

# S & S Healthcare Limited

# Darnall Grange

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 11 October 2018 and was unannounced. This means no-one connected to the home knew we were visiting that day.

When we completed our previous inspection in September 2017 we found the system used to monitor how the home operated was not always effective in highlighting areas needing attention, especially around records. We also highlighted shortfalls in the documentation of end of life care. At that time this topic area was included under the key question of 'Caring.' We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is now included under the key question of 'Responsive.' Therefore, for this inspection, we have inspected this key question and also the previous key question of 'Caring' to make sure all areas are inspected to validate the ratings.

In September 2017 we judged the overall rating of the service to be 'Requires Improvement' and asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did. Due to our concerns we also imposed conditions onto the provider's registration. These required them to submit evidence to us monthly on the areas of concern. The provider complied with all our requirements, and this helped evidence they were meeting the Regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Darnall Grange' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found improvements had been made and the breach of Regulation found at the last inspection had been addressed. A more robust system had been implemented to assess if the home was operating as planned. This meant areas needing improvement had been identified and action taken in a timely manner to address them. We also found care plans and risk assessments provided better information, including about end of life care arrangements, and improvements had been made to medication records.

Darnall Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Darnall Grange provides accommodation for up to 60 older people who require nursing and/or personal care, including people living with dementia. Accommodation is provided over two floors, accessed by a lift. The home is close to local transport and amenities. At the time of our inspection 47 people were living at the home.

The service had a registered manager in post at the time of our inspection. 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.' 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.

Care and support was planned and delivered in a way that ensured people were safe. People were protected, as any risks associated with their care were identified and appropriately managed. Systems were also in place to safeguard people from abuse.

The recruitment policy had been reviewed and amended to make sure essential checks were made on potential staff's suitability to work with vulnerable people. Staff were trained and supported to develop their skills and provide people with the standard of care they required.

There was enough staff employed to meet the needs of the people living at the home at the time of our inspection.

Medication was managed safely and administered by staff who had completed appropriate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a varied and healthy diet that offered choice and met their needs.

Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. All the people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People's needs had been assessed and care plans put in place to highlight where they needed support, and telling staff how each person preferred their care to be delivered. People's care had been reviewed regularly to make sure plans reflected people's changing needs.

There was a range of activities and events people were supported to take part in.

People were consulted about how their care was delivered and the way the service operated.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Effective systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

The process for recruiting staff had been improved so staff were recruited following a robust procedure.

There was enough staff employed to meet people's needs.

Medication was managed safely and administered by staff who had completed appropriate training.

### Is the service effective?

Good 

The service was effective.

Staff had access to a structured induction and a programme of on-going training and support.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met.

Suitable arrangements were in place to ensure people received good nutrition and hydration.

### Is the service caring?

Good 

The service was caring.

People were treated with compassion, kindness and understanding by staff who were caring and considerate.

People's dignity and privacy was respected by staff.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

### Is the service responsive?

Good 

The service was responsive.

People were involved in developing care plans that told staff how to meet their needs and preferences.

People had access to a programme of social activities which provided variety and stimulation.

People were aware of how to make a complaint and were confident any concerns would be taken seriously and addressed promptly.

### **Is the service well-led?**

The service was well led.

An effective management team helped to make sure the home ran smoothly.

Systems to assess how the home was operating and identify areas needing attention had been improved, which meant shortfalls were addressed promptly.

People were asked their opinion about their satisfaction with how the home was run and any areas they would like to change.

Staff had access to policies and procedures to inform and guide them.

**Good** ●

# Darnall Grange

## 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 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.

The unannounced comprehensive inspection took place on 11 October 2018. Unannounced means no-one connected to the home knew we were visiting that day. 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted commissioners, and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked round the premises and spoke with eight people who used the service and six relatives. We also spoke with the registered manager, deputy manager, two directors, a nurse, a member of the housekeeping team, four care workers, kitchen staff and a visiting advocate. An advocate is someone who speaks up for people who cannot represent themselves. This can be on a voluntary basis or appointed officially, such as a Relevant Person's Representative (RPR). Everyone who has a DoLS authorisation must have an RPR to make sure the person deprived of their liberty is safeguarded.

