

# Mr Devshi Odedra And Mr Keshav Khistria

## St James House

### Inspection report

St James' Crescent  
Darwen  
Lancashire  
BB3 0EY

Tel: 01254873623

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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 ●

# Summary of findings

## Overall summary

This comprehensive inspection was carried out on 27 and 28 September 2017. The first day of the inspection was unannounced.

The service was last inspected in May 2017 when we carried out a focused inspection; this was due to a number of safeguarding concerns we had received. During that inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always safely managed. Following the inspection, the provider sent us a plan which set out the action they were taking to meet the regulations. During this inspection we confirmed the required improvements had been made.

St James House provides accommodation for up to 30 people who require support with personal care. Accommodation is provided in 30 single bedrooms over two floors. Four of the bedrooms have en suite facilities. The home is located in a residential area in Darwen. There were 28 people living in the home at the time of our inspection.

People told us they felt safe in St James House. They told us staff were always kind and caring and were respectful of their dignity and privacy. Staff had received training in safeguarding adults and understood their responsibilities to protect people from the risk of harm.

People received their medicines as prescribed. Systems were in place to help ensure the safe handling of medicines. Regular audits of medication administration record (MAR) charts were carried out with action taken if any issues were identified.

People who used the service told us they always had their needs met by staff although they considered staff were often very busy. Staff told us they would like to be able to spend more time with people. They told us they understood the registered manager and provider were currently recruiting more staff as well as reviewing staffing levels in the home.

Risks in relation to the care people required had been assessed and reviewed. Risk management plans were in place to inform staff of the action they should take to keep people safe when providing care and support.

People were cared for in a safe and clean environment. On-going plans were in place to improve the décor and furniture in the home. Procedures were in place to prevent and control the spread of infection. Regular checks were made to help ensure the safety of the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

Staff were provided with the induction, training and support required to help ensure they were able to deliver safe and effective care. The registered manager was in the process of improving the arrangements for monitoring and recording the training staff had completed.

People who used the service told us they were able to make choices about their daily life and the care they received. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected. The registered manager had submitted required DoLS authorisations to the local authority when people were assessed as being unable to consent to their care in St James House.

People told us the quality of food provided in the home was very good. Systems were in place to assess and monitor people's health and nutritional needs.

Interactions between staff and the people who used the service were warm, friendly and relaxed. The staff we spoke with had a good understanding of the care and support that people required to meet their diverse needs. Staff told us they would always try and promote the independence of people who lived in the home. People spoken with confirmed staff would encourage them to do as much as they could for themselves.

Each person had a care plan that was tailored to meet their individual needs. All the people spoken with told us staff always provided them with the care they required.

There were regular opportunities for people to provide feedback on the care they received. Where possible, people were involved in the regular reviews of their care needs which were carried out by their keyworker.

A number of activities were organised within the home to help promote people's sense of wellbeing. People were also supported to access the local community and to remain in contact with family and friends.

Staff told us they enjoyed working in the service and found the registered manager to be supportive and approachable. Regular staff meetings took place and were used as a forum to discuss how the service could be improved.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home.

## 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 had been safely recruited and understood their responsibilities in relation to the protection of people who used the service.

People told us their needs were always met although they sometimes had to wait for staff. Staff told us they were often rushed, particularly during the day but understood plans were in place to review staffing levels.

Systems were in place to help ensure the safe handling of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibility to support people to make their own choices and decisions wherever possible. The registered manager had taken appropriate action to safeguard the rights of people who were unable to consent to their care arrangements.

Staff were provided with the induction, training and supervision required to help them deliver effective care. The registered manager was in the process of improving the systems to monitor the training staff had completed.

People were complimentary about the quality of food. Systems were in place to help ensure people's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us staff were always kind, caring and respectful. We observed staff respected the dignity and privacy of people who used the service.

Staff demonstrated a commitment to providing good quality care. They had a good understanding of the diverse needs of people who used the service.

People told us they were involved in developing and reviewing their care plans.

### Is the service responsive?

Good ●

The service was responsive.

People told us staff were responsive to their needs.

Care plans were regularly reviewed and updated to help ensure the information contained within them was fully reflective of each person's needs.

People had opportunities to provide feedback on the care they received. Any complaints were fully investigated.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post who demonstrated a commitment to continuous improvement within the service.

People were positive about the leadership and management in the home. Staff told us they enjoyed working at St James House and found the registered manager to be supportive and approachable.

