

# The Blackpool Fylde And Wyre Society For The Deaf Wynfield House Home for the Deaf

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection visit took place on 13 May 2015 and was unannounced.

At the last inspection on 24 September 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Wynfield House is situated in a residential area of Blackpool and is close to the town centre. The home

provides care and accommodation for up to 19 people. At the time of our visit there were thirteen people who lived there. The home opened in 1961 and specialises in the care of profoundly deaf elderly and people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

The registered manager had systems in place to protect people from harm and this was evidenced by a recent safeguarding referral made to the local authority. We saw evidence that the service had taken immediate action to ensure the people in their care were safe. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members could commence their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff spoken with were positive about working for the registered manager and felt well supported. They said they received regular training to make sure they had the skills and knowledge to meet people's needs. All staff employed by the service had been trained in British Sign Language (BSL) and were able to communicate with the people in their care and understand any requests for assistance.

We looked at how the home was staffed. We found sufficient staffing levels were in place to provide the support people required. We saw staff members were responsive when people required assistance. Call bells were answered quickly and people requesting help were responded to in a timely manner. One person we spoke with said, "The staff are very kind and caring and respond quickly when I need them."

People told us they were happy with the activities the service arranged to keep them entertained. One person said they particularly enjoyed the organised trips out on the services coach.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the

competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

People had their health care needs met by a service which worked effectively with healthcare professionals. A visiting healthcare professional told us the registered manager and her staff were helpful and organised when they visited.

The home was well maintained and clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. The people we spoke with said they were happy with the standard of accommodation provided.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals to ensure they received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met. One person we spoke with said, "The meals here are pretty good and I eat anything and everything."

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Relevant staff had been trained to understand when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection no applications had needed to be submitted.

People who lived at the home had freedom of movement both inside and outside the home. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, house meetings, relatives meetings, care reviews and audits. We found people were satisfied with the service they were receiving.

People told us they were happy with the service they were receiving and had no complaints.

# 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 was safe.

The provider had procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any concerns they had about poor care and abusive practices.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs. People who required help at mealtimes were supported by appropriately deployed staff in a sensitive manner.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

People's healthcare needs were monitored and continuity of care was maintained.

Good



### Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained and occupied.

Good



# Summary of findings

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People knew their comments and complaints would be listened to and acted on effectively.

## Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with people who lived at the home and relatives for their input on how the service could continually improve.

The provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

**Good**



# Wynfield House Home for the Deaf

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 visit took place on 13 May 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of services who supported older people. The inspection team were accompanied by a British Sign Language (BSL) interpreter who helped us to communicate with people who lived at the home.

Before our inspection on 13 May 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the

home had been received. We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the registered manager, five members of staff, eight people who lived at the home and a visiting healthcare professional. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people and recruitment records of two recently employed staff members. We also looked at the duty rota, staff training and supervision records, menu's, records relating to the management of the home and the medication records of five people.

# Is the service safe?

## Our findings

People who were able to speak with us told they felt comfortable and safe. One person said, “Everything about this home is very good and I do feel safe here.”

We found the registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. The registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn’t hesitate to use this if they had any concerns about their colleagues, care practice or conduct. One staff member said, “I fully understand my responsibility to report any unsafe care I may witness. The people in our care should be protected at all times.”

Records seen confirmed the registered manager had responded appropriately to safeguarding concerns raised about staff working for the service. This included making a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we received information about the service when we should have done. Information received from the local authority confirmed the registered manager worked with them when undertaking their investigations.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. People who required support with their personal care needs received this in a timely and unhurried way. We saw staff had time to spend socially with the people in their care and could undertake tasks supporting people without feeling rushed. We observed requests for support were dealt with promptly and staff responded quickly to people requesting assistance through the home’s call bell system.

We observed staff supporting people were kind and patient. Two staff members transferring one person from their armchair to a wheelchair used appropriate moving and handling equipment. The staff were patient and took

care to ensure the person being supported was assisted safely. They spoke to the person constantly explaining what they were doing and provided the person with reassurance that they were safe. We noted the staff put the person’s feet on the wheelchairs foot guards to avoid risk of injury before moving them. All staff spoken with confirmed they had received mandatory moving and handling training and told us they felt competent when using moving and handling equipment.

Following a risk assessment of the environment the registered manager was in the process of replacing the window restrictors the service had in place. They told us this was because they wanted to ensure they were suitably robust to withstand damage (either deliberate or from general wear). Window restrictors are required where vulnerable people have access to windows large enough to allow them to fall out and be harmed.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by any members of the inspection team. We found equipment used at the home had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Moving and handling equipment including hoists had been serviced to ensure people could be supported safely. We saw wheelchairs were well maintained and had foot guards in place for the protection of people being transferred around the home.