We generally observed how people were cared for and how staff interacted with them and visitors. We also used the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans, as well as other care records relating to people's care, and records

relating to the management of the home. This included minutes of meetings, medication records, four staff recruitment files, as well as a selection of training and support records. We also reviewed quality and monitoring checks used to make sure staff were following company policies and the home was operating as planned.

# Is the service safe?

## Our findings

At our last inspection in September 2017 we rated this key question 'Requires Improvement'. This was because improvements were needed to make sure staff were recruited safely and had access to better information about how and when to administer 'as and when required' medication [also known as PRN medication]. All the people we spoke with during our inspection said they felt safe living at Darnall Grange. One relative told us, "I am absolutely sure she is safe here, they are very careful with her." Another relative commented, "I haven't seen anything that worries me."

People had been assessed to make sure any potential risks were minimised. Assessments covered topics such as falls, moving people safely and risk of pressure damage. Where risks had been identified, care plans had been put in place to guide staff on the best way to manage and minimise the risk. For example, one care plan highlighted the triggers that may cause someone to become upset, what this would look like, and provided staff with guidance about what actions they should take to support the person. Risk assessments had been regularly reviewed to reflect any changes. The staff we spoke with, and our observations, showed staff understood the various techniques they could use to manage behaviour that may challenge others.

During our visit we saw staff assisting people to move around the home safely. When we observed people being hoisted this was carried out discreetly and safely. Staff had completed expected health and safety training.

People could be safely evacuated from the building because a general evacuation risk assessment was in place, backed up by individual evacuation plans for each person. These highlighted any support or equipment needed to safely move the person, should they need to evacuate the premises in an emergency. Fire training and drills had taken place.

Staff continued to have a clear understanding about safeguarding people from abuse. We saw where concerns had been raised, these had been addressed appropriately.

There was enough staff on duty to meet the needs of people living at the home at the time of our visit. We saw call bells were answered promptly and staff were available when people needed assistance. No-one we spoke with raised any concerns about the number of staff available. People who used the service told us, "Yes they [staff] come straight away when I call" and "Oh yes, there are enough staff I think, I don't wait long for much." A relative commented, "I know there are less staff at night, but I've never heard of any problems." Staff also felt there were enough staff on duty to meet people's needs.

Since the last inspection the recruitment and selection policy had been reviewed to make sure all essential checks were carried out prior to new staff commencing work. Staff files sampled showed new employees had been subject to pre-employment checks such as making sure they did not have any criminal convictions and obtaining satisfactory written references. This helped to make sure unsuitable people were not employed.



Medication was stored, administered and recorded accurately and safely. Staff administering medication had received training in this topic and periodic observational checks had been carried out to assess if staff were following medication policies and procedures and records had been completed correctly. We observed a nurse administering medication safely. People told us medication was given in a timely manner. A relative said, "We know he gets his tablets and his meals on time."

At the last inspection it was found information provided to staff about when they should give PRN medicines was not detailed enough. This is especially important when the person cannot verbally tell staff when they need the medication. At this inspection we found PRN protocols had been introduced which gave staff better information. However, we discussed with the registered manager the benefits of adding additional information to them, to make them more informative to staff.

Accidents and incidents had been monitored and evaluated robustly, so triggers, patterns and trends could be analysed and lessons learned from each event. The deputy manager gave us examples of how this had benefited people who used the service, such as a referral to the falls team.

The home was clean and fresh throughout. Everyone we spoke with said they thought the home was kept very clean. One visitor told us, "It always very clean I don't know how they do it." Another said, "They are constantly cleaning, start at one end finish and then start again."

Staff had completed training in infection control and were provided with appropriate personal protective equipment [PPE], such as disposable gloves and aprons. We saw them wearing the PPE appropriately during out visits, which meant people were protected from the risk of acquired infections. A member of the housekeeping team confirmed they had completed appropriate training and had access to all the products they needed to carry out their role.

We received a copy of the last prevention and control of infection audit completed by the NHS Clinical Commissioning Group in September 2018. This highlighted two areas they wanted the service to improve. The registered manager told us these would be addressed by the agreed timescale of December 2018. He also said two new sluices had been fitted in the last year.