Systems were in place to monitor the quality and safety of the service provision.

# St James House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 September 2017; the first day of the inspection was unannounced. Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

On the first day of the inspection 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 had experience of residential care services for older people. The second day of the inspection was carried out by an adult social care inspector.

During the inspection we spoke with 10 people who used the service and two visiting relatives. We also spoke with the provider, the registered manager, the deputy manager, three members of care staff, the kitchen manager and a visiting healthcare professional. We also carried out observations in the public areas of the service.

We looked at the care records and medicines administration records for four people who used the service. In addition we looked at a range of records relating to how the service was managed; these included five staff personnel files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe in St James House and had no concerns about the care they received. Comments people made to us included, "I feel safe because of the fire alarms, the correct fire doors. They do fire alarm tests regularly and they're pretty insistent on fire doors being shut" and "Yes, I feel very safe here because staff come round every hour during the night."

At our last inspection we found improvements needed to be made to the way medicines were managed. This was because people had not always been given their medicines as prescribed. In addition the storage and checks of controlled drugs (medicines that are subject to tighter legal controls because of the risk of misuse) needed to be improved. During this inspection we found the required improvements had been made.

All the people spoken with during the inspection told us they always received their medicines as prescribed. One person was concerned that a medicine prescribed from the hospital following their discharge the previous day had not yet been received at the home. However, we noted this had been received and administered to the person concerned before the end of the first day of the inspection.

We saw that all staff responsible for administering medicines had received training for this role. The registered manager had also completed checks to ensure staff were competent to administer medicines safely.

We looked at the medicine administration record (MAR) charts for four people who used the service and noted these had been fully completed. When we checked the stock of medicines held for two people we found discrepancies between the amount in stock and the MAR charts. The registered manager told us there had been an error in counting the stock held for each person. They told us one person was currently responsible for this task but, in view of our findings they would ensure the balance of stock held would be checked by an additional person to help ensure the accuracy of the records.

We saw that all controlled drugs were stored inside a locked cabinet as required by law. We saw that two staff had signed all entries in the controlled drugs book to confirm medicines had been administered as prescribed. In addition, regular stock checks were carried out by a senior member of staff. We checked a sample of controlled drugs and found the stock corresponded accurately with the records.

We looked at the cream administration records for eight people and found seven had been fully completed. One person's record showed a particular cream was prescribed to be administered twice per day but a member of staff had recorded it was not needed on one particular day. The registered manager told us they would remind the member of staff concerned that all creams should be administered as prescribed unless the person refused.

We looked at the most recent external audit undertaken by the supplying pharmacist on the systems in place for the management of medicines in the home. We noted no issues had been identified during this

process.

People who used the service told us their needs were always met by staff although several commented that staff were extremely busy which meant they sometimes had to wait. Examples of comments made to us when we asked if there were always enough staff on duty were, "Yes, but they can't divert their time to talk to people. If I ring the buzzer I get feedback from staff about roughly how long they're going to be which is good" and "There are enough staff. You can ring them in the night and they'll bring you a drink or a sandwich. The buzzer can take up to 10 minutes to be answered."

All the staff we spoke with confirmed they were always very busy, particularly during the day which meant that, although they were able to meet people's needs, they often felt rushed when doing so. They told us they understood the provider was in the process of recruiting new staff and hoped this would result in increased staffing levels. Comments staff made to us included, "We could do with more staff so that we don't feel we are rushing people. We have mentioned it and they are recruiting people" and "We don't seem to have time to sit with people. People's needs are met and they are happy here but I would like to do more."

We discussed these comments and those made by people who lived in the home with the registered manager and the provider. The registered manager told us they were currently in the process of working a number of different shifts alongside staff to identify where the pressure points were in relation to the timely delivery of care to people. They and the provider told us they were committed to ensuring staffing levels were such that people did not feel rushed when receiving or providing care. We noted the number of staff on duty during the day had decreased from five to four since our last inspection although the number of people living at the home had remained unchanged. However, we noted the dependency levels of people who used the service were being regularly reviewed to help ensure staffing levels were appropriate to their needs.

We looked at the personnel files for five staff and found all the necessary pre-employment checks had been completed. Each file contained a completed application form, with the reasons for any gaps in employment documented, as well as two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. All staff spoken with said they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed. We noted the whistleblowing policy also advised staff of other agencies they could contact should they feel the provider had not taken the necessary action to deal with their concerns.

