

# Springhill House (Accrington) Limited

## Springhill Care Home

### Inspection report

Springhill House  
Fairfield Street  
Accrington  
Lancashire  
BB5 0LD

Tel: 01254381719  
Website: [www.springhillcare.com](http://www.springhillcare.com)

Date of inspection visit:  
08 August 2016  
09 August 2016

Date of publication:  
21 October 2016

### 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 ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Springhill Care Home on 8 and 9 August 2016. The first day of the inspection was unannounced.

Springhill Care Home provides accommodation, personal care and nursing care for up to 116 people, including people living with dementia. At the time of this inspection there were 107 people living at the home.

The service is a mainly purpose built care home. There are three dementia units over three floors and an additional residential unit and nursing unit. Accommodation is provided mainly in single en-suite rooms. There are a small number of double occupancy rooms. The grounds and gardens have accessible seating areas for people living at the home. The home is situated close to the small town of Oswaldtwistle in East Lancashire.

At the time of our inspection the service had a registered manager, who had been registered with the Commission as the manager of the service since October 2015. 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.

As part of our inspection we have made a recommendation about the management of medicines at the service.

There were appropriate policies and procedures in place for managing medicines. However, we found that medicines were not always stored safely.

People living at the home told us they received safe care. Most people living at the home felt that staffing levels were sufficient to meet people's needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People told us they were happy with the care they received and felt that staff could meet their needs. We found that staff received an appropriate induction and effective training when they joined the service. Staff told us they received regular supervision.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people lacked the capacity to make decisions about their care.

The people we spoke with told us they were involved in decisions about their care and their care needs were

reviewed regularly.

People living at the home and their relatives were happy with quality of the food provided. They told us they had lots of choice.

We received positive feedback about from community healthcare professionals who were involved with the service.

We observed staff communicating with people in a kind and caring way. People told us staff respected their privacy and dignity and encouraged them to be independent.

Activities were provided by dedicated activities co-ordinators and people told us they were happy with the activities available at the home.

We saw evidence that the registered manager requested feedback about the service from people living at the home and acted on the feedback received.

People told us they thought the home was well managed. They felt that the management team were approachable.

Many aspects of care at the home were audited regularly to ensure that appropriate standards of care and safety were maintained.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

The registered manager followed safe recruitment practices when employing new staff.

Most people we spoke with were happy with staffing levels at the service. However, two people living at the home and three relatives felt there were times when it was difficult to find staff.

People told us they received their medicines when they needed them. We found some issues with medicines during our inspection. However, prompt action was taken to address them. A new electronic medicines system was about to be introduced into the home. The registered manager advised that it would reduce the likelihood of errors in the future.

### Is the service effective?

**Good** ●

The service was effective.

Staff received an appropriate induction and effective training which enabled them to meet people's needs.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications were submitted to the local authority.

People were supported well with nutrition and hydration and their healthcare needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us staff were caring. Staff treated people with care and compassion.

People told us staff respected their privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be independent and staff provided support to them when they needed it. Equipment was available which supported people to be independent.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and their needs were reviewed regularly.

People were supported by staff to take part in a variety of activities within the home. People living at the home told us they were happy with the activities available.

The service provider sought feedback from people living at the home and their relatives and used the feedback received to develop the service.

### Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post and a senior management team responsible for the day to day running of the home. People living at the home and staff felt the home was well managed.

Staff understood their responsibilities and received regular supervision. Regular team meetings took place and staff felt able to raise any concerns.

The registered manager and senior management team regularly audited and reviewed the service to ensure that appropriate levels of care and safety were maintained.

# Springhill 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 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.

The inspection took place on 8 and 9 August 2016 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, two experts by experience and a specialist advisor. 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 specialist advisor was a qualified nurse and registered manager of a care home.

Prior to the inspection we reviewed information we held about the service including complaints, concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted six community health agencies who were involved with the service for their comments including a district nursing team, community mental health team and speech and language therapy service. We also contacted Lancashire County Council contracts team for information.

