

Sanctuary Care Limited

Beach Lawns Care Home

Inspection Report

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Summary of findings

Overall summary

Beach Lawns is a care home for up to 82 people. It provides nursing and personal care to older people. This includes people who have physical health care needs and people with dementia. At the time of this inspection there were 79 people living at the home.

The home was divided into four areas. In one area support was provided to people who required nursing care. In two areas people with personal care needs were supported and in the fourth area, known as Memory Lane, 11 people who were living with dementia were cared for.

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

People told us they felt safe at the home and with the staff who supported them. However we found that people's safety could be put at risk due to a lack of staff in communal areas of the home at some points in the day.

People received the information they needed to help them to make decisions and choices about their care. People's views and wishes were incorporated into their plans of care. Care plans showed they had been discussed with the person or their representatives. However there was limited information to assist staff to support people to make choices if they were not able to verbally express their wishes. Care plans for people with dementia did not always give details about people's preferred daily routines. This meant that staff may not be aware of people's individual preferences.

People's privacy and dignity was respected, however we saw one instance where someone was supported by a male member of staff when they expressed a wish for a female to help them. We observed that staff assisted people in a respectful manner. We saw staff discreetly asking people about the help they required and assisting people in a manner which promoted their dignity. In Memory Lane we observed there was little positive staff interaction with people during the lunch period. We

noted that there was limited interaction with a person who was being physically supported to eat their lunch. The staff member did not offer food at the person's pace and was seen to put food in the person's mouth before they had finished the previous mouthful. We also observed that the staff member supporting the person answered the phone and had a conversation whilst assisting the person with their meal. This undermined the persons' dignity and demonstrated a lack of respect.

People who lived at the home, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others.

People who were able to express their views verbally felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care. People were able to express their views about the care they wished to receive at the end of their life. We saw people had detailed care plans in place outlining the care they would like and where they wished to receive care.

The home was responsive to people's individual and changing needs. Additional staffing had been provided to meet one person's specific needs and changes were made to another person's care to meet the changes in their physical health care needs.

The home's management was very visible and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw the registered manager and deputy talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe at the home and with the staff who supported them. However people's safety could be put at risk due to a lack of staff in communal areas of the home at some points in the day.

The risk of people being abused was minimised because staff were clear about what may constitute abuse and how to report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

People were protected against the risks of abuse because the home had a robust recruitment procedure. Appropriate checks were carried out before staff began work at the home to make sure new staff were safe to work with vulnerable adults.

Staff were aware of the need to involve relevant people when making a decision on behalf of someone who was unable to do so. Some care plans we saw contained assessments of an individual's mental capacity to make a specific decision and identified the people who had been involved in making a decision in someone's best interests. Other records did not contain complete assessments in relation to best interest decisions. In two care records we found that whilst the provider had made arrangements to make a best interest decision it was not recorded what the decision was about or how it was in the person's best interest. This provided some evidence that not all staff fully understand the process of making a best interest decision.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Are services effective?

People who were able to express their views verbally felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care. Care records for people with dementia did not give clear details about their preferred daily routines. This meant staff did not have detailed information to enable them to provide care in line with people's wishes.

With the exception of one person, we saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

Summary of findings

People were able to express their views about the care they wished to receive at the end of their life. We saw people had detailed care plans in place outlining the care they would like and where they wished to receive care.

Are services caring?

Staff responded to people's needs in a kind and caring way.

Personal care was provided in the privacy of people's bedrooms and private bathrooms. We observed bedroom and bathroom doors were kept closed when care was being provided.

People we spoke with felt valued and cared for. We saw that staff spoke to people in an adult manner and demonstrated respect for them. People's views were respected and listened to. We saw that most people had their wishes about care recorded in their care plans. There was also information in care records about the people they would like to be involved in decisions if they were unable to make decisions for themselves.

