Akari Care Limited

Red Brick House

Inspection report

Victoria Terrace
Prudhoe
Northumberland
NE42 5AE
Tel: 01661 830 677
Website: akaricare.co.uk/find-a-care-home/red-brick-house

Date of inspection visit: 22 July 2014 and 1 August 2014
Date of publication: 09/12/2014

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out over two days. We visited the service unannounced on 22 July 2014 with a specialist advisor and expert by experience and announced on the 1 August 2014.

The service met all of the regulations we inspected at our last inspection on 20 March 2014.

Red Brick House is a care home for up to 50 people who require nursing or personal care. There is a separate wing

Summary of findings

for those who are temporarily in receipt of care following a spell in hospital, or referral for respite from their GP**.** There were 34 people at the home on the days of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were procedures in place to keep people safe. Staff knew what action to take if abuse was suspected. Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff.

Staff were appropriately trained and told us they had completed training in safe working practices and were training to meet the specific needs of people who lived there such as those with complex nursing needs.

Staff who worked at Red Brick House were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected.

The registered manager assessed and monitored the quality of care. Surveys were carried out for people who lived there and their representatives. Audits and checks were carried out to monitor a number of areas such as health and safety, medication, care plans and meal times.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff with whom we spoke knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The service had effective systems to manage risks to people's care without restricting their activities.

We found that the service was meeting the requirements outlined in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Good

The service was effective. We saw that people and relatives were involved in their care and were asked about their preferences and choices.

People received food and drink which met their nutritional needs. They received care from staff who were trained to meet their individual needs.

People could access appropriate health, social and medical support as soon as it was needed.

Is the service caring?

Good

The service was caring. During our inspection, we observed staff were kind and compassionate and treated people with dignity and respect.

There was a system for people to use if they wanted the support of an advocate.

People and relatives told us that they were involved in people's care. Surveys were carried out and meetings were held for relatives and friends.

Is the service responsive?

Good

The service was responsive.

We saw that an activities programme was in place. People were supported to continue their previous interests and hobbies.

A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these.

Is the service well-led?

Good

The service was well led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

The registered manager sought to ensure they were an open, transparent and inclusive service. A "service user guide" was given to people when they came to live at the service. This guide contained information on all aspects of the home.

Red Brick House

Detailed findings

Background to this inspection

The inspection team consisted of an inspector; a specialist advisor who was a qualified nurse and an expert by experience, who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the Short Observational 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 spoke with the registered manager, deputy manager, six nurses one of whom was an agency nurse, nine care workers, an activities coordinator, the chef and kitchen assistant. We looked at seven people's care records and five staff files to check recruitment procedures and details of their training.

We spoke with 13 people and seven relatives to find out their views. All spoke positively about the home. In addition, we contacted by phone or emailed, a GP; a community matron for nursing homes; the care home lead for the local pharmacy; a care manager from the local hospital trust; a psychiatrist; a member of staff from the local trust's dietetic team; a Macmillan nurse and two members of staff from the local hospital trust's learning and development unit. We spoke with an occupational therapist who was visiting the home on the first day of our inspection. We also consulted with a local authority contracts officer; a member of the local safeguarding team; the lead nurse from the local clinical commissioning group and a member of staff from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Prior to carrying out the inspection, we reviewed all the information we held about the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home and with the staff that looked after them. For example, one person said, "It's as safe as houses here."

We spoke with a number of health and social care professionals who did not raise any concerns about people's safety in the home. The care home liaison manager from the local pharmacy said they had no concerns and there was a "good relationship" between the home and the pharmacy.

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected. One member of staff said, "You see those awful stories on the television. There's nothing like that ever happens here." We spoke with a member of staff from the local safeguarding team who said there were no ongoing safeguarding investigations.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of the recent Supreme Court judgement regarding what constituted a deprivation of liberty. No one was currently deprived of their liberty at the home. The manager explained he was liaising with the local authority to determine what impact the new ruling had on people's care at Red Brick House.

We spent time looking at people's care plans. We saw there was a good structural approach to risk assessments. Assessments were in place to assess people's mobility, nutritional needs, risk of choking and swallowing problems, skin condition, risk of developing a blood clot and MRSA screening. We noted that these assessments were regularly reviewed and action taken if any changes were highlighted.