During the inspection we spoke with 12 people who lived at the service and seven visitors. We spoke with thirteen staff including four nurses, two care assistants, the registered manager and the two service managers. We observed staff providing care and support to people over the two days of the inspection and reviewed the care records of ten people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

# Is the service safe?

## Our findings

The people we spoke with told us they received safe care at the home. They told us, "Staff come whenever I need them. I always feel safe here" and "There are always people walking about. I press my buzzer and someone will come to help me. That's very reassuring at night". One relative told us, "Yes, [my relative] is very safe". However, another relative told us, "I think the residents are well treated but there isn't enough staff".

We looked at whether people's medicines were managed safely. The home had a detailed, up-to-date medicines policy which included information for staff about ordering, administration, storage, disposal and record keeping. We watched some people being given their medicines and saw that the staff gave medicines in a safe way and did not rush people. All the staff who administered medicines had completed medicines administration training in the previous 12 months. We looked at the medicines administration records (MARs) for seven people living in the home and found they had been completed appropriately by staff. However, we found that the 'as required' medicines for two people had not been included on their MARs. We discussed this with the registered manager who took immediate action.

We recommend that the service considers current guidance on 'as required' medicines and takes action to ensure that their practice reflects the guidance.

Medicines were stored securely. However, they were not always stored at the right temperature. In one room where medicines were stored, on some occasions temperatures were above the recommended level and in other medicines rooms the temperature was not being recorded daily. We also found that the temperatures of medicines fridges were not being consistently recorded daily. This meant that medicines may have been stored at temperatures above or below the recommended levels, which can reduce their effectiveness. We discussed these issues with the registered manager who took prompt action by ordering air conditioning units for each of the medicines rooms, to ensure that medicines would be stored at the correct temperatures.

Medicines audits were completed monthly and action plans were in place where necessary improvements had been identified, such as staff not always signing people's MARs. The registered manager provided us with information about a new electronic medicines recording system which was due to be introduced into the home in the near future. He told us the new system would reduce the likelihood of medicines errors and would identify issues such as those we found during our inspection quickly, so that prompt action could be taken. The people we spoke with told us they received their medicines when they should.

We looked at staff training and found that 89% of staff at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults' team were included.

We looked at how risks to people's health and wellbeing were managed. We found detailed risk assessments in place including those relating to falls, moving and handling and nutrition. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were reviewed monthly or sooner if there was a change in the level of risk. One relative expressed concerns about the management of their family member's risks and needs. We discussed this with the service manager who provided evidence that the person's needs were being addressed. However, records suggested that care had not been provided as frequently as it should have been on the date of our visit. The service manager discussed this with the staff on duty who advised that they had provided care but had not documented it. The service manager assured us that she would address with staff the importance of accurate record keeping.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff. Information included the action taken by staff at the time of the accident. We saw evidence that accidents and incidents were reviewed and analysed regularly and appropriate action was taken.

We noted that 59% of staff had completed up to date moving and handling training. We discussed this with the training manager who provided evidence that further training dates had been arranged. She advised that all staff would complete up to date moving and handling training by the end of October 2016. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the staffing arrangements at the home. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. We were provided with the staffing assessment tool that was used by the service provider. The registered manager told us that the service had a pool of bank staff who were able to cover staff sickness and annual leave and consequently agency staff were rarely needed.

We spoke with people about the staffing levels at the home. Most of the people we spoke with felt that there were generally enough staff on duty. One person told us, "You just have to say the word and there's someone there". However, two people living at the home and three relatives told us there were times when it was difficult to find staff. One person told us, "At meal times staff disappear. We have complained about being left alone in the dining room".

Most of the staff we spoke with also felt that there were enough staff on duty to meet people's needs. However, two staff felt that some areas of the home would benefit from having more staff. During our inspection we found that there were sufficient staff on duty to meet people's need in a timely manner. We discussed the mixed comments we had received about staffing levels with the registered manager who advised that he would address this issue.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in



place. We found the standard of hygiene in the home during our inspection to be high and this was confirmed by the people living at the home and their relatives.