Staff had received training in safeguarding adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment and infection control. The registered manager was aware of their responsibility to report issues any relating to safeguarding to the local authority and the Care Quality Commission.

All the care records we reviewed contained information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. Risk management plans



provided guidance for staff about the support people required to minimise any risks. All the risk assessments had been reviewed on a regular basis and updated to reflect when people's needs had changed.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounges, dining room, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. The provider showed us a copy of the plan in place to upgrade and refurbish the premises. We noted new flooring had been laid in parts of the home and some bedrooms redecorated since the last inspection. A staff member commented, "The environment and the atmosphere has improved recently."

The deputy manager told us they had been appointed as infection control champion since the last inspection. We saw that infection control audits were now more robust with action taken to identify any shortfalls identified.

We noted the passenger lift was out of order for part of the first day of the inspection. We noted the registered manager had appropriate contingency arrangements in place for those people who were unable to use the stairs to access the ground floor of the home. The provider told us they were considering installing a stair lift as the passenger lift was likely to require upgrading in the near future. This would help to ensure people were always able to receive safe and appropriate care.

Records we reviewed showed that the equipment used within St James House was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had completed training to help ensure they were able to take appropriate action in the event of a fire. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency.

# Is the service effective?

## Our findings

People and their relatives told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. Comments included, "I feel confident in them when they're helping me to bathe" and "They're pretty well trained up; they can cope with everything that comes up."

We looked at the arrangements in place to ensure staff received the induction, training and support they required to be able to deliver safe and effective care.

We saw that all new staff completed an induction programme which included training on safeguarding adults, fire safety, moving and handling, pressure care, infection control and food hygiene. In addition to this training new staff members completed a number of shadow shifts with more experienced staff; this helped them to get to know people who lived in the home and the care they required. The registered manager told us all staff were supported to achieve nationally recognised qualifications in care. They were also in the process of arranging an apprenticeship for a new employee. One staff member told us, "The induction was great. I did all the training and checks I needed."

All the staff spoken with told us they had received training to help ensure their skills and knowledge were up to date. Comments staff made to us included, "I feel up to date with everything. We get sent a link to complete the training we need to do" and "I've done all my training and am doing my NVQ 2."

We saw the provider had a staff training matrix in place which recorded when staff had completed required refresher training. We noted that a number of staff had not completed training within required timescales, particularly in relation to first aid and fire safety. The provider told us they were in the process of arranging fire training for all staff. They also advised us they were aware that a number of staff had completed online training in required subject areas but had failed to produce certificates as requested. We were shown training agreements which had been given to some staff to remind them of their obligation to provide evidence that required training had been completed but at least one member of staff had not complied with this agreement. The registered manager advised us that, due to the difficulties they had experienced in monitoring the current training arrangements, they were in the process of registering all staff with an online portal provided by the NHS. This would enable staff to complete online training and allow the provider and registered manager access to the online portfolios for all staff to confirm required and additional training had been completed. This should help ensure staff had the skills and knowledge necessary to deliver effective care.

All the staff spoken with told us they received regular supervision. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. The registered manager was in the process of arranging appraisal meetings for all staff in order to review their annual performance and discuss future goals.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to

do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Our review of records showed the registered manager had submitted DoLS applications for five people who used the service; three of these had yet to be assessed by the local authority. We saw that, where they were able to do so, people who lived in St James House were able to leave the home to access the community without restriction.

People who used the service told us staff always gained their consent before they provided any care. One person commented, "I'm in charge. I say how I want to be cared for. They [staff] listen to me and do as I say."

Staff spoken with confirmed they had received training in the MCA. They were able to tell us how they ensured that people were supported to make their own decisions and choices. One staff member told us, "I always ask people what they want me to do. If they can't communicate I can tell by their facial expressions if they are happy with what I'm doing."

All the people spoken with during the inspection told us the food was of good quality. Comments people made to us about the food included, "Meals are excellent. The food's very good", "Meals are superb and can't be faulted" and "Food is excellent. I had dinner today with [name of relative] and the cheese flan was lovely." People told us they were always able to make choices about the meals they wanted. During the inspection we observed the kitchen manager ask people about what they wanted to eat for their meals. They clearly knew people's likes, dislikes and any dietary needs they had.

During the first day of the inspection we observed the lunchtime meal experience. We noted staff were relaxed and unhurried in their approach and that people were offered gentle encouragement to eat. In addition to the main meals, regular snacks and drinks were offered to people throughout the day.