In the part of the home known as Memory Lane, we observed that there was little positive staff interaction with people during the lunch period. We observed that a staff member answered the phone and had a conversation whilst assisting a person with their meal. This undermined the person's dignity and did not demonstrate the staff member showed them any respect.

Are services responsive to people's needs?

The care provided was responsive to people's individual needs and changes were made to accommodate people's changing needs and wishes

People received the information they needed to help them to make decisions and choices about their care.

Most people's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans that we saw showed they had been discussed with the person or people who were important to them.

People told us they knew how to make a complaint and were confident that any issue raised would be dealt with. We saw records of complaints that had been made. All had been thoroughly investigated and responded to.

Are services well-led?

There was a registered manager in place who was open and approachable. The home's management was very visible and

Summary of findings

demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw the registered manager and deputy talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers.

The home learnt from mistakes and made changes to ensure continual improvement. There was a system in place to audit care practices and make adjustments in accordance with the findings.

There were systems in place to ensure there were adequate numbers of staff on duty to support people. However three people who lived at the home and several members of staff felt that, at times, there was not enough staff to meet people's needs. We observed that at some points in the day there was limited interaction between staff and people who lived at the home. We also observed that people in communal areas did not have easy access to staff or to call bells to summon help if required.

Summary of findings

What people who use the service and those that matter to them say

During the inspection we spoke with 34 people who lived at the home and 10 visiting relatives.

People we spoke with were happy with the care and support they received although three people commented that they thought the home would benefit from more staff. One person told us: "They need more staff, they are always rushing around." Another person said: "They are always busy. I never feel they rush my care but I do feel they don't have time for the little extras which make a difference."

People told us staff were always caring and kind when they assisted them. One person said: "They have to hoist me in and out of bed. They are all so kind and gentle." Another person told us: "The staff are all very sweet, never a cross word. I feel very well cared for."

People told us they felt safe at the home and with the staff who supported them. One person said: "I definitely feel safe here." A relative that we spoke with told us: "I know when I leave here my relative is safe and cared for in a loving way." Another visiting relative said: "I am so pleased that they are in safe hands and that I have been fully consulted about their care."

We met with one person who was receiving end of life care. They told us: "I'm very comfy here. The staff are very attentive and make sure I'm never in pain. This is where I want to be at the moment."

People we spoke with were complimentary about the staff who supported them. One person said: "They are all so caring and lovely." A visiting relative said: "We couldn't ask for anything better. The fact that the staff are always happy and smiling makes such a difference."

Beach Lawns 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 is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1

We visited the home on the 24 April 2014. On the day of the inspection there were 79 people living there.

The manager is registered with the Care Quality Commission and was available throughout the inspection.

This inspection was carried out by a lead inspector, a second inspector and an expert by experience. The expert by experience had personal experience of caring for older people.

Before the inspection we reviewed all the information we held about the home. At our last inspection in August 2013 we did not identify any concerns with the care provided to people who lived at the home.

During the day we spoke with 34 people who lived at the home, 10 relatives and 16 members of staff. We were able to look around the building and viewed records relating to the running of the home and the care of individuals.

We were able to speak with people in communal areas and their personal rooms. Throughout the day we observed care provided in all areas of the home. We observed the main meal of the day in three dining rooms and observed some organised activities.

In the part of the home known as Memory Lane we carried out a Short Observational Framework for Inspection 2 over the lunch time period. SOFI 2 is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive.

Are services safe?

Our findings

People's safety was put at risk due to a lack of staff in communal areas of the home. During the inspection we saw there were no staff available in communal areas for parts of the day. In one lounge, which was being used by eight people, we saw there were no staff present for over twenty minutes. There was a call bell but this was out of reach of everyone seated in the room. This meant that if someone had an accident there was no way for them to summon assistance. Two staff members expressed concerns that staffing levels in the lounges were low at times. One member of staff said: "We can't be everywhere at once. What happens if there is an accident? Who is responsible?" We looked at the accident records for the previous month and saw that out of 23 reported accidents four had occurred in the communal lounges or dining rooms.

