

Bondcare (Ambassador) Limited

Cleveland View

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection on the 20th and 22nd January 2015. We last inspected this service in January 2014.

Cleveland View is a 60 bedded purpose built care home providing personal care for older people and older people living with dementia. The home has three units. The ground floor unit accommodates a maximum number of 30 people who require personal care. There are two units on the first floor of the home. Both units provide care and accommodation to people with dementia (15 beds on each), however one is for males and the other is for females.

The home had a registered manager in place and they have been in post as manager since 2012. 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.

Summary of findings

People living at the service received good, kind care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the care they received and said that they felt safe.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported and decide upon goals they wanted to achieve whilst at the service.

Staff were trained and understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were so few that they were unable to identify any trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found that medicines were stored and administered appropriately.

We observed a lunchtime and a tea time meal, these meals were flexible to suit the needs of the people who used the service. The lunch time was quiet as a few people had gone out to a local pub, tea time was busier with lots of friendly chatter and banter.

We saw that the service was clean and tidy and there was plenty of personal protection equipment (PPE) available. Two members of staff were infection control leads and they explained the training they had received and the meetings they attended.

The registered manager had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. Staff did have a small understanding but were booked in for MCA and DoLS training on the 26th January 2015.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care plans provided evidence of access to healthcare professionals and services.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager.

Staff were supported by their manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints. The manager reviewed processes and practices to ensure people received a high quality service.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

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 provided a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the

registered manager.

Assessments were undertaken to identify risks to people using the service and others. Plans were in place to manage these risks and protect people using the service.

Medicines were stored securely and administered appropriately.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Good



Is the service effective?

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training and to continue with their professional development through completion of national vocational qualifications.

People were supported to have their nutritional needs met and were provided with choice.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Outstanding



Is the service caring?

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy and dignity was respected by staff.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



Is the service responsive?

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed.

People were supported to access the community. The activities they were provided with were decided by the people who used the service.

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service and satisfaction surveys were provided to obtain their views on the service and the support they received. A complaints process was in place.

Good



Summary of findings

Is the service well-led?

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring. Incidents were notified to the Care Quality Commission as required.

The registered manager reviewed policies and practices at the service to ensure the quality of service provision, and monitor the support provided to people that used the service.

Good



Cleveland View

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 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 the 20th and 22nd January 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with 13 people who used the service, the registered manager, two deputy managers, five carers, the activity coordinator and the chef. We also spoke with eight relatives of a people who used the service and a healthcare professional (Specialist Palliative Care Sister). We undertook general observations and reviewed relevant records. These included four people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, “Oh yes I feel very safe, there are always people around you” and another said “I feel safe, everything makes me feel safe here” and “I feel safe, I never think about anything when I go to bed.”

Relatives we spoke with said, “My relative feels very safe, it is ideal here they are very content” and “We know he is safe.” Another said, “She is safe, I would never send her anywhere else” and “He is looked after where he can do no harm to himself.”

Staff we spoke with said, “We keep everyone safe, we make sure the premises are safe and its all locked up at night” and “Its part of the values of the organisation, to keep people and staff safe, being there for the residents.”

The service provided a safe and secure environment to people who used the service and staff. The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff said, “I would not hesitate to take it further, I am here to protect the people who live here, I would speak up.”

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

We also saw general risk assessments which included catering, administration, housekeeping, maintenance and care delivery.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were reviewed to see if any themes or patterns emerged. Accidents and incidents were too few to recognise any emerging themes or patterns.

We saw a three week staffing rota for two weeks before and one week after the inspection day. It showed there was enough staff on duty at all times. Staff presence in the home was excellent and they were always sitting with people unless they were providing personal care to another person. Staff would sit and complete daily notes in the lounges so they could observe, chat and support people whilst writing. One staff member said, “We are always with the residents, we never leave them.”

We spoke to staff about staffing levels, they said, “It depends on the day, we are rushed sometimes, there is too much paperwork, I am all for the residents” and “Yes I work nights and there are enough staff on duty, the registered manager and the deputy manager are on call, if I do call them they are out straight away no hesitation.”