We checked emergency procedures and equipment at the home. Staff were knowledgeable about the actions they would take in an emergency. However, we asked two care workers about the location of the resuscitation equipment. They were unsure where to find this equipment and one of the qualified staff showed us the first aid box. We noticed that there was limited resuscitation equipment available. The home did not have access to a defibrillator. Staff informed us that in the event of a cardiac emergency they were instructed to ring 999. Although many of the people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place, there were 14 NHS beds which catered for people who had suffered a stroke or heart attack and other medical conditions.

The Resuscitation Council (UK) produces guidelines and publishes national standards for resuscitation. In its most recent publication, "Resuscitation Guidelines 2010," the Resuscitation Council (UK) state, "The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported." The guidelines also state, "All healthcare professionals should consider the use of an AED [automated external defibrillator] to be an integral component of BLS [basic life support]."We spoke with the deputy manager about this issue. She informed us she would speak to the provider about the purchase of this equipment.

There was a system in place to calculate staffing levels. We looked at the staffing tool which stated, "The dependency level of the patients can be used to ensure a standardised approach when deciding the staffing levels and appropriate qualifications of staff in a nursing home." We noted that people were assessed as having high, medium or low level needs and the amount of staff time which was needed to look after people was assessed.

People told us that there were enough staff to look after them. One person said, "There are always staff about" and "They come if you push the buzzer." Two people informed us that they preferred to be cared for by the regular staff rather than agency staff since they were more aware of their needs. We spoke with the registered manager about this comment who told us that he was in the process of recruiting a nurse. He explained that a regular member of nursing staff always worked alongside the agency nurse.

The community matron for nursing homes stated, "Redbrick always appears well staffed." The GP said, "You can always find a nurse." Staff with whom we spoke informed us that there were enough staff to meet people's needs. Some staff informed us however that more staff would be appreciated. We spoke to the registered manager

Good

Is the service safe?

about these comments. He told us and our own observations confirmed that extra staff would be called in if people's dependency levels changed and more staff were needed.

We spent time observing staff practices on day shift and noticed that they carried out their duties in a calm unhurried manner. Staff spent time with people on a one to one basis. They also had time to take people out into the local community. We saw however, that although care was carried out in a timely manner, some staff had to take a late lunch break at 3pm. We spoke with these staff who told us that this was not a problem and it was important that the needs of people were met first before they could have their breaks.

We contacted night staff by phone in order to obtain their views about staffing levels. We spoke with two nurses and three care workers. All stated that there were enough staff at night to look after people. One nurse informed us that if people's needs changed and more care was required, an extra care worker was put on duty.

We checked recruitment procedures at the service. The manager told us the qualities they looked for in prospective staff, "When we're recruiting staff we look for compassion and empathy rather than skills you can teach." We read five staff files. Staff told us that relevant checks were carried out before they started work. One member of staff told us, "I had to wait for my CRB and references were back before I started." An application form was completed. Staff recorded their employment history so that any gaps in employment could be highlighted and discussed. We noted that one staff member's form was missing. The deputy manager told us that this had been damaged after coffee was spilt over it.

We saw that Disclosure and Barring Service checks, previously known as Criminal Record Bureau checks had been carried out before staff started work. These checks are carried out to help ensure that staff are suitable to work with vulnerable people. Two references had been obtained, which included one reference from their last employer.

The regional manager informed us that monthly checks were carried out to ensure that all nurses who worked at the home were registered with the Nursing and Midwifery Council (NMC). The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

Good

Is the service effective?

Our findings

Staff informed us that there was "plenty" of training available. Staff told us and records confirmed that they had completed training in safe working practices such as moving and handling. The deputy manager informed us and records confirmed that they had recently introduced "Manual handling competency assessments." This assessment process involved designated senior staff observing the practices of staff while they carried out moving and handling techniques to ensure that correct and safe techniques were carried out.

Staff informed us that training was also carried out to meet the specific needs of people who used the service such as wound care and diabetes. The deputy manager said she brought in nursing journals for staff to read. She told us, "I bring in nursing practice journals so we're always keeping ourselves up to date."