People told us they felt safe at the home and with the staff who supported them. One person said: "I definitely feel safe here." A relative that we spoke with told us: "I know when I leave here my relative is safe and cared for in a loving way." Another visiting relative said: "I am so pleased that they are in safe hands and that I have been fully consulted about their care."

Staff used safe moving and handling procedures when assisting people with poor mobility. We observed two members of staff using a hoist to move a person from a chair to a wheelchair. The transfer was carried out safely and sensitively with staff members ensuring the person was told what was happening throughout. "They are wonderful," they told us afterwards. We asked the staff about their training and qualifications and they were able to give us full details. We were able to verify their training qualifications.

People who lived at the home, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others. One risk assessment we looked at stated that the person needed a pressure relieving mattress in place to minimise the risk of damage to their skin. The care plan showed that these risks had been discussed with the person and they had decided against using the

recommended equipment. We saw that this was discussed with the person on a regular basis to make sure they had opportunities to change their mind if they experienced discomfort.

Staff were aware of risks to people and the plans in place to keep people safe. Care records we looked at recognised some of the risks to people, such as the risks of falls and risks associated with not eating or drinking. Individual care plans described how these risks should be minimised.

The risk of people being abused was minimised because staff were clear about what can constitute abuse and how to report concerns. Staff were confident that any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff said: "I've never witnessed anything untoward but if I did I would report it straight away. I know it would be fully investigated."

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received training in recognising and reporting abuse. Records seen confirmed that all staff received this training during their induction and undertook a refresher course annually.

The home had a clear policy and procedure regarding safeguarding vulnerable adults. The home has informed the Care Quality Commission and other relevant authorities when allegations of abuse have been made. The registered manager has worked in co-operation with the appropriate agencies to ensure full investigations have been carried out and had taken action to minimise further risks to people living at the home.

People were protected against the risks of abuse because the home had a robust recruitment procedure. During the inspection we looked at the personnel files for three members of staff. The files showed that there was a recruitment process which ensured that new staff had the relevant skills and were of good character. The recruitment procedure also minimised the risks of abuse to people who lived at the home by making sure that all staff were thoroughly checked before beginning work. We saw that all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews and sought references from previous employers.

Are services safe?

Staff had received training in the Mental Capacity Act 2005 and most staff had an understanding of people's legal rights. Training records seen showed staff had completed the training.

Staff were aware of the need to involve relevant people when making a decision on behalf of someone who was unable to do so. Some care plans we saw contained assessments of an individual's mental capacity to make a specific decision and identified the people who had been involved in making a decision in someone's best interests. Other records did not contain complete assessments in relation to best interest decisions. In two care records we

found that whilst the provider had made arrangements to make a best interest decision it was not recorded what the decision was about or how it was in the person's best interest. This provided some evidence that not all staff fully understand the process of making a best interest decision.

Where a person needed to be legally deprived of their liberty to keep them safe staff had properly followed relevant application processes and any conditions made by a Supervisory Body.

Are services effective?

(for example, treatment is effective)

Our findings

People who were able to express their views verbally felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care. We saw that care plans were signed each month by staff and the person who lived at the home to say that the person had been involved in discussions about their care. One person said: "I feel supported by the staff here and they listen to me." A visiting relative told us: "I have been consulted about the care plan and I have been present at review meetings."

People were able to make adjustments to their care on a daily basis according to their wishes. One person told us: "I only have to tell them what I want and they do their very best to help me. This morning I fancied a shower, I asked a member of staff and they helped me to have one."

There was limited information to assist staff to support people to make choices if they were not able to verbally express their wishes. Care plans for people with dementia did not always give details about people's preferred daily routines or preferences. However staff we spoke with had a good knowledge about the likes and dislikes of the people they supported.

