

Robert Pattinson

# Darlington Manor Care Home

## 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

The inspection visit took place on the 2nd and 4th December 2014 the first day was unannounced.

We last inspected the service on 4th July 2013 and found the service was not in breach of any regulations at that time.

The service provides accommodation for up to 63 older people. The service provides residential care alongside care for people living with dementia. The home is situated in Darlington and is near to all local amenities and is a modern, purpose-built facility with views over a local park.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty

# Summary of findings

Safeguards (DoLS). The manager had the appropriate knowledge to know when an application should be made and how to submit one. This meant people were safeguarded.

People told us they felt safe at the service. We saw that staff were recruited safely and were given appropriate training before they commenced employment. There were sufficient staff on duty to meet the needs of the people and the staff team were very supportive of the manager and each other. Retention of staff at this home was good. Medicines were also stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that

involved the person if they were able. We saw people being given choices and encouraged to take part in all aspects of day to day life at the home, from going to the cinema to helping make Christmas table decorations.

The service encouraged people to maintain their independence and the activities co-ordinator ran a full programme of events which included accessing the community with people as much as possible. People told us they had been to the cinema recently and into town to do Christmas shopping.

The service undertook regular questionnaires not only with people who lived at the home and their family but also with visiting professionals. Some of the comments included; "Very friendly and staff are well informed" and "I like how staff interact with clients, it's respectful and friendly". We also saw a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. This showed the service listened to the views of people.

# 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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse.

There were enough trained and experienced staff to meet the needs of the people at the home.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

The five questions we ask about services and what we found This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and locations and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Good



### Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lessons learnt.

People and staff all said they could raise any issue with the registered manager.

Good



# Summary of findings

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

# Darlington Manor 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 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.

The inspection visit took place over two inspection days on the 2 and 4 December 2014. Our first visit was unannounced and the inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Darlington Manor did not return a PIR prior to the visit and we took this into account when we made the judgements in this report. We did receive a copy of the PIR on the day of our visit from the registered manager who stated they thought it had been correctly submitted.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

On the first day of our visit to the service we focussed on speaking with people who lived at the service and their visitors, speaking with staff and observing how people were cared for. We also undertook pathway tracking for five people to check their care records matched with the care needs they said they had or staff told us about. The inspector returned to the service two days later to look in more detail at some areas and to examine records relating to the running of the home.

During our inspection we spoke with 10 people who lived in the home, one visitor, three senior care staff, four care staff, two ancillary staff, the deputy manager and the registered manager. We observed care and support in communal areas and spoke with people in private. We also looked at records that related to how the service was managed.

As part of the inspection process we also reviewed information received from the local authority who commissioned the service. Prior to the inspection we spoke with one member of the contracts team within the local authority who raised no concerns about the service.

# Is the service safe?

## Our findings

People we spoke with had an understanding of abuse. We asked people if they felt safe at the service, they told us; "Yes, I've had my problems but I feel safe here," and "I feel safer here than I did at home." People all said staff always asked permission before anything was done for or to them. People at the home appeared comfortable and happy with the staff supporting them, one person told us; "I just have to ask for help and there are here straight away."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "I'd report anything straight away to the manager and I'd make sure I handed everything over. If they (the registered manager) weren't here I'd send the form in myself." We looked at training information which showed staff had completed training in regard to dealing with challenging situations. Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and in the previous year the registered manager has been pro-active in discussing any relevant issues with the Care Quality Commission.

We found the home to be clean and pleasant. One person said to us; "The home is a big place but it's always clean and tidy." We spoke to a member of the domestic staff who was knowledgeable about infection control procedures. They explained to us the different cleaning products and equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. They then went on to explain the procedure they followed if there was any outbreak of infectious disease at the service to ensure further risk of infection was reduced by isolating cleaning materials. This staff member then explained the recording of cleaning rotas that showed when deep cleans of rooms took place. They also stated that they raised any concerns with the manager and they felt they were provided with sufficient materials and training to carry out their role.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person had a collapse, for example one person told us; "We all know when the two buzzers go it's an emergency; I'd make sure the surroundings were safe and wait for help." All staff we spoke with confirmed they were up to date with Cardio Pulmonary Resuscitation.

There were effective recruitment and selection processes in place. We looked at records relating

to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people it provided a service to.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at the service had been carried out. Most of the staff we spoke with who were on duty on the day of the inspection, had worked at the home for over three years, including the registered manager who had been at the home over ten years.