The service had a fire alarm system in place to ensure people who were profoundly deaf were alerted when the alarm was activated. This included red flashing lights in all bedrooms, communal areas and corridors. People also had vibrating pillows to inform them the fire alarm had been activated when they were asleep in bed.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to ensure that people had received their medication as prescribed. The audits also confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication. Discussion with the registered manager and staff members confirmed only staff

## Is the service safe?

trained and assessed as competent were able to handle and administer medicines within the service. Having trained staff helped to protect people from the risk of being given their medicines incorrectly.

We observed the administration of medicines at lunch time. We saw that medicines were given safely and recorded after each person received their medicines. We saw the staff member administering medicines locked the medicines trolley when this was unattended. The staff member informed people they were being given their medication and where required prompts were given. We saw one person being asked if they required pain relief and this was promptly provided.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks

(DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We spoke with one member of staff who had recently been appointed to work for the service and had completed their induction training. The member of staff told us their recruitment had been thorough and confirmed they had waited for their checks to be completed before commencing their employment. The member of staff said, "I have worked in care for a number of years and understand why these checks are undertaken."



# Is the service effective?

## Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. All staff employed by the service had been trained in British Sign Language (BSL). This meant they could communicate with the people in their care and understand any requests for assistance. We saw people received effective, safe and appropriate care which was meeting their needs and protected their rights.

People we spoke with told us the care and support was good and they were happy. Our observations confirmed that the atmosphere was relaxed and people had freedom of movement. When we arrived one person was just leaving the building for their morning walk. We also saw people had unrestricted access to the rear grounds and were enjoying the sunny weather.

We spoke with staff members and looked at individual training records. The staff told us the training they received was provided at a good level. One staff member said, "I haven't been here very long and was very impressed with the induction training I received. I was provided with British Sign Language (BSL) training and can communicate effectively with the people in my care. I have had supervision with the manager and have discussed my future training needs." Another staff member said, "The training provided is very good. We have access to personal development training in addition to mandatory training we undertake. I am completing training facilitated by Blackpool Borough Council regarding dementia awareness. The training is specifically for staff working with people living with dementia. It is really interesting and informative."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and been assessed as being competent. Training to support people living with dementia and diabetes was also being provided. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. The staff we spoke with felt this helped them to provide a better service for people they supported. Most had achieved or were working

towards national care qualifications. A visiting healthcare professional told us they found the staff very professional in the way they supported people and felt they were suitably trained.

On the day of the inspection we saw five staff members attending a training session on fire safety. Following the training staff completed an assessment confirming they had understood the procedures to be followed in the event of a fire occurring at the home. The staff we spoke with said they had enjoyed the training.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

We looked at the care plans of two people. We found these described the assessed needs of people and how they wished their care to be delivered. The records had written confirmation that people and their relatives had been involved in the assessment and had consented to the care being provided. We noted where possible people or their relatives had been involved in reviewing their care and had signed the care plan confirming they were satisfied with their care.

The care plan of one person showed following consultation, the person had consented to the furnishings in their bedroom being re-organised. This was so staff could provide personal care in a more effective manner. For example, the positioning of the person's bed had made it difficult for staff to provide the support required safely.

We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits.

Lunch was served at 12.30pm and everyone had agreed what their choice of meal would be at breakfast. We carried out our observations in the dining room and saw lunch was a relaxed and social experience. All the meals were plated up to look attractive and different portion sizes and choice



## Is the service effective?

of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated she understood the nutrition needs of the people who lived at the home. When we undertook this inspection there were three people having their diabetes controlled through their diet. Four people required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred. Care plan records seen confirmed people requiring thickened fluids and a blended diet were having their needs met.

People spoken with after lunch told us the meals provided by the service were good. One person said, "I have no complaints about the food. The food is good and I enjoyed my lunch today as always. I can get a snack and a drink whenever I want even at night."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). She had completed training and instructions with her staff around the legislation. Discussion with the registered manager informed us she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated an awareness of the MCA and DoLS and understood the procedures that needed to be followed if people's liberty needed to be restricted for their safety.

There had been no applications made to deprive a person of their liberty in order to safeguard them. During the inspection we spent time speaking with people who lived at the home and observed the care and support they received. This helped us gain an insight into how people's care and support was managed. We did not observe any restrictions or deprivations of liberty during our visit.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

For example we saw the service had identified concerns about the number of falls one person was experiencing through their monthly falls audit. A referral had been made to the physiotherapy department for the person to be assessed. When we visited the home the service was still waiting to discover the outcome of the assessment.

# Is the service caring?

## Our findings

People we spoke with told us they liked the staff who supported them. Comments received included, “I like it here the staff are very good and they look after me well. They are very kind and caring towards me and they are there when I need them. I am glad they are so considerate because I need a bit more help than some of the others and I get it.” and “The care from the staff is very good”.