People did not consistently have their choices respected in the area of the home which cared for people with dementia. We observed a female being offered support to dress by a male member of staff. The person made it clear that they did not want to be supported by a male. The male staff member did not respect the person's views and led them by the hand to a private area and gave the person support to dress. This meant the person's dignity and choice was not respected. We spoke about this incident with the registered manager who stated they would look into it without delay.

People were able to make choices about how they spent their time. We saw some people chose to socialise in communal areas whilst others preferred to stay in their rooms. One person told us: "I'm not feeling so good today so they know I'm staying in my room." Another person said: "I'm not very sociable and the staff respect the fact that I don't want to join in."

People were supported to maintain good health and had access to healthcare services. There was always a trained nurse on duty in the part of the home which provided nursing care to people. Throughout the day we observed the nurse spent time with people to make sure their clinical needs were met. At one point a care assistant approached the nurse and stated that a person had requested to speak with the trained nurse about their care. We saw the nurse responded promptly to this request.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP's, community nurses, chiropodists and opticians. One person said: "They always get the doctor if you're unwell." A visiting relative told us they were always kept informed about any healthcare appointments and any changes in care or treatment.

One person had not received appropriate care to meet their needs. We saw that one person's toe nails were in very poor condition. We asked staff what action was being taken to address this need. One staff member told us that the chiropodist had refused to attend to them due to a health care condition that was being treated. Another staff member told us it was because the person was resistive to care. We looked at the person's care records. There was no evidence that a chiropodist had visited in 2014 and there was no evidence that the person was resistive to care. This meant that there was no effective plan of care to ensure the persons' needs were going to be met. We spoke to the registered manager and explained our concerns. They told us the person should have had a chiropodist appointment and they would look into this matter.

Most people received care that was appropriate to their needs. We spoke with several people who were being cared for in bed. All said they received the care they needed to ensure their comfort and well-being. One person said: "They help me to change position and make sure I don't have any marks on my skin." We saw staff recorded each time they assisted the person to change position which enabled them to monitor the effectiveness of the care being given.

There were systems in place to make sure people received effective wound care. There were clear care plans in place which gave information about the care required, including frequency of dressings and the progress being made in the healing process. Where the care plan was not effective the

Are services effective?

(for example, treatment is effective)

home referred people to more specialist healthcare professionals. One person told us: “The nurse did a dressing for me this morning. They are very good but they aren’t happy with the progress I’m making so they are getting another opinion.” We saw this was recorded in the person’s care plan.

People were able to express their views about the care they wished to receive at the end of their life. We saw people

had detailed care plans in place outlining the care they would like and where they wished to receive care. We met with one person who was receiving end of life care. They told us: “I’m very comfy here. The staff are very attentive and make sure I’m never in pain. This is where I want to be at the moment.” We looked at the care plan for this person and noted they were receiving care in line with their expressed wishes.

Are services caring?

Our findings

People told us staff were always caring and kind when they assisted them. One person said: "They have to hoist me in and out of bed. They are all so kind and gentle." Another person told us: "The staff are all very sweet, never a cross word. I feel very well cared for."

Staff responded to people's needs in a kind and caring way. We saw that one person was in discomfort. This was quickly noticed by staff and the person was offered pain relief and reassurance. Another person complained of being cold and within minutes a member of staff appeared with a blanket to put over their legs.

People's privacy and dignity was respected, however we did see one instance where someone was supported by a male member of staff when they expressed a wish for a female to help them. We observed that staff assisted people in a respectful manner. We saw staff discreetly asking people about the help they required and assisting people in a manner which promoted their dignity. We saw that when people were supported with mobility staff ensured they were fully covered to maintain dignity and avoid embarrassment.

We witnessed a number of people being assisted to move using a hoist. On every occasion people were told what was happening and were treated with the utmost care. People were supported to transfer between chairs gently and were given reassurance throughout the process. One visiting relative told us: "All the staff are lovely and very gentle. I haven't yet met an indifferent one."