The upstairs kitchenette was in poor repair, so presented an infection control risk. We spoke with the registered manager about this who told us it was to be refurbished in the next few weeks. We saw it had been identified on the infection control audit and new fitments, such as cupboards and worktops, had already been purchased.

# Is the service effective?

## Our findings

At our last inspection in September 2017 we rated this key question 'Requires Improvement'. We found a continued breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to shortfalls in record keeping. At this inspection we found improvements had been made and the breach had been met.

People received care and support from staff who had the training, skills and knowledge to meet their needs. Since our last inspection the provider has been sending us information each month about staff training and support sessions that had taken place. These, staff comments and the records we saw during our visit demonstrated the provider was now supporting staff better.

New staff had completed a structured two-day induction to the service. We spoke with a new care worker who was undertaking the second day of training during our visit. They said they had found it informative and included training in essential topics such as, health and safety and food safety. The registered manager said if new staff did not have a nationally recognised care qualification they would also complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

A system was in place to make sure staff received ongoing refresher training and periodic one to one support meetings, plus an annual appraisal of their work performance and development needs. Key staff had also received training in topics such as catheterisation and Percutaneous Endoscopic Gastrostomy [PEG]. The latter is when someone has a tube into their stomach through the abdominal wall, this is most commonly to provide a means of feeding them when they cannot take food orally. The deputy manager told us further training packages had been purchased to enhance staffs' knowledge. They added, "We are now using our training slots to roll out the training to the staff."

Everyone we spoke to thought staff were very professional and well trained. Comments included, "They [staff] are very good here, top notch, it's the best place there is" and "They [staff] are very good. I can't say anything wrong." However, two relatives said they felt some agency staff were not trained to the same standard as the permanent staff. We spoke with the registered manager about this who assured us they made sure agency staff had completed essential training and said they were also given an induction to the service on their first shift.

At the last inspection we found the record of nurse's registration status was not up to date. At this inspection we saw nurses' professional qualifications had been checked when they started work and at regular intervals, to make sure they were maintaining their professional status.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA] and staff demonstrated a clear understanding of people's right to make their own decisions and what to do if they needed assistance to make some decisions. Records reflected each person's capacity to make decisions and when decisions

had been made in someone's best interest, this was clearly recorded. Where possible people had signed to say they agreed with the planned care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Where restrictions were, or may be needed appropriate action had been taken. We saw 10 DoLS had been authorised and 47 further applications had been submitted, the service was waiting for the outcomes of these. Where conditions applied to authorised DoLS these were being robustly monitored.

People were provided with a varied diet which met their needs and preferences. We observed both breakfast and the lunchtime meal on both floors. One person living at the home told us, "Oh it's [food] very nice, you get a choice and I wouldn't bother making it for myself so it's a good thing." Another person said, "Yes, the food is very nice, I enjoy it." Relatives also complimented the meals provided, with some saying they ate meals with their family member. One relative commented, "Its lovely food and [family member] eats well. I try to come at lunchtime to feed [them]. Another relative told us their family member had been losing weight, although they ate very well. They added, "They are monitoring [family member] I have every confidence in them [staff]."

The food at lunchtime looked hot and appetizing, each person who needed assistance to eat their meal received support and we saw everyone ate well. People were offered choice. When one person refused the options offered, staff asked what they would prefer and they chose a sandwich instead. There was lots of effective communication between staff and people who used the service and the meal was not rushed in anyway. Staff constantly communicated with people at eye level and prompted them to finish their meals. Adapted crockery and cutlery were available for people who needed them.

Drinks were taken round throughout the day. In the afternoon a food trolley was taken round with a selection of cakes, this was very popular with people. Following their visit to the home in July 2018 the quality manager from Sheffield clinical commissioning group (CCG) told us, "I particularly liked the improvement to the tea trolley, which encouraged the residents to have snacks. Also, I noted staff cut fruit up for residents that had requested it. I observed staff on the first floor engaging really well with the residents and spoke to a lady on short respite stay. She told me that when she asked for an alternative at lunch they [staff] had been accommodating."