We also spoke with people who used the service and their relatives about staffing levels, they said, “There are enough staff, the staff are really great.” And “Staff are smashing, they are always knocking on my door to see if I am okay or if I need anything, anything I do need I get.”

We looked at the recruitment records for four staff members. The majority of staff had worked at the home for ten years or more. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Each new member of staff went through a three month induction. They were provided with a mentor. The aim of the induction was to maintain and improve performance and develop potential to the maximum level of attainment.

Is the service safe?

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection.

The service had recently changed their medicines provider and system. Downstairs they had individual locked cupboards in each person's room. The registered manager and staff liked the new system and said "It's fine when the person is in their room, it gets more difficult if they are settled in the lounge or dining room." The registered manager said "It's still very early days and we review it constantly to make things easier for both staff and people who live here, whilst still keeping it safe." The registered manager discussed ideas they were planning on trialling, for the medicines for people who were not in their rooms. This was mainly at lunch and tea times, saying "We are always looking for ways to improve."

Upstairs they administered the medicines from the treatment room. The deputy manager explained that this worked better and was safer, for both staff and people who used the service, than taking a trolley around the two units.

We looked at the storage and administration of drugs liable to misuse called controlled drugs. We saw these were stored and recorded safely. Temperatures were recorded daily in the treatment rooms and in each individual room to make sure medicines were stored at the correct temperature.

The service had protocols for 'when required' medicines (PRN) and these were individual to each person, explaining why and how each PRN should be administered and when to be repeated.

Medicines training was up to date and we saw evidence of six monthly competency checks. The staff also did competency checks on applying creams.

We spent time looking around the premises and found it to be in very good condition, we also found it to be homely, comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them.

There were wall paintings in the corridors of famous people from the era of people living there such as Audrey Hepburn, Frank Sinatra and Elvis Presley. Some people who used the service or their relatives had commissioned the painter to do some artwork in their room. One person had a jungle scene with tigers and another had the Rat Pack (Frank Sinatra, Dean Martin etc.)

There were also dementia friendly adaptations to the corridors upstairs with tactile wall activities.

The service was clean and tidy. We observed the cleaning rota. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke with confirmed they always had enough PPE. Two staff who worked at the service were infection control champions. We spoke with one who explained their role, "We go to meetings and training so we can bring back up to date information and ideas to the service. I also check staff are doing things correctly such as bare below the elbow and no nail varnish, I would tell them if they were doing something wrong."

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, the lift and collaboration scales. Water temperature checks were recorded weekly.

The registered manager said in December 2014 they invited the community fire officer in to speak to people who used the service and their relatives. The aim of this was to raise awareness of what to do in the event of a fire alarm, evacuation and fire.



Is the service effective?

Our findings

We asked relatives and people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, "Staff have had enough training" and "Staff are smashing, they know what they are doing." Relatives we spoke with said, "The staff here are wonderful" and "Yes the staff have the skills to care for my relative." Another relative said, "I could not wish for better staff."

Staff we spoke with said, "We get a lot of training, there is something on each month, I have just done dementia training and I loved it" and "We are always up to date with training." "I have just done my moving and handling refresher and I am about to do epilepsy." Another staff member said, "I have recently done catheter care training, there is always training."

All training was up to date and we saw evidence of certificates to match what was stated on the training matrix. Staff had received training on topics such as dementia, food hygiene and manual handling. Staff we spoke with confirmed that they had access to further training as required. We saw evidence of the next three months planned training which included topics on stroke awareness and arthritis, diabetes and palliative care with MacMillan Nurses.

The registered manager told us about pilot they were involved in called The Grey Matter, The Grey Matter Group provide web based solutions enabling organisations to improve staff development and performance. The registered manager said, "We have set up the structure for training where we have four training facilitators and staff which they are responsible for" and "For learning to be effective it is important that we take our time to identify people's preferred learning style and adjust accordingly to suit. In the long run we believe that Cleveland View will benefit by employing well trained staff who can demonstrate better practice and we are in the knowledge that the residents are happy and their needs are met, within policy/ procedure."