We spoke with one staff member who had worked at the service for less than six months. They explained they had a relative who worked at the home and they had discussed with them beforehand about what it was like to work in a care home. They told us they had submitted an application and were then interviewed by the registered manager. Following their recruitment checks they told us about their formal induction to the home. They explained they had several days shadowing staff in the home and how they were given a senior care staff to be their mentor. They told us how they discussed their induction with the registered manager during a formal supervision session and that they talked through the induction training and whether they had any difficulties or questions about it.

We looked at five staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable

## Is the service safe?

groups, including children. It replaces the Criminal Records Bureau (CRB). The registered manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment.

On the two days of our inspection the registered manager was present at the service along with the deputy manager and other senior care staff. We met with kitchen staff, domestic staff, activity staff and the maintenance worker. We saw there were eight members of care staff across the service for 47 people and night cover was provided by five staff members. We saw this level of staff cover during both of our inspection visits and the duty rota also reflected this. We asked people what they thought about the number of staff on duty and comments included; "Yes, they come quick if you need them," and "Yes, I think there are enough staff." One staff member told us; "Yes there are enough staff as we all work together as a team."

Senior care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training matrix provided by the registered manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. Staff wore tabards so they were not disturbed ensuring that people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered.

We discussed the ordering, receipt and storage of medicines with one of the senior carers who was

responsible for administering medicines on the day of our visit. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. We saw there were several handwritten Medicine Administration Records (MAR) in place where they had not been provided pre-printed by the pharmacy. We discussed that in line with NICE guidance that any handwritten medicine administration records (MAR) should be double signed by two members of staff and the registered manager agreed they would implement this practice immediately.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We spoke with the maintenance person working at the home. They explained they worked three days a week and they had a system for anyone reporting any type of fault or issue, which meant it was acknowledged and responded to.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. They told us, "The girls all know what they are doing," and "They would get help if they were unsure of something."

A daily record showed staff were deployed within the service to ensure that everyone knew who was assisting with medicines, who was assisting with mealtimes and who was responsible for providing drinks. Staff told us this helped them plan to ensure people got their medicines and drinks in a timely manner.

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, dignity, safeguarding, falls awareness, dementia, mental capacity, equality and diversity and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. Individual staff training records did not always show the up to date training that was on the manager's training matrix as the manager said they had not always updated the individual's records. One staff member told us; "I have just passed my NVQ 2 and completed dementia training which I really enjoyed. The end of life training was great, I recently provided one to one care to someone who was at the end of life for the first time and I talked with them all the time, I'm glad I was there."

The registered manager told us that four staff had recently attended an external training course which looked at how the service could be more person centred. The service's aim from this was to share this learning and implement one page profiles for staff and people who lived at the service. The service had set a date to have this in place during 2015.

All staff we spoke with said they had regular supervisions and appraisals. One staff member told us their training was discussed at every supervision and; "If we get a question wrong on our training we talk about it and go through it so I understand it properly." Every staff member we spoke with said they felt able to raise any issues or concerns to the registered manager.

We looked at supervision and appraisal records for four staff members. We saw supervision occurred regularly and

people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals, people's personal and professional development such as leadership courses were also discussed and actioned. We noted the quality of recording of supervision discussions was very detailed; this was fed back to the manager as good practice.

We also saw records of other regular staff meetings which included separate meetings for senior carers, night staff and kitchen staff.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm this was the case. Staff also told us they had been trained in "focus on food" and the service was part of an accredited scheme that focussed on under nutrition.

We observed meal times in two areas of the home. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. Everyone we spoke with at the mealtime said they had enough to eat. Where people needed assistance with their food the staff were very patient with them. Staff spoke nicely to everyone. We saw how staff were aware of people's personal preferences for example saying; "I know you like coffee." We asked if everyone liked the food and the choices and people told us; "The food is good, it's very substantial," and "Yes it's good, we are all good eaters." People also told us they could have a drink whenever they liked and we saw jugs of juice around the home along with bowls of fresh fruit that people could access. This meant people were supported to maintain their hydration. One relative's feedback said; "The kitchen folk are great, the food is lovely."

Staff told us about how they monitored people's nutritional needs. One carer said; "We pass any information on to the kitchen and for one person, they loved rice crispies but they needed to have a softened diet so we make them with hot milk so they can have them safely." We saw snacks, including fortified snacks were provided to people along with hot drinks throughout the day. We saw everyone had a care plan for monitoring their food and nutritional intake.



## Is the service effective?

The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw that one person had an advanced decision care plan in place which had been signed and agreed with them and their advocate. An advocate is an independent person who can speak or act on behalf of another person. The registered manager and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, eleven people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager and staff that we spoke with had a

good understanding of DoLS. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I never feel poorly but the girls would get me help straight away if I did." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. We saw for one person that they chose not to co-operate with healthcare or mental health services. Their care plan and risk assessment clearly documented that this was their wishes and the service also documented where they had discussed this with the relevant healthcare professionals.