Information about people was treated in confidential way. All personal information was kept in lockable offices to make sure it remained confidential. We saw that when staff wished to discuss a confidential matter they did not do so in front of other people who lived at the home.

Personal care was provided in the privacy of people's bedrooms and private bathrooms. We observed bedroom and bathroom doors were kept closed when care was being provided. One person told us: "They are very good when they help with washing or dressing. They are very sensitive so you are never embarrassed."

People we spoke with felt valued and cared for. We saw that staff spoke to people in an adult manner and demonstrated respect for people. Staff we spoke with were

positive about their role and had a good knowledge and understanding of people's needs and preferences. We saw there was good humoured banter and laughter between people who lived at the home and staff. One person said: "They know me well." A visiting relative said: "We couldn't ask for anything better. The fact that the staff are always happy and smiling makes such a difference."

People's views were respected and listened to but this was not consistent throughout the home. We saw that some people had had their wishes about care recorded in their care plans. There was information in care records about the people they would like to be involved in decisions if they were unable to make decisions for themselves. We saw that one person had expressed their wishes about a person they did not want to see or to be involved in their care. Staff spoken with were aware of this person's request and there was information in the home to advise them how to respond if the person concerned made contact. The care records for people who lived in Memory Lane did not consistently illustrate the level of detail we found in other areas of the home as they did not always give full information about people's wishes and preferences.

Three people who lived at the home felt there were not always enough staff to meet everybody's needs. One person told us: "They need more staff, they are always rushing around." Another person said: "They are always busy. I never feel they rush my care but I do feel they don't have time for the little extras which make a difference."

We observed lunch in the area of the home known as Memory Lane. We saw that there was little positive staff interaction with people during the lunch period. We noted that there was limited interaction with a person who was being physically supported to eat their lunch. The staff member did not offer food at the person's pace and was seen to put food in their mouth before they had finished the previous mouthful. We also observed that the staff member supporting the person answered the phone and had a conversation whilst assisting the person with their meal. This undermined the person's dignity and did not demonstrate respect for them.

We also received positive comments and observed good interactions between staff and people who lived in Memory Lane. One visiting relative told us the staff had been great and supported them to come to terms with their family member having to move into the home. They told us they had been included in the pre admission assessment and

Are services caring?

the care plans that had been made following admission. In the afternoon we observed staff offering reassurance to a

person who had become distressed. Staff gave the person a life like doll to look after. The person then focussed their attention on the doll which resulted in their anxiety reducing.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People received the information they needed to help them to make decisions and choices about their care. Each person who wished to move to the home had their needs assessed by the registered manager or the deputy. This enabled people and those important to them to meet with a member of the management team and ask questions to make sure the home was the right place for them.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans that we saw gave evidence they had been discussed with the person or their representatives. One person told us: "We've talked about the things I want and they have written it all down. The system seems to work." However we found that care records for people who lived in Memory Lane did not consistently give the level of detail we found in other areas of the care home.

The home responded to people's changing needs. We saw that one person's physical wellbeing had declined. The person had been assessed as being at risk of malnutrition and weight loss. We saw that a plan of care had been put in place to make sure the person's food and drink intake was monitored. This had been carried out and resulted in the person maintaining a stable weight.

Care was responsive to people's individual needs. We saw that one person who had recently moved to the home required more care than expected. In response to this additional staff had been provided and the home were liaising with other professionals to make sure the person received the right level of care and support.

We saw that people's likes, dislikes and interests had been recorded and activities were arranged in line with people's interests in most parts of the home. People we spoke with were very complimentary about the activities. One person said: "Whatever is going on is on the board so you can arrange your days around the activities." Another person told us: "There's something for everyone. I love the theatre and there are several trips to see things."

We spent time observing a light exercise class. One person commented: "I really enjoy this and look forward to it." The class we observed catered for individual need. Upper body and lower limb workouts were based around safe exercises. Throughout the class individuals made choices and were fully involved in the activity. Support for the less able people was appropriate and caring.

