they would get some pastels out. I've also mentioned that she liked walking. I've seen her involved in some of the activities on 'face-book', like singing and dancing, so staff have been encouraging her to join in." Another relative told us, "There are a lot of activities here. My husband tends to get a bit agitated with the noise and staff usually assist him to his room, so he's settled."

We looked at care files for four people. These showed people's needs were assessed prior to admission. The service received assessments completed by social care professionals involved in their care. The assessments helped staff to determine if the person's needs could be met in the service.

Care plans had been developed to support all areas of need, including for example, personal care and physical wellbeing, communication, mobility, health, nutrition and support to maintain continence. The care plans indicated preferences for how care should be carried out and provided staff with guidance in how to meet people's needs. Life history records were completed in some of the files seen; this gave the staff information about the person's

background so they had an understanding of the person's values, behaviours, interests and people who were important to them. We saw care plans were personalised, for example, plans gave detailed information such as how the person communicated and triggers for behaviour which challenged the service or others.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. We saw care plans had been reviewed monthly to ensure people's choices, views and health care needs remained relevant to the person.

We saw the complaints procedure was on display in the entrance of the home. We looked at the record of complaints received by the registered manager since our last inspection. The records showed one complaint had been received since that time and the complaint had been managed effectively.

Whilst the registered provider employed a dedicated activities co-ordinator, they were away from the service at the time of our inspection visit. During the inspection we observed people watching TV, reading the newspaper and magazines and listening to music. An activity room was provided; this was situated off the main sitting room and contained a large range of materials to support the activity programme. The registered manager showed us photographs of people participating in a range of activities and themed events such as a 'Mad Hatter's' tea party, Halloween party, last night of the proms, Remembrance Sunday service, Hawaiian night and individual birthday parties. The registered manager explained how people were supported to make decorations and dress up for the activities. These photographs had been posted on the service's 'face book' account, the registered manager confirmed many relatives lived away and found the face book page a positive way to see what activities and entertainment their relative had been involved with. Records were in place which showed consent had been sought and obtained for people who agreed to have their image shared. The registered manager had received many positive comments and feedback from relatives who enjoyed looking at the photos of their relations.

During the visit one person had a conversation with their relative in Australia via 'skype' using the service's tablet

Is the service responsive?

computer. They told us they spoke with each of their three daughters every week via the computer and the staff had arranged the calls. They said they enjoyed being able to do this because it kept them in touch.

We spoke with the staff about how they supported people to maintain independent living skills, they told us a couple

of people liked to fold napkins and set the tables. During the visit we saw one person spent time folding the napkins, they told us they liked to keep busy and enjoyed helping staff where they could.

Is the service well-led?

Our findings

During our visit, we were provided with positive comments and compliments about the way the service was managed, including the registered manager. One person told us, “The manager is always around and about. She’s very nice and sorts everything.” Comments from relatives included, “This is the only home we have had dealings with and we don’t need to look any further. The home is well managed and staff are organised” and “I have completed two or three surveys. They want our views and make the necessary improvements.”

We found the service to be well led. We observed a positive and open culture within the service. The registered manager was visible and available at all times. Throughout our visit we saw the registered manager took time to speak to staff and people who used the service and assisted with care duties. The current staff team consisted of long standing staff who knew people well and were fully involved in the running and day to day management of the home. Staff told us they were supported to develop their skills towards more senior tasks and responsibilities. They confirmed staff morale was positive and they enjoyed their work. Comments included, “The manager is smashing, very helpful. The team is nice” and “I love my job, we have a really good staff team and work well to provide good standards of care.”

Staff used a daily communication book and hand over meetings to ensure any changes were communicated effectively throughout the team. Regular staff meetings were undertaken and recorded. Staff told us the registered manager was always available if they needed to discuss any issues.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. There was evidence that the use of pressure mats had assisted staff to monitor people more effectively at night time.

We looked at the registered provider’s quality monitoring programme. We found an annual programme of reviews and audits was in place. The programme included areas such as: personal health, infection control, laundry, medicines, health and safety, dignity, meals, activities,

housekeeping and complaints. Records showed quality meetings were held quarterly with senior staff and the registered provider. At these meetings the findings from the audit programmes, any improvements made and outstanding areas to be addressed were discussed. When we looked at the audit results for areas such as dignity, infection control and care records we found any shortfalls identified had been addressed.

Records showed redecoration and maintenance work had continued, although we found some improvements were required with the quality of the environmental auditing process. We found the audits had not identified the marked and damaged furniture which we observed around the service, such as dining room tables and chairs and free standing furniture in the lounge and entrance hall. The registered manager had drawn up a refurbishment programme the previous year which had been completed, but they confirmed there had been delays with the development of this year’s programme, which they would address.

We reviewed the results of surveys sent to people who used the service in January 2014, the findings were very positive with no negative comments received.

People told us they were supported to attend meetings at the service. They told us they were encouraged to express their views about the quality of service provision. Meeting records showed topics of conversation included the provision of meals, social activities and decorative changes. One person told us, “If I’m having anything done in my room I always get asked, especially if they decorate.”

The service had undergone assessment by North East Lincolnshire clinical commissioning group (NELCCG) in 2013 where 14 quality standards were reviewed within the authority’s Quality Framework Award. Overall, the service had met the criteria for a ‘Bronze’ rating. Information we received from NELCCG before the inspection indicated that a further monitoring visit had taken place in September 2014 which identified improvements had been made to the quality of the care records and staff training programme.

The registered provider had secured the Investors in People Award for the organisation in 2008; the registered manager confirmed the award was due for re-accreditation the following month. The registered manager confirmed she had recently participated in a local development project,

Is the service well-led?

'My Home Life' which was facilitated by the local authority commissioning team. The project involved a number of care home managers meeting up to discuss areas of development and to share good practice.