# Is the service caring?

## Our findings

We asked people if they were happy with their care at the service and received the following responses; "I can't say anything wrong about any of the girls," and "If you want anything they'll get it for you."

We saw one staff member providing drinks for people and they took their time and ensured people were given a choice. We saw them help someone to manage to hold their biscuit and gently woke one person and waited for them to be fully awake before they gave them a hot drink.

We only spoke with one visiting relative but they told us; "I am really happy with the care here, the girls bend over backwards for them." Other feedback we saw from relative questionnaires carried out in April 2014 also were very positive about the care at the service. Comments included; "The staff are all very helpful and friendly."

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. We asked a staff member about maintaining people's privacy and dignity and they explained how the staff said exactly what they were doing with any type of care with people and also if someone was having a bed bath, they would cover them with a large towel so they were not exposed whilst personal care was being carried out.

When asked if the staff were kind the following was said; "Yes, they are all nice lasses" and "You couldn't get better ones." We saw staff interacting with people over the course of the two day visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shared with people. We saw people sitting with the kitchen staff who were having their lunch later in the afternoon. Everyone was talking about Christmas and their families and people were clearly at ease with all staff who worked within the service.

When asked if staff listened to them one person said; "Yes they do." One person also said to us; "I get choices about everything that I do from when I go to bed to what I eat or where I go."

No one said they would change anything at the service.

We looked at care plans for five people living at the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given. People had a "This is Me" document which set out people's life history, likes and dislikes and things that were important to them. One staff member told us; "I look at people differently now I work in care. I look at people's backgrounds and it makes me understand about how they are. I like reading their life stories."

We saw people signed where they were able, to show their consent and involvement in their plan of care and if not a family member's consent was sought. One person told us; "My care plan is how they are to look after me."

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One staff member told us; "People's needs change every day so you have to talk to them and ask them how they feel." We saw care plans and risk assessments were reviewed monthly and the registered manager also checked care plans regularly and recorded any actions that were needed.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a monthly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. One of the senior carers said they would have no hesitation in seeking advice from a healthcare professional, although they said the new project of working with community matrons to avoid the need for GP visits if someone was showing signs of illness were working well. We saw from care plans appropriate referrals had been made to professionals promptly and any on going communication was also clearly recorded.

# Is the service responsive?

## Our findings

There was a relaxed atmosphere in the home. As soon as we entered, people were showing us the Christmas decorations which were everywhere and took great delight in talking about the forthcoming festive activities. One person said; "I think you'll like being here." Several people were having miniature Christmas trees and decorations put up in their rooms by staff and were choosing the decorations and where they wanted them placed. Staff we spoke with told us they enjoyed working at the service, one staff member said; "I have worked here for 19 years, I enjoy it, I like looking after people well."

The premises were spacious and well-furnished and allowed people where enabled to spend time on their own if they wished or to join in activities that often took place in other areas of the home. We saw that people living with a dementia were supported to access the outside areas of the home and went to larger group activities if they so wished on the first or ground floor of the home. This showed that people could move around the service.

During the course of the inspection there was lots of interaction by all staff in the service towards people. We saw everyone from the kitchen staff to housekeeping staff spent time talking to people and helping them if needed.

We spoke with a member of staff who was responsible for activities. They told us they had originally been a cleaner at the home and had asked if they could do activities, they said the service had been very good and supportive in allowing them to change roles and had given them training. On the days of our visit there were several activities taking place. These included bingo, outings, ball play and a mobile shop. We saw people were encouraged to attend activities but their choices were respected. People went to different areas within the home to attend activities so they met with other people and saw different environments. We saw the activities co-ordinator kept detailed records of people's involvement and enjoyment of the activities provided as well as an assessment of people's likes and dislikes. The assessment covered areas such as people's spiritual and emotional well-being as well as listing people's physical limitations. The co-ordinator stated this was so people could be better matched to what was going on in the service. The co-ordinator explained how they had recently met with a person on short stay respite and had carried out an assessment so they could be involved with

activities as soon as possible. We saw for one person whose behaviour was impacted on by not being able to go out regularly, the service had sought a review and had employed someone to come in several times a week to take the person out to access the community and this had a very positive impact on their quality of life.

People told us they would complain to a carer or the registered manager if it was necessary but it never had been. One person said "I know to talk to the manager if I have any problems". Another person said; "I know the manager, she comes and asks me if I'm ok."