People's care records contained information about their dietary needs. This included their preferences regarding food and drink, any special dietary needs, the type of meal consistency they required, such as textured or blended meals, and the level of support they needed to make sure they received a balanced diet. Where people's intake had been monitored this had been recorded in detail, with clear information about what the person had eaten and portion sizes. This meant timely involvement from healthcare professionals could be sought if there were any concerns about people's intake. For instance, in one person's care records we saw the Speech and Language Therapy (SALT) team had been involved in assessing the best way to meet the person's swallowing difficulties.

People's day to day health needs were being met. Records demonstrated people had access to healthcare services such as GPs, dieticians and district nurses. Everyone we spoke with said they could see a doctor whenever they need to. One relative told us, "I think the doctor visits have changed, but they would just call them if needed." Another relative commented, "If there is a problem they let us know they ring me and they let us know if anyone is coming in [meaning a healthcare professional]."

The home supported people living with dementia so we looked at how the environment had been adapted to suit them. Corridors were well lit, bedroom doors and handrails were different colours so were easy to see. We also found further improvements had been made with additional signage and memory boxes outside each person's room, this aimed to help people remember which was their room. However, some of the planned changes highlighted last year were still awaiting completion, such as the development of the quiet areas at the end of each corridor. The registered manager and provider described their plans for further development of a dementia friendly environment in the near future.

# Is the service caring?

## Our findings

People were cared for by staff who were compassionate, caring and responsive to their needs and preferences. Everyone we spoke with said how caring and considerate the staff were throughout the home. A relative told us, "The staff are all smashing, they do really care they are always willing to go the extra mile." Another relative commented, "The carers are always friendly and kind to me and [family member]."

Throughout the day we observed positive interactions between people who used the service and staff, who were appropriately affectionate and respectful. One person told us, "Of course they ask before they do something for me, yes they are very respectful." A relative commented, "The staff are all smashing, they do really care they are always willing to go the extra mile." However, one relative said their family member had not had a shave that day, and felt they should have. We discussed this with the management team, who said they would address it.

Staff communicated with people effectively and when necessary spoke with them by bending down to their eye level. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other. We saw care workers having conversations with people, comforting them and explaining things to them. For example, we saw one care worker comforting someone who was generally upset. They managed the situation well.

People's preferences were taken into consideration by staff. For instance, they were encouraged to choose the clothes they wore, what they wanted to eat and what activities they wanted to take part in. We saw staff asking people if they want something, or giving them a choice and waiting patiently for the answer. Everyone we spoke with told us people were given a choice in all aspects of their daily lives. One person said, "I like it here, I couldn't stand being on my own, it's lovely you can eat when you want and get into a nice clean bed when you are ready."

People's privacy and dignity was respected. For instance, we observed staff asking one person discreetly if they needed to go to the toilet. We spoke with a relative about this subject and they said, "They [staff] are very polite and always knock. [They are] well trained I think, and nice people." One person who used the service commented, "They [staff] always knock before they come in, I can't hear very well, but they make sure [I hear them]." There were various areas where people could sit quietly or find privacy when they had visitors.

People using the service, and their relatives if appropriate, had been involved in planning their care and deciding how it should be delivered. Each person's care records outlined their background, preferences and beliefs, as well as their needs. This information helped staff support people how they preferred. A relative told us, "I've been through the care plan and added my thoughts, so I am happy that I am involved."

Staff demonstrated a good knowledge of the people they cared for and knew the best way to support them, whilst maintaining and encouraging their independence.

People were encouraged to personalise their rooms with pictures, small items of furniture and mementos. This aimed to make them feel comfortable and at home.

People were supported to keep in touch with their families, friends and other people important to them. Visitors told us there were no restrictions on visiting times and they were always made to feel welcome. We saw visitors coming and going freely throughout our visit.

People were provided with information about how the home operated, such as the service user guide. The registered manager had an open-door policy so people could talk to them when they wanted to. We saw the management team had walked round the home on weekdays to check staff were meeting people's needs. A visitor told us, "Everyone is approachable from the manager, area manager and to the cleaners, I feel very involved."