Staff received good support through supervision and an annual appraisal, which ensured they could express any views about the service in a private and formal manner. Topics discussed during supervision were training and development, concerns, people who used the service,

achievements and any other relevant business. Staff received supervisions every month, one month on an individual basis and the next month as a group. The registered manager showed us the new supervision forms they were now using that included CQC's key lines of enquiry and the five domains. The registered manager said, "They are more evidence based." Staff we spoke with said, "I find the supervisions good and very useful."

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interests guidelines were followed. At the time of the inspection, three people who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager had informed the Care Quality Commission of the request for a DoLS authorisation and the outcome. Staff were booked on refresher training for DoLS and MCA in January 2015.

We saw evidence of consent in the care files, such as consent to administer medication, consent to provide care and consent to photographs being taken and displayed.

We observed two mealtimes. The first mealtime was lunch. We saw evidence that people could eat when they wanted and where they wanted. The registered manager said, "X likes to have his lunch in my office with me." Everyone was offered a choice of main meal and pudding as well as being asked if they wanted more when finished. There were not many people in for lunch as a few people who used the service had gone to a local pub for lunch. People who were having lunch chatted amongst themselves and were very complimentary about the food saying things like, "Oh this is lovely" and "That was very nice." We observed a teatime meal, where the dining room was full and there was lots of laughter and banter.



Is the service effective?

We also observed there was a choice of drinks to have with meals and hot and cold drinks were available freely throughout the day.

People who used the service said, “The food is very good, I am amazed how good it is.” “I get plenty of food” and “Every morning I have two Weetabix, a bacon sandwich and an egg sandwich, this morning I had an extra egg sandwich, I love the food here.” Another said, “I don’t like the fish here so the chef makes me egg and chips with brown sauce, when fish is on the menu.” One person who used the service said, “I have just had chicken curry and rice.” We asked if they had a pudding, they replied, “No I am off to the pub next door for a few pints with some of the lads, that will be my pudding.”

Relatives we spoke with said, “The food is excellent, I am here seven days a week and every day it is good” and “The meals are really good, we are always offered food if we are here, they always look lovely.”

The registered manager said they had been involved with a pilot scheme. They told us, “Focus On Under Nutrition identifies and helps treat individuals who are at risk of

under nutrition. Focus on under nutrition has been accredited by the Teesside University as a level 4 certificate and has been endorsed by BAPEN (British Association for Enteral and Parenteral Nutrition) the training was started February 2014.” The registered manager also said, “We will be awarded the Gold framework by the end of March 2015” They also said, “The chef at Cleveland View is highly trained in catering and serves in the TA (territorial army) he has a UCM qualification (Unit Catering Manager). Focus on under nutrition now uses the menus our chef used at Cleveland View, as a template to give to other care homes in the area.”

We spoke with the chef about how they were made aware of individual dietary needs, they said, “I am always updated when someone's needs change, the doctor and the dietician update me.” They explained how they fortify meals with full fat milk and butters. They also said, “I am just about to update the winter menu, revamp it” and “The menus are very much focussed around the people who live here, its what food they like.” The registered manager said, “The chef and all heads of departments, get extra time, supernumary to do this like update menus deep clean the kitchen etc.”

Is the service caring?

Our findings

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people. Staff were aware of people's likes and dislikes and knew people well. We talked with staff in the lounge on the dementia unit, and they easily explained what each person liked or if they did a certain action what this meant. They knew what one person was going to do before they did it. For example a person who liked to sit on the chair a certain way, staff said, "Give them a minute and they will put their legs over the arm of the chair, they love sitting like that and find it comfortable." This person did exactly as they said.

We observed and chatted to people who used the service they said, "This is a very happy place, it's a lovely place to be" and "Everyone is very kind, I love it here it is my home now." Another person said, "Staff are the best, I came here two years ago and it is the best thing I have ever done."