The registered manager told us that they had signed up to a new training system which was run by the local hospital trust. We spoke with a member of staff from the trust's learning and development unit. She confirmed that the home had signed up to their new online training system in May 2014. They said, "This means any member of staff can book and undertake their own training. Some of it is online and they can book face to face training too. This helps them complete their mandatory training like safeguarding and CPR." She told us that staff from the home were accessing this training management system. One staff member whose records she checked had signed up to undertake a bowel management course and cardiopulmonary resuscitation. The community matron explained that she facilitated clinical training sessions which staff attended and contributed to.

Staff told us that regular supervision sessions were undertaken. Supervision sessions are used amongst other methods to check staff progress and provide guidance. One member of staff said, "I've just had my supervision, we have them every two months and I've had my appraisal." We saw evidence that annual appraisals had also taken place.

We spent time observing nursing practices and saw that they displayed professional, competent, considerate and compassionate nursing skills and on questioning appeared to have a sound knowledge base of people's requirements. The community matron said, "The staff are always knowledgeable to what's happening with each resident." We asked staff about their actions in the event of any adverse incident such as choking and physical deterioration in people's condition and it was clearly evident that they had the necessary knowledge to manage these events.

People were positive about the meals. One person said, "The girls are good to me, I didn't like the meals on today so they said, 'would you like an omelette?' They brought me a cheese omelette and it was lovely." Other comments included, "The food is spot on," "Food is good, too good I will put on weight" and "Food has improved lately, more choice and more of it." One relative stated, "The food has got better lately, I think there is a new cook."

We conferred with the cook who spoke enthusiastically about her role in meeting people's nutritional needs. We looked in the kitchen and saw that there was a supply of fresh fruit and vegetables including salad ingredients. Homemade cakes and puddings were also available. The cook explained, "Everything is home cooked, fresh cakes and freshly made soup." The cook was knowledgeable about special dietary requirements such as diabetic and gluten free diets. One relative said, "Mum is on a gluten free diet, they try really hard to get her something nice. She is well catered for." Another relative said, "Mum has to have her food puréed now, but they try hard to make something she likes." The cook told us and our own observations confirmed that some people required modified textured diets such as pureed or soft diets. The cook explained that she never pureed all the different elements of the meal together such as the meat and vegetables, she stated, "I make sure that everything is pureed separately so it looks nice."

It was a lovely sunny day on our first visit. Some people were enjoying the sunshine outside. We saw staff offered regular drinks and fruit including watermelon slices and chilled raspberries. People told us and our own observations confirmed that these refreshments were appreciated and enjoyed. One person said, "I had some yesterday when it was hot as well." There were bowls of fruit in the lounge and dining rooms. A fresh fruit initiative had been started called Fruity Friday which took place each week. The deputy manager explained that a recent study

recommended that eating seven portions of fruit and vegetables was healthier than eating five. Therefore each Friday they provided fruit in a variety of forms such as smoothies to help increase people's consumption of fruit.

We spent time with people over lunch and tea time. We saw that staff assisted people on a one to one basis and were generally attentive to people's needs. One person however was struggling to eat her spaghetti bolognaise which staff did not notice. She told us, "I can't be bothered with this; it's too difficult to eat." We informed the deputy manager about this issue. She suggested that pasta shapes rather than spaghetti might be a better alternative for some individuals. She told us she would speak with the cook about this issue.

We saw people being assisted to eat in their rooms; some were assisted to eat in bed. Staff ensured that they people were safely positioned in bed to reduce the risk of choking. We observed staff patiently supported people to eat and drink, for example we observed one staff member encourage a person, "One more mouthful?" "You've nearly finished, well done."

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, podiatrist, occupational therapists, opticians and dentists and had attended regular appointments about their health needs. A member of the local trust's community dietetic team confirmed that they had been involved with people's care at the home.

We noticed that a record known as a "Situation, Background, Assessment and Recommendation" (SBAR) had been introduced. Staff had faxed this record to the GP surgery prior to requesting a home visit. The SBAR technique provides a framework for communication between members of the health care team about an individual's condition. This process meant that the GP was fully aware of all the relevant information before he visited the home. The GP told us, "The nurses who have been there a long time are sensible, they pass things on."