The service strived to meet people's diverse needs and treat people with equality. People's diverse needs, such as their religious and cultural preferences, were discussed as part of the care planning process. The registered manager told us, "We are able to deliver care which is reflective of their [people's] preferences, interests and their personal history. We ensure our residents are able to have as much control as possible in their life. Our staff receive training on the Equality Act. They are aware of Human Rights principles. LGBT [Lesbian, Gay, Bisexual and Transgender] is included in the training. As we deliver person centred care staff do not create barriers and treat every resident with dignity. We consider our residents and our staff must be treated in the way their human rights are respected and promoted. My deputy and I continue to make sure we are mindful of the principles of human rights and discuss [them] with relatives, visitors and staff from time to time to remind them of people's rights."

# Is the service responsive?

## Our findings

At our last inspection in September 2017 we rated this key question 'Requires Improvement'. We found a continued breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as an accurate and complete record of the care and treatment provided to people was not always in place, this included arrangements for meeting people's end of life needs. At this inspection we found records had improved and the service was now meeting the Requirement.

At the last inspection we found further work was required to ensure each person's care records reflected their care needs and that daily records supported that care was delivered in accordance with those plans. Care files sampled at this inspection demonstrated care records were more detailed and person centred. Each care file provided detailed information about the person's needs, preferences and any risks associated with their care. Where risks had been identified clear plans were in place to guide staff on how to best manage topics such as behaviour that might challenge others and keeping people safe. Plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence.

Care plans had been evaluated for their effectiveness each month and periodic care reviews had taken place. Daily notes sampled showed staff had followed care plans. The management team had a system in place to audit care files to make sure they contained all the information needed. We saw this had been effective in highlighting shortfalls, and action had been taken in a timely manner to rectify them. The registered manager told us plans were in place for all paper care records to be transferred to an electronic system in early 2019. They said this would enable even better monitoring.

Staff were responsive to people's needs and promoted their involvement in how their support was delivered. Relatives told us they felt the care at the home was good and met their family members individual needs. They confirmed they had been involved in care assessments and planning.

People had access to a varied programme of social activities and stimulation, which everyone they said they enjoyed. Staff had begun to decorate the home for Halloween and people had been encouraged to participate in this. When we asked someone living on the first floor if they could access the garden they said, "Yes, I go outside I was outside yesterday in the garden, I like to go downstairs they [people living on the ground floor] are more sociable down there."

Although the activities coordinator was not working on the day of our visit we saw care staff arranged activities in the afternoon. This included, hoopla, bowling, playing cards and throwing a soft ball, to stimulate movement and co-ordination. People were clearly having fun and engaging. Staff encourage people to join in and it was a very cheerful afternoon. There was also a recreational 'pub' lounge people used to socialize and have a 'pub lunch'. The provider told us plans were in place to develop other in-house facilities, such as a row of shops along the back wall of the garden. They said some would be mock fronts, but others such as a clothes shop or cafe would be used like real shops.

The service met people's end of life care need. The management team described how staff worked with external healthcare professions to make sure people at the end of their life had adequate pain relief and any specialist equipment they needed. We saw when people were approaching the end of their lives care plans discussed their wishes and specific arrangements surrounding their care. For example, we saw the local hospice palliative team had been involved in assessing one person's needs and there was an advanced statement of the person's wishes on file. It detailed their preferred place of death and included information about managing any pain or other physical symptoms.

The complaints system enabled people to raise concerns with the knowledge they would be listened to and acted on. We saw when concerns had been raised they had been managed in line with the policy and outcomes were clearly recorded. We also saw numerous cards on display in the reception area, these thanked staff for the care they had provided.

People we spoke with knew how to raise concerns. Relatives thought their views were encouraged and listened to, and everyone said they would be comfortable raising concerns. Meetings had also taken place where people said they could discuss any concerns they had. One relative told us, "If I had any concerns I know I can just mention it and it will be seen to, if there's anything wrong they deal with it straight away."

People's different communication needs were considered by the service. The registered manager told us, "Our staff group is multilingual and for some English is their second or third language. We are mindful of the problems with language/dialect staff may encounter and the difficulties residents could face understanding staff. Therefore, we make sure staff receive close monitoring and constructive support to carry out their duties. Our residents have dementia and our staff find out about each resident's life history as part of our admission process. We find out the best way to communicate with our residents and which part of the day they are receptive. This helps us when we share or give information to residents." They added, "We have contact details of people who are able to translate from different languages, use sign language and Braille. We have picture menus to help residents choose what they want. We also use pictures from magazines when chatting with some of our residents. We involve relatives and by maintaining a good rapport with them they help us to convey messages to residents."