Relatives we spoke with said, "The staff are wonderful" and "My relative is happier and fitter than they have ever been." Another relative said, "The staff are nice and friendly, its got a really homely feel here, that is why we chose it, they cannot do enough for you" and "All the staff have a compassionate caring nature."

One relative we spoke with said "As well as caring for the people who live here, they care about their relatives as well, they ring me to see if I am okay." The registered manager explained, "We have relatives who visit daily, if we don't see them but are expecting them, we will ring to check they are alright."

Staff we spoke with said, "I love sitting with them (people who used the service) and having a natter over a cup of tea, I ask them about their day or their families" and "It's mint working here I love it."

The healthcare professional we spoke with said, "It is a very welcoming service, they are good at keeping me updated and good at communicating."

We saw the services advocacy policy and information on advocates was on the notice board if and when needed.

We asked staff how they promote privacy and dignity. Staff explained they always knock on doors before entering. One staff member said, "I always make sure the doors are shut and the curtains are closed before any personal care, I also explain exactly what I am doing."

The service had a member of staff who was the dignity champion, they were not on duty at the time of inspection.

We asked staff how they promoted peoples independence, they said, "I let them do things for themselves even if it takes longer" and "People can be as independent as they want to be, they go to bed when they want, get up when they want, its all up to them."

People who used the service said, "I can come and go as I please."

People could have a key to their room if they wanted and we observed a few people who did lock their rooms. Relatives we spoke with said, "She was offered a key but did not want one."

We saw people had their end of life wishes and preferences documented. The registered manager said, "The residents were reluctant to discuss advanced care planning and end of life care, to enable senior care staff compile the residents care plans and staff also found it difficult in discussing that area for fear of upsetting residents and their families." The registered manager said she arranged a training event for all staff, people who used the service and their relatives called 'Airing the myths of death'. Guest speakers were invited such as the Macmillan palliative care sister and a funeral director. The registered manager said the outcome of this was "People had a clearer view and staff a better insight, which in turn made them feel more comfortable discussing the resident's end of life care with the resident/families. Families also took away the preferred priorities of care, and returned them in order for the senior carer to complete the advanced care planning."

We spoke with the Macmillan nurse who said, "The training event was very well received, staff from the service have also attended the Macmillan foundation module which covers communication, symptom management, palliative care and bereavement. I am looking forward to more staff especially senior staff attending."

The registered manager told us about a recent problem they had encountered regarding someone on end of life care. The registered manager said this person needed an

Is the service caring?

air flow mattress for comfort and was told this was not possible by the district nurses. The registered manager

said, “I was persistent and eventually the resident got an air flow mattress from the DN team, this was after much deliberation and conversation between the management team and other professional bodies.”

Is the service responsive?

Our findings

We looked at care plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating for example significant people and events in their life, family pets, and personal preferences such as one person liked their curtains open at all times and their window open a little. There was also information called "This is my life" although one person had signed to say they did not wish to complete this.

We discussed the care plans with the people who used the service and their relatives, the relatives said, "We went through the care plan when my relative moved in, we discussed their wishes and preferences and filled in a booklet" and "We were asked for information on my relative, such as they are a big tea drinker, we have seen that this is now in their care plan." Another relative said, "Yes I have seen the care plan, I help update it and mam sits with me while we do it." People who used the service said, "I have seen my care plan." Another said, "Yes its there but I am not interested in seeing it."

The service employed an activities coordinator. They told us "The activities are decided by the people who live here, whatever they want to do we do." We observed a group of people playing cards and dominoes, there was lots of friendly banter, and they also discussed how they would like to go out for lunch that day, this was immediately sorted, a taxi was booked and five people went to the local pub for lunch. The activity coordinator said, "Its always like that, we make decisions on the spot or plan something."

One person who used the service said, "I love writing poetry, I make everyone a card at Christmas or birthdays and write each one a poem just for them, I also wrote a poem about Cleveland View, its on the wall as you come in." They proudly showed us this poem. The registered manager said, "I am going to look at getting this poem stencilled onto the walls, possibly in the dining room."