Weekly multi-disciplinary team meetings were held to discuss the care of people in the NHS wing. These meetings were led by a consultant and attended by GP's, social workers and other health care professionals such as occupational therapists and physiotherapists. All health and social care professionals with whom we spoke informed us that staff would contact them in a timely manner if advice and support were required.

Good

Is the service caring?

Our findings

People who were able to communicate with us told us they were happy with the care they received. One relative told us staff provided, "excellent care." Another said, "I can come when I want, the care she gets never changes whether I come at one time or another it's always the same standard. They are kind and caring." Other comments included, "I can't fault the care, the staff are kind."

Health and social care professionals were complimentary about the caring nature of the staff. The Macmillan nurse told us, "I've found them to be very good. They have managed people's end of life care well and speaking with relatives, they've also felt supported by staff. It seems to be a caring service." The district nurse wrote, "Red Brick house is a very good home in my opinion. The staff are very caring and always have their residents' best interests in the fore-front of their minds. They are very helpful when we call and on all of my visits I can say that the environment is very clean and comfortable and the residents look well-kept and cared for." The occupational therapist said, "I get a good feeling from the staff. They genuinely seem to care. I get positive feedback from patients who say they have had really good care here…I'm pretty impressed."

We carried out our SOFI whilst sitting in the lounge. We saw that staff treated people with kindness and patience. There were meaningful interactions between people and staff and we heard ongoing conversations about people's family, holidays and the weather. We noticed positive interactions not only between care workers and people, but also other members of the staff team such as the cook, kitchen assistant and domestic staff who all took time to speak with people. This was confirmed by the community matron who stated, "I am often sitting in the office working and I am pleased to say the carers speak and treat their residents with a lovely caring manner."

Staff respected people's privacy and dignity. They knocked on people's bedroom doors before they entered. They also spoke kindly to individuals and informed them what they were doing. One member of staff noticed that a person's skirt was pulled up above her knees. We heard her say, "Look you've become a sixties chick with those knees." The individual smiled and the member of staff assisted her to adjust her skirt. We observed some people were looked after in bed because of their condition. We saw they looked comfortable and well presented. This was confirmed by the GP who said, "They [people] are decently dressed." One relative whose family member was nursed in bed said, "I'm absolutely delighted with her care" and "I have never found her in a mess." We read recent comments on completed questionnaires. One stated, "[Name of person] is now bed bound and I believe her needs are being catered for. Carers and nurses are gentle and thoughtful of her needs and display a very caring attitude towards her. She is always clean and well-presented and is fond of her carers. Staff are welcoming and very approachable and friendly. Coming to Red Brick is like visiting a relative's home."

People and relatives informed us that they were involved in care planning and reviews. One relative said, "I am invited to all the care reviews, they tell me every day about her condition. They discuss her care with me" she also said "I am very happy with her care, they I know are very fond of her and it shows." Other comments included, "You can ask any one of the staff and they know all about her, they tell me about what is going on with her. I have no worries about her care" and "I'm happy with her care, they tell me about what they are doing."

The registered manager explained that no one was currently accessing advocacy services. He stated that information was available should this service be required.

Regular meetings and surveys were carried out for people and their representatives. This was confirmed by all relatives with whom we spoke. One relative said about the meetings, "Only about six families come. It's a shame, they have tried different days and times but only a few turn up." We read the minutes from a recent meeting which was held. Areas discussed included the appointment of the new deputy manager and forthcoming activities. People commented on the need for more fresh fruit and vegetables. We saw that this feedback had been actioned and fresh fruit was available throughout the day.

The manager had documented the actions carried out following this feedback from surveys and meetings. We read, "You said…We would like a quiet area on the first floor" "We said…Room 27 will now be available to residents/families. New furniture has been purchased and room decorated." The issue of laundry had also been highlighted and the manager recorded that he had spoken to laundry staff about their comments. The care manager commented, "There have been some issues raised at review regarding laundry standards and missing items;

Good

Is the service caring?

however these have not been raised recently. Staff have informed families that if items [of clothing] are replaced they will be reimbursed for the cost if receipts are presented."

Good

Is the service responsive?