## Is the service well-led?

### Our findings

At our last inspection in September 2017 we rated this key question 'Requires Improvement'. We found a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the providers monitoring systems had not been effective in highlighting and addressing the shortfalls we found.

Due to our concerns we imposed six conditions onto the provider's registration. These required them to submit evidence to us on a monthly basis on the areas of concern. These were in relation to staff recruitment, induction, training and supervision, nurses on duty, analysis of accidents and incidents referred under safeguarding people and outcomes of certain audits. The provider complied with all our requirements, and these helped evidence they were meeting the Regulations.

A more effective system had been introduced that monitored how the home was operating. Audits and checks demonstrated the system had made sure staff were following company policies and the service was operating satisfactorily. Topics covered included care plans, staff records, maintenance, housekeeping, medication and nutrition. We particularly saw incidents and accidents and infection control audits had been enhanced and completed to a good standard. Where shortfalls had been identified, immediate action was taken or action plans had been put in place to address them in a timely manner.

We found systems enabled the management team to effectively monitor, report and act on accidents and incidents. This enabled them to analyse information collated, identify trends and patterns and take action to minimise further occurrences. Further improvement had also taken place to include safeguarding incidents in the analysis. Staff now had access to protocols for medicines to be administered for people on an 'as and when required' basis and information about risks, including people dietary requirement, had been enhanced.

At the time of our inspection the service had a manager in post who had been registered with the Care Quality Commission since the last inspection. 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'. 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. They were supported by a deputy manager, as well as the company compliance team.

The registered manager was visible around the home, so people could discuss their care and how the home was operating. People who used the service, and the relatives we spoke with, knew the registered manager by name and spoke very highly of him. People told us he was constantly walking round [the home], enquiring after their wellbeing. A relative said, "He's [registered manager] always available he makes time for us, he's always walking round." Another relative commented, "We see a lot of the manager and the area manager as well, they do come out into the home, they don't just sit in the office they go around asking if things are okay."

People were given the opportunity to share their opinions about their satisfaction in the service provided and how the home operated, this included surveys and meetings. We saw when people had raised areas they felt could be improved these had been taken on board and changes made. For example, in the survey completed in the first quarter of the year people had asked for more social activities. The provider had said they would trial care staff providing additional activities. On the day we visited we saw people enjoying the activities provided by care staff. People we spoke with remembered filling in questionnaires and were happy their views had been listened to.

Staff were actively involved in how the home was run. Minutes of staff meetings and the outcome of the staff surveys completed in early 2018 showed staff had the opportunity to share their views on how the home operated. We saw questionnaires had also been used to gather the views of professionals and contractors who visited the home. Responses had been used to make changes, when appropriate.

Policies and procedures were in place to guide staff and people using the service, as well as the home's contingency plan, so all staff knew how to deal with routine and emergency situations if the management team were not available.

The directors of the company took an active part in monitoring the home. The registered manager told us they visited regularly and were always available for advice. The registered manager or the deputy walked round the home on weekdays to check if it was running smoothly. Reports from these included topics such as staffing issues, care records and gaining updates on people living at Darnall Grange. Meetings had also taken place every two weeks between the registered manager and his deputy. They said these helped them focus on areas that needed attention and the actions required to remedy any issues.

The Food Standards Agency had rated the kitchen facilities and documentation as five stars at their last visit to the home, this is the highest rating awarded.

People's care records were kept securely and confidentially, in line with the legal requirements.

A quality manager from the Sheffield clinical commissioning group (CCG) told us they had visited Darnall Grange in July 2018 to carry out observations in the home and speak with people. They told us, "We collected feedback from staff, residents and relatives. It was a very positive visit and everyone was very engaging. The staff spoke highly of the manager and felt that he listens and understands frustrations."

Sheffield council assessed the home earlier this year and then visited again with the CCG in July. Of the original visit they told us, "Whilst there were several suggestions [made to improve how the home was working] overall the visit was positive and the home were seen to be continuing to make improvements."