We found the kitchen was clean and well stocked. The service had received a 5 rating from the national food hygiene rating scheme in March 2017 which meant they followed safe food storage and preparation practices.

Records we looked at showed people's health needs were clearly documented and regularly reviewed to ensure they received effective care. Care records also included information about people's nutritional needs and regular monitoring was carried out to check people's weight.

We saw that a record was maintained of all visits by health professionals and of any advice given; this should help ensure people received the care they required. One person who used the service told us, "They get the doctor in to check me out." Another person commented, "They get the doctor straightaway."

# Is the service caring?

## Our findings

We received positive comments about the care staff and the service delivered to people. Comments from people included, "Staff are excellent, very friendly", "Staff are kind and good people" and "I like living here. They're all lovely". A relative added, "When my dad who used to visit the home daily died recently, staff offered to take [name of relative] to the funeral and said, 'Don't worry, we'll look after her'. I didn't take them up on the offer but very much appreciated it. A few of the staff came to my dad's funeral. Staff here are marvellous."

The health professional we spoke with during the inspection told us, "Staff are caring. I have no concerns about the safety of residents."

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, religious needs and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The registered manager and staff we spoke with clearly demonstrated they knew people who used the service well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. All the staff spoken with demonstrated a respectful and caring attitude towards all the people who lived in St James House.

Our discussions with people during the inspection showed staff supported them to maintain their personal relationships. This was based on staff understanding who was important to each person as well as their right to privacy. We observed family members visited regularly throughout the inspection and were treated with respect and consideration by all staff members.

During the inspection we observed staff were warm and respectful in their interactions with people who used the service. Several people chose to spend time alone in their room and this choice was respected by the staff. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were being supported with personal care.

Staff demonstrated a commitment to providing good quality care and to promoting people's independence as much as possible. One staff member told us, "We make sure things are done properly but we let people do as much for themselves as they can." Another staff member commented, "We do try and encourage people to be independent. I would be happy for a family member to live here; it's a lovely home."

People spoken with told us they were happy with their level of involvement in planning their care. One person commented, "Yes, perfectly happy with my input into that." Another person told us, "Yes, I'm involved with my care plan." We noted that people were allocated a keyworker who had responsibility for updating their care records. One staff member told us, "I am the keyworker for [name of person]. If they are happy with everything in their care plan, they will sign it. I sometimes have to explain things to them."

We noted information about advocacy services was included in the service user guide which was given to people when they were admitted to the home. Advocates support people to access information and make informed choices about various aspects of their lives.

We noted care records included information about the care people wished to receive at the end of their life, when people were willing to discuss this sensitive subject. We noted some staff had completed training in end of life care. This should help to equip them with the knowledge and confidence to be able to deliver compassionate end of life care.

## Is the service responsive?

### Our findings

People who used the service told us staff were aware of their needs and always provided the care they required. Comments people made to us included, "Communication is good. They [staff] are more than meeting my needs" and "If you ask staff anything they'll do it for you" and

Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "They listened as [name of family member] got worse and they moved her downstairs which was easier for everybody."

We looked at the way the service assessed and planned for people's needs, choices and abilities. We saw examples of the assessments carried out before people moved into the service. The assessment involved gathering information from the person and others, such as their families, social workers and health care professionals. The registered manager told us they did not accept all referrals to the home as they needed to be certain staff would be able to meet people's needs. The provider told us they always supported the decision of the registered manager and did not put any pressure on them to fill vacant beds.

Since our last inspection the provider had introduced an electronic system on which staff recorded the care they had provided to each individual. The registered manager told us they were able to monitor the system to ensure all care had been provided to people in a timely manner and in line with their care plan. Staff told us they were still getting used to the system but hoped it would reduce the amount of time spent completing daily records. The provider told us it was their intention to introduce additional functionality of the system as staff became more confident in its use.

Care plans we reviewed were personalised and addressed all areas of people's lives including physical health, nutrition, medication and communication. We noted all care plans had been reviewed each month and updated to reflect any changes in people's needs. Where possible we noted people who used the service had signed their care plan to show their agreement with its content.

Staff told us there was a handover at the start of each shift. This meeting was used to discuss people's needs and any changes in their health so that staff were aware of the care each individual required. One staff member told us, "The handovers are very good."