The activity coordinator said, "I got in touch with the Alzheimer's Society about activities for people living with a dementia, I ended up getting 1:2:1 training from them." They also said, "I meet with another activity coordinator and we share ideas and activities."

People who used the service said, "Its great, we go on bus trips, shopping, out for lunch and play dominoes." And "I join in whatever is going on, we have games, we go out, we had a singer come in and someone making balloon shapes like animals or hats and things."

Relatives we spoke with said, "My relative loves to help out around the home, they set the tables, clean the tables and checks on people, it helps them feel useful." Another relative said, "There is always something going on, he joins in sing-alongs and he goes to the club next door, they have a room set aside for the residents" and "The church comes in to visit, they were an avid church goer."

The priest came in whilst we were there and they said, "I come here to offer communion, either to a group or individually in private, depends what people want, we also sing songs, I really like coming here as the staff get involved they don't just put me with people and leave."

The people who used the service, their relatives and staff had recently completed a memory walk in aid of the Alzheimer's Society, they all received a medal and went out for lunch afterwards.

We saw the complaints policy and a record of complaints. There was information on how to make a complaint on the wall in the entrance hall. The service had received one complaint in July last year, this was about it being too hot upstairs on the male unit. The manager said, "We acted on this and installed air conditioning for them."

We asked the people who used the service and their relatives if they knew how to make a complaint and if they had ever made a complaint. People who used the service said, "I have never had to make a complaint, I would know how to though" and "I have no need to complain."

Relatives we spoke with said, "I have no complaints, I would know what to do if I did." Another relative said, "I am Mr complainer, I do complain about everything but I can't find anything here to complain about."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since February 2012. The registered manager said, “I am so proud of what I and the team have achieved, when I started Cleveland View was none compliant on three areas, and was on 28 day closure with an embargo in place, now we are almost fully occupied and received great, positive feedback.”

The provider’s values and philosophy were clearly explained to staff through their induction programme and training and there was a positive culture at the service where people felt included and consulted.

The registered manager made sure they kept up to date with current practice and research. For example, they were fully aware of the supreme court ruling regarding Deprivation of Liberty safeguards and were always willing to join in any pilot schemes such as Grey Matter.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medicines, mealtimes, health and safety, care planning and safeguarding. Where an issue had been identified an action plan had been implemented and the person responsible for completing the task had been identified plus when the task needed to be completed by. This assured us the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

We asked people who used the service and their relatives about the management of the home. People who used the service said, “The manager is a good lass, she is always there for you” and “The manager is brilliant, she is always chatting to us.” Relatives we spoke with said “The manager is really good, they are really open and honest with us” and “The manager is lovely always approachable.” Another relative said, “The manager is one of the best managers in the world.”

Staff we spoke with said, “I am very supported by my manager, any concerns I have whether work related or private, she will deal with, she is very approachable” and “I am very much supported by the manager, she is also always open to new ideas or ways of working.” Another staff member said, “The support off the manager and the deputy manager is good, really helpful. The manager is the best manager I have ever worked for, you can learn a lot from her.”

We saw evidence of links with the community, for example Teesside University, the social club next door, local schools and churches.

The service held staff meetings every three months. Topics discussed were health and safety, infection control, confidentiality and training, also any relevant topics at that time. Staff we spoke with confirmed that there was always a good turn out at the meetings. One staff member we spoke with said, “You can add topics to the agenda of the staff meetings if you want something discussed, I find them very beneficial.”

The service also held relative meetings about every three months. Relatives we spoke with said, “Yes I have been to a few meetings, they are really good and they bring speakers in.” Another relative said, “We are coming to the next meeting, we want to be involved.”

Meetings for people who used the service were held monthly, they discussed topics such as what activities they would like to do the following month, or anything they would like added to the menu.

The registered manager said they send out surveys annually to relatives, healthcare professionals, staff and people who used the service. The results of these surveys were collated and for any actions needed a plan would be put in place. The registered manager said “Nothing had really highlighted any issues to action, all feedback was positive, I am going to look at the surveys and see if we can change the questions so we get a more in-depth feedback.”

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.