Infection control policies and procedures were available, including those related to personal protective equipment, clinical waste disposal and staff training. Records showed that 49% of staff had completed up to date infection control training. The training manager provided evidence that further training dates had been arranged up to the end of October 2016. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons were available and were used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

Records showed that 50% of staff had received training in food safety and we noted that in January 2016 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Fire risk assessments had been completed and there were personal emergency evacuation plans in place for people living at the home. These checks would help to ensure that the people living at the service were living in a safe environment.

We noted that only 20% of staff had completed up to date fire safety training. We discussed this with the training manager who provided evidence that two training dates had been arranged for September 2016 and told us further dates would be arranged. It was agreed that, prior to staff completing the necessary training, the training manager would ensure that the emergency fire procedures at the home were discussed with each member of staff and staff would sign to confirm that this had been done. At the time of writing this report only nine members of staff remained outstanding due to leave or shift patterns. This was due to be completed by 3 October 2016.

There was evidence that the fire alarm and emergency lighting, which would be activated if the normal service failed, were tested regularly. We noted that a fire risk assessment had been completed in February 2015 and one action remained outstanding. We discussed this with the registered manager and received confirmation shortly after our inspection visits, that the action had been completed. These checks helped to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service was safe and had been serviced and portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. This helped to ensure that people received care in a safe environment.

## Is the service effective?

### Our findings

Most people we spoke with were happy with the care they received at the home and felt that staff had the skills to support them. One person told us, "I could never complain about the staff that work here. Every single one of them I get on with". However, another person told us, "Those staff that have been here a long time are ok but some of the young ones don't know what they're doing. The nurses that give the pills out are very good". The relatives we spoke with felt that staff were able to meet their family members' needs.

Records showed that all staff had completed an induction programme which included safeguarding vulnerable adults, moving and handling, infection control and fire safety. This helped to ensure staff provided safe care and were able to meet people's needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, 40% of staff had completed dementia awareness training, 35% in nutrition and hydration, 23% in diabetes training and 20% in epilepsy.

A staff supervision policy was available and we saw evidence that staff received regular supervision on an individual or group basis. The staff we spoke with confirmed this to be the case. They told us they felt able to raise any concerns during supervision.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed handover records and noted they included information about people's personal care, pain levels, fluids, mood, refusals of care and any visits from relatives or healthcare professionals. In addition, any concerns were clearly recorded. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was generally good.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies, procedures and guidance were in place. The staff we spoke with understood the main principles of the legislation, including the importance of gaining people's consent when providing support. During our inspection we observed staff supporting people sensitively when they were upset or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. This helped to ensure any medical treatment was provided in line with the decision.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us there was plenty of choice. One person told us, "There's always enough food here". Another said, "The food here is too good if anything".

We observed lunch and saw that dining tables were set with table cloths and condiments. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed staff interacted with people throughout the meal. We saw staff supporting people sensitively and people were given the time they needed to eat their meal. We noted that people were able to have their meal in their room if they preferred.

People's dietary requirements were documented, including when people needed soft or pureed meals or finger food. A nutrition assessment had been completed for each person living at the home and people's weight was recorded regularly. Records showed that appropriate professional advice and support, such as referral to a dietician, was sought when there were concerns about people's weight loss or nutrition. One person told us that due to their dietary needs, their choices at mealtimes were sometimes limited. We discussed this with the service manager who addressed the issue immediately.

We looked at how people were supported with their health. People living at the service and their relatives felt staff made sure their health needs were met. They told us, "A nurse always comes in every week who you can ask anything you want and I can always ask for one myself" and "I've needed to see a doctor a couple of times and they have always got him here quickly". We found that care plans and risk assessments included detailed information about people's health needs.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses and community mental health teams. We found healthcare appointments and visits were documented. This helped to ensure people were supported appropriately with their health.