Our findings

Health and social care professionals told us they thought the home was generally responsive. The Macmillan nurse said, “They contact us if they have any problems. They support our service well.” The care manager stated, “Staff are usually responsive to clients’ needs in a timely manner and appear to know clients well at reviews.” The community matron commented, “I have no concerns about Redbrick. The staff and manager work very closely with myself and are very motivated and proactive in delivering high quality care. The atmosphere in the home is always very happy and there is lots going on to entertain the residents if they wish to participate” and “Staff contact me promptly if they have any concerns or require advice and advice is always acted on.” The GP told us, “They provide a respite GP service which is helpful. They have the consultant input which is good.” The occupational therapist said, “I was really impressed at how they dealt with one person who has dementia – they were super. The staff are out there, they go with the flow which is good when dealing with dementia.”

We spoke with people and relatives who gave us examples of how staff responded to people’s needs. One person said, “I have only just come here, but they have reorganised my room so I can get in and out with my wheelchair easily and so the hoist doesn't get in the way.” A relative said, “They are on the ball and always follow things up. They got a special cushion with an alarm because she had fallen. They are very responsive to their needs.” We read this person’s care plan and noted that she had fallen on several occasions and been referred to the falls clinic. A sensor mat had been obtained to place on her armchair and the number of falls had reduced.

We spent time talking to one person who was recovering from a stroke. He was very happy with the care he had received and explained that he had made significant improvements since arriving at the home. He told us and our own observations confirmed that he was now independently mobilising and likely to be discharged home shortly. He told us that he was involved in all aspects of care and specifically consulted about his discharge home. This early consultation meant that discharge could be planned in advance and the required processes put in place, for example follow up physiotherapy appointments or arrangements for support at home.

In another care plan we saw that an emergency health care plan was in place. The deputy manager explained this plan to us, “It tells us when we need to use the rescue medication, in this case it’s for suspected exacerbation of her COPD (Chronic obstructive pulmonary disease).” She explained that this procedure and detailed plan meant that action could be taken and medication administered immediately to alleviate the person’s symptoms.

We saw that staff monitored people’s physical health to ensure they responded in a timely manner to any concerns. Monthly checks of people’s physical observations, such as their blood pressure were carried out. The deputy manager told us, “We do these to make sure we’re not missing anything like someone going into heart failure or anyone with pyrexia (a temperature) that we’re not picking up on.” Action was taken if any of these observations were outside of the expected normal range. In addition to monthly monitoring, people were closely monitored for 24 hours following a fall. Observations during this monitoring period were recorded in their care plan and a final summary was recorded. We read one report which stated, “24 hour falls observation done. No injuries, skin check after 24 hours – nothing. GP and family fully aware.”

Staff followed the best interests principle outlined in the Mental Capacity Act 2005. This states that any act done or decision made on behalf of an adult lacking capacity must be in their best interests. We read a best interests decision which had been taken for one individual. This stated that she should be looked after at Red Brick House and not go to hospital, if her condition deteriorated further.

An activities coordinator was employed to help meet the social needs of people who lived at the service. On the first day of our inspection, a “gardening club” took place in the afternoon. The temperature outside became too warm and people came back in and played board games in the conservatory. Most people and relatives with whom we spoke informed us that there was enough happening at the home. One person said, “I couldn't ask for better.” A relative commented however, “The activities have lapsed a bit. There is nothing outside of the home.” The registered manager told us and records confirmed that many people were unable to get out into the local community and therefore they invited different community groups into the home such as the local male voice choir, the Prudhoe Gleemen, the Northumbria Ukulele Band and a pets as therapy service.

Good

Is the service responsive?

The deputy manager explained how they focused on people's previous interests and hobbies and tried to promote these in the home. She told us, "We try and maintain the links they had when they lived at home." One person used to enjoy golf and she explained that although he was no longer able to play, visits to the golf club were enjoyed. There was also an emphasis on meeting people's spiritual needs. The Catholic priest and Church of England vicar visited. The home also had links with Mothers Union who are an international Christian charity. The deputy manager told us, "We facilitate them to come and visit, it offers support to people."

There was a complaints procedure in place which informed people how their complaint would be dealt with and the timescales involved. Information about how to complain was also included in the service user guide. People and relatives told us that they felt able to raise any concerns or complaints. One relative said, "I have no complaints about her treatment."