Records we looked at confirmed the service had a clear complaints policy and there was an "open door" system by the registered manager. Information was held in the reception area of the home

that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There were none recorded this year and the manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.

Two people told us they went to regular meetings; we saw records of these and saw issues such as activities, cleanliness and menus were discussed as well as asking everyone if they were happy with the care they received.

We asked people about choices. Everyone said they could get up and go to bed when they wanted; "I do what I want." We saw staff giving people choices over activities and for drinks and snacks throughout the day. Other staff told us about promoting independence with people by encouraging people to do things however small for themselves.

People's care and support needs had been assessed before they moved into the service. Each person had an assessment prior to moving to the service which highlighted their needs and then a review after 72 hours which updated any further needs that may have come to light. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. This helped to ensure the

## Is the service responsive?

care and support needs of people who used the service were delivered in the way they wanted them to be. We saw for people who were on short stay respite, that the registered manager had implemented a care plan package that enabled staff to deliver care using a summary of the

person's needs and a commentary on how they wanted their care to be provided. One care staff told us; "We talk about people's care plans with them, I tell people we can add to it and put down what they like and don't like and their families know about them too."

# Is the service well-led?

## Our findings

People who used the service and staff that we spoke with during the inspection spoke very highly of the registered manager. They told us that they thought the home was well led. One person said, "Yes, there are no problems here, I wouldn't want to change a thing."

The home had a clear management structure in place led by a registered manager who was very familiar with the service as they had been in post over ten years. Many other staff had also worked at the home in excess of seven years and data told us that staff retention was better than average at the service.

The registered manager showed and told us about their values which were clearly communicated to staff. The manager told us about an employee of the month scheme to reward innovative or particularly caring work, we also saw that this information and any updates about the service were shared with everyone at the service via the monthly newsletter.

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. On both inspection days we saw that the registered manager worked and helped staff when providing care. One of the staff we spoke with said; "I feel supported 100%, it's a nice place to work." Another staff member said; "We are all a happy bunch." All staff told us the registered manager was approachable, supportive and they felt listened to.

The local authority did not raise any issues about the service. The registered manager regularly attended a Provider Forum, as well as being involved in other local initiatives such as a project being run by community matrons to improve healthcare intervention in care services.

We found that the registered manager had a good understanding of the principles of good quality assurance. We saw from the previous year's action plan regarding feedback about the service and business improvement plan had led to changes and improvements to the service including care practices and improvements to the environment during 2014 and there were plans in place for 2015.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that a satisfaction survey was used to gather feedback. We looked at the results of a survey undertaken in April 2014 where 45 people who used the service, 25 relatives and visitors were asked their views. The results of the survey confirmed that people were happy with the care and service that they received. Some of the comments on the family and friends questionnaires included; "Everyone is top notch, care assistants and kitchen folk, my relative is in excellent hands here." And "I regularly see acts of genuine kindness from staff to residents and sometimes it is in challenging circumstances. I find staff very tuned in to my relative and their needs and I am happy they are in their care." We also saw comments from visiting professionals that included; "Very friendly and staff are well informed," And "I like how staff interact with clients, it's respectful and friendly". We saw that an action plan had been developed for those areas requiring some improvement.

The registered manager also had in place an improvement plan, which showed how the service wanted to continue to develop. Plans included the implementation of one page profiles for all staff and people living at the service and a more dementia friendly garden area was to be developed in the spring of 2015. We saw from last year's improvement plan, décor had been improved and one relative commented; "The recent decoration and new carpets make the home fresher and nicer." This showed the service was continuing to improve the quality of care it delivered.

We saw records to confirm regular meetings took place with staff at all levels. One staff member told us; "We have regular meetings, we talk about how we can improve and what we can do better for the service users." We asked staff about what they thought they could do better. They told us; "You can always do better," and "Nothing stands out." One staff told us about resident and relatives meetings, they said; "There is always a good turnout, people tell us how we can change things."

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received most of these notifications but not all. It was pointed out to the registered manager on the first day of the inspection that we had not been receiving notifications of Deprivation of Liberty Safeguard applications; the registered manager stated they would rectify this with immediate effect.

## Is the service well-led?

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, safeguarding and infection control. We saw from a recent medicines audit that an

issue of stock control was raised; the manager then put a staff meeting in place for those who worked with medicines to ensure people were clear about how medicines stock should be managed. This showed audits were used to highlight areas for improvement and the manager put measures in place to ensure improvements were made. We saw records of audits undertaken and also there was a care plan audit carried out by the registered manager in the front of each person's care file.