During our inspection visit we spent time observing staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff were caring and attentive. They were polite and kind when speaking to people and showed compassion when providing support. We observed staff supporting two people who required assistance because they had poor mobility. The staff showed patience and understanding and engaged in conversation with the people whilst providing the support. This confirmed people who required support were being treated with respect, patience and dignity.

Throughout the inspection visit we saw people had freedom of movement both inside and outside the home and were able to make decisions for themselves. We observed the routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. The home had a relaxed atmosphere.

People told us they were supported to express their views and wishes about all aspects of life in the home. We observed staff members enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked at care records of two people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their

wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

People who lived at the home were profoundly deaf and unable to hear staff wishing to enter their room. To ensure people had their privacy respected the service had introduced a system which enabled staff to alert them when they wanted to enter their room. Each person had a switch outside their bedroom door. Once used by the staff the person's bedroom light flashed twice alerting them someone was entering their room. One person said, “My light flashes when the staff want to come into my room. I think this works well because I cannot hear if they knock on my door.”

We observed a staff handover during a change of shift after lunch time. Information was given about people who had received visits from their relatives and what health professional visits had been undertaken in the morning. The information was shared appropriately and effectively.

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

# Is the service responsive?

## Our findings

People told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, "I like the staff because they listen to me and provide my care in the way I want."

We looked at care records of two people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

We saw on one person's care records that medical advice had been sought due to the person's poor appetite, weight loss and confusion. The records informed us that following medical intervention the person had started to regain weight. Daily records being completed confirmed their health was being monitored closely and improving.

As part of our observation process we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. During our observations we witnessed how staff supported people who became distressed or agitated. We saw one person calling out for assistance. On each occasion the same staff

member responded quickly to take the person's hands and communicate with them. We saw the person felt reassured and soon calmed down. The staff member remained with the person until they were satisfied the person was settled.

We did not see any visitors during our visit. However people did tell us their families and friends were always made welcome and there were no restrictions on visits to the home.

People informed us they participated in a wide range of activities which kept them entertained and occupied. The activities were undertaken both individually and as a group. These included playing bingo, attending clothing parties and going out on organised outings. One person we spoke with said, "I enjoy it here and am happy reading or doing crosswords. I do go out and I am going to the Bingo shortly. They will take us on the bus as the bingo is held at the deaf club. I am fairly active and happy to join in with things they organise including trips out." Another person said, "They do organise trips out on the coach and I like to go on them. We have been to the sea life centre, the zoo and Blackpool tower recently. I also enjoy the gardens here, they are very good especially on a nice day."

The service had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the registered manager when necessary. They told us their complaints were usually minor and soon acted upon. One person said,

"I have absolutely no complaints about anything. The care from the staff and the food are very good." Another person said, "I am really happy here and have no complaints. The staff are first class, the meals are very good and we have plenty of activities to keep us occupied."

# Is the service well-led?

## Our findings

Comments received from staff and people who lived at the home were positive about the registered managers leadership. Two staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One member of staff said, "I haven't worked here very long but I have to say what a pleasure it is to come into work. There is a really relaxed atmosphere and all the staff get on and enjoy working together. This is reflected I think in the high standards we are achieving."

The registered manager and staff team worked closely together on a daily basis. This meant the quality of care could be monitored as part of their day-to-day duties. Any performance issues could be addressed as they arose.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and all staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People who lived at the home said the atmosphere was relaxed, fair, and open. One person we spoke with said, "The manager is a really nice person and very approachable if you need to speak with her. The staff are well trained, competent and good at their jobs. I think this is a well-managed home."

Staff and resident meetings were held to discuss the service being provided. We saw documented evidence that these had taken place and the people being supported had attended. The most recent residents meeting had been held on 02 April 2015 and we noted from the minutes this had been well attended. The registered manager informed us the meetings were chaired by her line manager. The registered manager informed us she doesn't attend the meetings so people feel they can speak up if they have any concerns. We noted from the minutes positive feedback had been received about the service being provided.

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. The service was part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG).

Members of the Care Home Support Team are qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around the management of risk of falls and monitoring of pressure ulcers. The team will look into the reason for any hospital admissions and undertake a root cause analysis when people were admitted to hospital. The team member would aim to find out reasons why people were admitted to hospital and then feedback to the home and see if there were any gaps in the service.

The care plan of one person showed the service had worked with the Community Care Coordination Team in identifying concerns about the number of falls the person was experiencing. Working together the person had been referred to the local physiotherapy department for assessment. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records, medication procedures and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. For example when we visited the service they had identified that the window restrictors in use needed to be replaced. This was because the service had identified they were not suitably robust to withstand damage.

We found the registered manager had sought the views of people who lived at the home about their service by a variety of methods. These included resident/ relative and healthcare professional surveys. We looked at a sample of surveys recently completed by people who lived at the home. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. One person had written, "Always but always have a nice reception by staff and management. The residents always look happy and content. The home smells fresh and is well maintained. I love coming to this home and always feel welcome."