We saw there were a range of activities provided to help promote the well-being of people who used the service. These included a twice weekly exercise programme delivered by an external fitness instructor as well as quizzes, music and singalong, board games and arts and crafts. We noted care staff were responsible for providing activities although all the staff we spoke with told us they sometimes struggled to find the time to do so. However none of the people who used the service expressed any concerns about the activities available to them. Comments people made included, "[Name of external fitness instructor comes to my room twice a week for 10 minutes of exercise. He is always trying to get me to come downstairs but I don't want to", "The offer's there for activities but I choose not to take it up" and "They [staff] took me out to the park at the weekend. I enjoyed that. I go to art classes on a Wednesday, keep-fit on a Thursday and play

dominoes."

We asked the registered manager about systems in place to gather and respond to feedback from people who used the service and, where appropriate, their relatives. We were told people were asked to complete satisfaction surveys and attend resident meetings to discuss the care provided in the home. We looked at the responses from the most recent satisfaction survey carried out by the provider in March 2017 and noted all the responses were mostly very positive. Comments people had made included, "Staff listen to me", "Staff treat me well but are run off their feet" and "The staff are all very good."

We looked at the minutes from the most recent resident meeting held in June 2017 following our last inspection. We noted that the registered manager had spoken with 10 people individually during this meeting to gather their views regarding staffing levels. We saw that eight people stated that staff always responded promptly to their needs. Two people reported sometimes having to wait for staff to attend to them.

People we spoke with during the inspection told us they were aware that resident meetings took place but did not feel it necessary to attend. Comments people made to us included, "I have not been to a resident's meeting out of choice", "They have them but I choose not to go" and "I don't go to resident's meetings. Things seem to run pretty smoothly so we don't really need meetings."

We looked at the way complaints were managed in the service. There was a complaints procedure in place which was included in the guide provided to people when they were admitted to the home. The procedure provided directions on making a complaint and how it would be managed including timescales for responses. A suggestion box was also in place should people wish to use this to provide feedback. Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approach them with a complaint. We noted that the provider had acknowledged when they received a complaint and updated people of the outcome of the complaint once they had completed their investigations.

All the people we spoke with told us they would feel able to approach the registered manager or the owner, who attended the service on a regular basis, with any concerns and were confident they would be listened to. One person told us, "I can talk to them all." Another person commented, "The owners are very good. I can talk to them. They are easy to get on with."

# Is the service well-led?

## Our findings

People spoken with during the inspection told us they found both the registered manager and the provider approachable and always willing to listen to them. A relative told us, "I spoke to [name of provider] a few weeks ago about finances and felt reassured when I came out."

The visiting health professional we spoke with during the inspection told us they considered communication between the district nursing service and the home had improved in recent months. They told us they found the managers in the service to be approachable and knowledgeable about people's needs.

The service had a manager in place who had been registered with CQC since January 2017 who had responsibility for the day to day operation of the service. They understood their responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team.

During the inspection we observed the registered manager to be warm and reassuring in their manner when speaking with people who used the service. We noted one person who used the service reminded the registered manager of the regular monthly meeting they were due to have with them. This was to check they were happy with the care they received and the person clearly valued the opportunity they had to discuss their opinions with the registered manager.

There was a clear leadership structure in place within the organisation. All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any emergency or concern. There were policies and procedures in place relating to the running of the service. Staff were made aware of the policies at the time of their induction and signed to say they understood their content and the responsibilities placed on them.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating both in the home and on the provider's website. This was to inform people of the outcome of our last inspection.

At our last inspection we found improvements had been made to the processes for monitoring the quality and safety of the service, although the audits completed in relation to the safe handling of medicines and care plans were not sufficiently robust. During this inspection we noted further improvements had been made and there was now a monthly system of audits in place. We saw that the audit tools used were more detailed and action had been taken to address any shortfalls identified.

Records we reviewed showed the managers in the service were regularly completing spot checks. These were intended to ensure staff were providing people with the care they required in a timely manner and carrying out all their assigned duties.



All the staff we spoke with told us they enjoyed working in the home and felt they were supported in their roles. They told us the managers and provider were committed to on-going improvements in the home. Comments staff made to us included, "The managers are very supportive. [Name of registered manager] knows what needs to be done. We have high hopes" and "It's a brilliant place to work. The management are great. If you need anything they are there."

Records showed and staff confirmed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff spoken with told us they could raise any issues of concern in staff meetings and that their views were always listened to.