The registered manager explained that he had to send in an overview of any complaints and compliments that they had received within the last three months to the local authority complaints department for monitoring purposes. We spoke with the local authority contracts officer who confirmed that Red Brick House was following this procedure in a timely manner.

We read that one anonymous complaint had been made regarding the standard of food. Following this complaint, the registered manager carried out a survey to obtain the views of people. As a result of this feedback, the registered manager took appropriate action and a new cook was recruited.

We spoke with the regional manager about how the home dealt with complaints. She stated, "Complaints are dealt with proactively. John is very good and any staffing issues are addressed promptly."

Good

Is the service well-led?

Our findings

A registered manager was in post. He had been registered with the Care Quality Commission since 4 November 2013.

People and relatives spoke positively about the manager and the changes he had introduced. One relative commented, "It always smells clean now, much cleaner than it used to be" and "Everything has improved recently." Another agreed and stated it, "It has improved lately." The local authority contracts officer stated, "John has done a lot of work to stabilise the situation as they had been through a lot of change last year. He has done a lot to support the staff and feedback was positive from relatives and staff."

Staff also spoke positively about working at the home and the support which they received from the manager and deputy manager. One staff member said, "It's much better now, I can ask for help and the training is good." Another said, "It's a grand place to work, we work hard but they support you." Other comments included, "The manager always goes out of his way to say thank you," "[Name of deputy manager] is like a mother hen, very supportive and she looks after you," "We've got a good staff team" and "Morale is good…I wouldn't have been here so long if I didn't like working here."

The registered manager sought to ensure they were an open, transparent and inclusive service. He explained that regular involvement from members of the multi-disciplinary team such as consultants, GP's, physiotherapists, occupational therapists and social workers together with input from the community matron helped ensure that the home and staff were open to positive scrutiny. These professionals helped make sure that best practice guidelines were followed regarding wound care, rehabilitation and the care of people with specific medical conditions. The registered manager told us, "It opens the home up, it makes it more transparent." The local authority contracts officer told us, "The difference between this year and last year is phenomenal. There is much greater feeling of openness." The regional manager stated, "I feel under John' leadership and guidance the home has developed a really open and honest culture."

The manager explained how they tried to "open the home" up to the local community through initiatives such as the National Care Homes Open Day. Care Home Open Day is a UK wide initiative inviting care homes to open their doors to their local communities. The manager told us, "Many people can't get out into the local community so we bring the local community in…We want to make ourselves more visible. There's a lot of uncertainty in the community about what we do and by bringing people in they can see what goes on."

The manager was a learning disabilities nurse. He was very knowledgeable about the provision of personalised care. The deputy manager was an experienced nurse and had an NHS background. She was aware of up to date clinical information and could give us examples how they followed advice and guidance from the National Institute for Health and Care Excellence (NICE) such as falls prevention and the use of vitamin D. NICE is a non-departmental public body of the Department of Health and provides national guidance and advice to improve health and social care. The combination of these backgrounds, experience and knowledge contributed to strengthening the overall management of the home. This was confirmed by the community matron who stated, "They have excellent leadership from both manager John and deputy manager X."

A "Service user guide" was published and given to people when they came to live at the home. This gave people information on the home's philosophy of care. In order to implement this philosophy a number of aims and objectives had been set such as promoting independence, ensuring personal choices and preserving privacy and dignity. The promotion of these values, aims and objectives were evident in staff practices throughout our inspection. We observed examples where staff promoted people's independence, privacy and dignity in all aspects of people's daily living activities such as getting up, meal times, social activities and mobility.

Various audits or checks were carried out to make sure that the service was meeting recognised standards. Audits on infection control, health and safety, medication and care plans were carried out amongst other areas. We spoke with the regional manager about her role in monitoring the quality of the service. She told us, "I go through everything. I was at the home the other day and checked the personal allowances, all health and safety books and I chat with staff, residents and relatives to get a feeling about things."

Good

Is the service well-led?

She explained that she had recently completed an audit which looked at all aspects of the home. She said, “There were no major issues, just twiddly little things which in Akari Care we like to get right.”