We did not receive any concerns from the community healthcare agencies we contacted for feedback about the service. One agency told us, "The care staff are willing to work with us and feel they can approach us with any concerns or to seek advice. The care plans are organised and kept up to date. The care home are proactive. The nursing staff and care managers appreciate clinical updates on current guidelines and are very interested in any training that is available".

# Is the service caring?

## Our findings

Everyone we spoke with told us that the staff at the home were caring. People living at the home told us, "Staff support is first class" and "All the staff are lovely. They are very considerate. They check on me throughout the day and night". One relative told us, "All the staff we have met have been very caring and compassionate. We have seen them feeding our relative. They take their time with her". Another relative told us, "The staff are lovely and you can see how much they care about the people here".

During the inspection we observed staff supporting people at various times and in various places around the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often light hearted and friendly. It was clear that staff knew the people living at the service well, in terms of their needs and their preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives. They told us they could get up in the morning and go to bed at night at a time that suited them, they could choose what they wore every day and had plenty of choice at mealtimes. One person told us, "I get to make all of my own choices". However, one person told us that choices about their personal care and toileting were restricted. We discussed this with the support manager who assured us that the person's needs and preferences would be discussed with them again and appropriate arrangements would be put in place.

People told us they were encouraged to be independent. One person said, "The staff are great. They let me do what I can and help me with whatever I need". We observed staff supporting people who needed help to move around the home or with their meals and noted that equipment was available to support people to maintain their mobility and independence.

People living at the home told us staff respected their dignity and privacy. We observed staff knocking on bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home.

People told us they received support with personal care when they needed it and could choose whether they were supported with personal care by male or female staff.

An advocacy policy was in place and information about local advocacy services was included in the welcome pack given to people when they came to live at the home. Advocacy services can be used when people want support and advice from someone other than staff, friends or family members.

The service provider issued monthly newsletters to residents at the home and community professionals

involved with the service. Articles included stories about staff members and people supported by the service provider and local events and trips out. The newsletters were colourful, informative and provided information about how to provide feedback about the services people received.

# Is the service responsive?

## Our findings

Everyone we spoke with felt that they received personalised care and told us their needs were being met at the home. One person said, "I always talk to the staff if I want to do something different and they always encourage me to make my own choices". However, one person living at the home and one relative told us there was sometimes a delay in staff responding to people's needs".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. .

The care plans and risk assessments we reviewed were individual to the person. They explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included. People told us their care needs were discussed with them, which helped to ensure staff were aware of how people liked to be supported. They told us their care needs were reviewed with them regularly. We saw that people had signed their care plans to demonstrate this. One person told us, "I was part of the care plan and I regularly discuss things with members of staff around what I want". We noted that relatives had been consulted where people lacked the capacity to make decisions about their care.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment; they could move around the home freely and choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and answer questions. Staff spoke clearly and repeated information when necessary. When people were upset or confused staff reassured them sensitively and gave them the information they needed to make decisions. Conversation between staff and people living at the home was often light hearted and friendly.

We looked at the availability of activities at the home. The home had three dedicated activities co-ordinators, who supported people with activities each morning and afternoon. Most of the people we spoke with were happy with the activities available. They told us, "I'm always being kept busy. I had my nails painted this morning and this afternoon we're doing a scrap book with old photos" and "There's always something to do". However, two relatives told us they felt the activities available for people with dementia were limited.

We observed activities taking place on both days of our inspection. We noted that the activities co-ordinators encouraged participation and people seemed to be enjoying themselves. We noted that on the second day of our inspection, a play was performed by an outside agency.

A complaints policy was available and included timescales for investigation and providing a response. The

policy was displayed in the entrance area of the home and information about how to make a complaint was included in the service user guide. Contact details for the Commission and the Local Government Ombudsman were included. Information about how to make a complaint was also included in the service user welcome pack.

We reviewed the complaints received in 2016 and saw evidence that they had been addressed and responded to within the timescales of the policy. We noted that the home did not have a process in place for the management of minor concerns. We discussed this with the registered manager who informed us that this would be introduced following our inspection.