During the day many people mentioned how much they enjoyed spending time in the gardens. "I work in the garden and love watching my plants grow," was one comment.

In the part of the home which cared for people with dementia we observed there were limited social activities for people. We observed that there was a lack of one to one interaction between staff and people who lived at the home. This resulted in several people spending the day sat in a chair in front of the TV or walking around. We spoke with one visiting relative who told us the care was very good but there was little occupation for their relative. They told us they had brought crayons and colouring books in to provide some stimulation for their relative. They also told us there was no staff available to offer the encouragement and motivation their relative needed to sustain this activity.

People told us they would be comfortable to make a complaint. The service user guide gave people information about the services and facilities offered by the home. It also gave information about how to make a complaint. People we asked all said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person said: "I'd tell someone if there was anything wrong. They would want to put it right." A visiting relative told us they had raised concerns with the registered manager and had been very satisfied with the response they received.

All complaints made were fully investigated and responded to. We saw records of complaints made that illustrated this.

Are services well-led?

Our findings

There was a registered manager in place who was open and approachable. One person told: “The manager is excellent. You can always talk with him.”

The home’s management was very visible and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw the registered manager and deputy talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers.

Staff told us there were opportunities to discuss issues and raise concerns with the registered manager. All staff were aware of the provider’s whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home.

All concerns and allegations of poor practice were addressed to make sure improvements were made. A recent concern about moving and handling practices had been raised with the registered manager. This had been thoroughly investigated and action had been taken to make sure practice was improved.

Staff received the support they required to provide a good standard of care to people. All staff received individual supervision with a more senior member of staff. This was an opportunity for staff to discuss their working practices and highlight any training needs. It was also an opportunity for poor practice to be addressed in a confidential manner. We saw that a visitor had made a complaint about an aspect of their relatives care. We saw that this had been raised with the staff member concerned during their personal supervision.

The home learnt from mistakes and made changes to ensure continual improvement. One member of staff told us: “Nothing is ever covered up. It was made clear when I began work here that if something goes wrong you have to tell someone straight away. There is a culture of learning and making sure we do things better next time.”

There was a system in place to audit practice and make adjustments in accordance with the findings. A recent care plan audit was carried out and shortfalls were noted in one part of the home. An action plan had been put in place to make sure improvements were made.

The registered manager carried out observational audits known as ‘sit and see.’ We saw records of recent audits which showed that overall good practice was observed. In situations where the registered manager considered improvements could be made these were addressed directly after the audit with the staff involved.

The staffing structure in place made sure there were clear lines of accountability and responsibility. There was always a qualified nurse on duty in the part of the home which cared for people with nursing needs. In other parts of the home there was a senior carer who provided guidance and support to less experienced staff.

Staff were kept up to date with the needs of the people who lived at the home. Staff told us there was always a handover meeting at the beginning of the shift and communication was ‘pretty good.’ Staff told us the handover meeting gave them clear direction and kept them informed of any changes to people’s needs or wishes.

Staffing levels were responsive to the needs of people who lived at the home. We looked at duty rotas and saw that where additional staff were needed these were provided. We saw that staffing levels had been increased each night to support a person who required one to one care overnight. The duty rotas seen showed an increase of staff hours on one specific day. The registered manager informed us this had been on the day of a party and extra staff had been required to make sure everyone had the support they needed to join in with the celebrations.

There were systems in place to ensure there were adequate numbers of staff on duty to support people. In addition to permanent staff there was a team of ‘bank’ staff who could be called upon at short notice if a staffing shortage occurred due to unforeseen circumstances. The home also used agency staff to make sure there was sufficient staff on duty. However three people who lived at the home and several members of staff felt that, at times, there was not enough staff to meet people’s needs. We observed that at some points in the day there was limited interaction between staff and people who lived at the home. We also observed staff were not easily available to people who were spending time in communal areas of the home.

There was always a member of the management team on call who was able to respond to any emergencies which occurred.