The people we spoke with and their relatives told us knew how to make a complaint and would feel able to raise any concerns. They told us they would speak to the staff or the manager if they were unhappy about anything. None of the people living at the home had made a complaint. One relative told us they had raised concerns about staffing levels in the past. They told us that although improvements had been made, they had not been sustained longer term.

We looked at how the service sought feedback about the care being provided, from the people living there and their relatives. The people we spoke with told us they were encouraged to give feedback about their care. People told us, "I do get asked if there is anything I would like to be done differently" and "I have been told I can always speak to the manager if I want anything to be done differently and I sometimes do". Some people told us they were asked for feedback about their care during monthly residents meetings. However, other people that we spoke with were not aware that residents meetings took place at the home.

The registered manager informed us that satisfaction questionnaires were given to people and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires given to people living at the service and their relatives in October 2015 and saw that 14 people had responded. We noted that a high level of satisfaction had been expressed about most issues including whether people were treated with kindness, dignity and respect, staff capability, how happy people were with the care and support, the cleanliness of the home and people having choices about how they received their care. How staff dealt with concerns and complaints was one of the lowest scoring issues on the questionnaires. Most of the people we spoke with during our inspection told us they knew how to make a complaint and none of the residents we spoke with had raised a complaint prior to our inspection. Another lower scoring issue related to people being able to take part in activities. The registered manager told us that as a result of the questionnaires, additional activities staff had been employed to improve the availability and accessibility of activities in the home.

## Is the service well-led?

### Our findings

All of the people we spoke with who lived at the home felt the home was well managed. They told us, "The management are lovely and you always see them about" and "I often speak to the manager. I'm always told I can do".

The service provider's policy statement advised that 'Springhill Care believes that people we provide care and support to, staff and visitors should be provided with a safe environment which embraces all aspects of their life. This includes being assured that the staff employed to care for them will help to keep them safe'. We saw evidence that this aim was promoted by the registered manager and by staff at the home.

The registered manager informed us that the service provider was supportive and made available the resources necessary to achieve and maintain appropriate standards of care and safety at the home.

We saw evidence that staff meetings took place regularly. The issues addressed included staff training, recruitment and care standards. The staff we spoke with confirmed that regular staff meetings took place and they felt able to raise any concerns.

We reviewed the results of a staff engagement survey in July 2016 and noted that 100% of respondents agreed that they 'knew what was expected of them at work'. A high level of satisfaction had been expressed about a number of issues including 'The mission and purpose of my company makes me feel my job is important' (87%) and 'This last year I have had opportunities at work to learn and grow' (80%). Some of the lowest scoring areas were 'At work, my opinion seems to count' (62%) and 'In the last seven days, I have received recognition and praise for doing good work' (66%). We spoke with the human resources manager who told us that a number of staff initiatives had been introduced as a result of the staff survey, including free work health checks and issuing thank you cards to staff in recognition of their hard work.

The staff we spoke with during our inspection told us they felt well supported by the management team at the service and felt able to raise any concerns with them.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident about using it if they had concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the general manager and the service managers directly and they communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that he was supportive and professional towards them.

We noted that the registered manager and other senior staff audited different aspects of the service regularly, including infection control, personal care, accidents/falls, equipment, the home environment and medicines. All audits included action plans where improvements were required and actions were updated



when completed. We saw evidence that the audits completed were effective in ensuring appropriate standards of care and safety were being achieved at the home. We noted that the monthly medicines audits had not identified the issues we found during our inspection. We discussed this with the registered manager who explained that a random sample of MARs were audited every month and the records we had reviewed had not been audited in recent months and therefore the issues had not been identified. The registered manager told us that the new electronic medicines system which was being introduced into the home in the near future would help to avoid error and would quickly identify issues such as those identified during our inspection so that action could be taken quickly.

A business continuity management plan was in place which documented the action to be taken if the service experienced a loss of accommodation or amenities such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.