

Durham Care Line Limited

# Bowe's Court Care Home

## Inspection report

Bowes Court,  
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Evenwood,  
Bishop Auckland  
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Date of inspection visit: 1 and 2 September 2015  
Date of publication: 08/10/2015

### 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 took place on 1 and 2 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC 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. The registered manager was not present during our visit however the deputy manager was present and was the acting manager at the time of the inspection.

On 23 May 2014 we completed an inspection and informed the provider they were in breach of a number of regulations including the care and welfare of people using the service, staffing and assessing and monitoring the quality of the service. Whilst completing the visit we reviewed the action the provider had taken to address the

# Summary of findings

above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider had ensured improvements were made in these areas and these had led the home to meeting the above regulations.

Bowes Court Care Home is situated in the village of Evenwood, close to Bishop Auckland. The service provides accommodation with personal care and nursing for up to 23 people. The service provides care to people with learning disabilities, mental health conditions and physical disabilities. On the days of our inspection there were 23 people using the service.

People who used the service and their relatives were complimentary about the standard of care at Bowes Court Care Home. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the

Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the acting manager and looked at records. The registered manager was fully aware of the recent changes in legislation and we found the provider was following the requirements of DoLS.

We found evidence of mental capacity assessments or best interest decision making in the care records. Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions and the provider had made applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people being restricted of their liberty.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home and within the local community.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

# 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 an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good



### Is the service effective?

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good



### Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good



### Is the service responsive?

The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

# Bowe's Court 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.

This inspection took place on 1 and 2 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service and three relatives. We spent time with seven people who had difficulty communicating verbally and observed staff interacting with them. We also spoke with the deputy manager, the head of compliance, two nurses and twelve care staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

Before the inspection, the provider completed 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. We spoke with the acting manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

A relative told us their confidence in the service and its staff had grown over time. They told us, “We initially came in every day to keep an eye on things but now we are just part of the furniture”.

Bowes Court Care Home comprised of 23 bedrooms, 22 of which were en-suite. Facilities included a hydrotherapy pool, sensory room, cinema area, gym equipment and a café. The home was set in its own grounds, in a quiet residential area.

We saw the home was clean and tidy with no unpleasant odours. En-suite bathrooms, communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We saw weekly cleaning schedules were in place and were up to date. We looked at four staff records and saw they had all completed infection control training.

Equipment was in place to meet people’s needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls and we observed call bells were responded to promptly.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the provider’s accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information quarterly in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw regular fire drills were undertaken, a fire risk assessment was in place, fire fighting equipment was serviced regularly, fire alarm tests were completed weekly and emergency lighting was tested monthly.

We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person’s name, room number, impairment or disability and assistive equipment required.

This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the manager and looked at documentation. The manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff. We saw there were fifteen members of care staff on a day shift which comprised of one nurse, one senior and thirteen care staff. Night shift comprised of seven staff. The home also employed an administrator, cooks, domestics and maintenance men. We observed plenty of staff on duty for the number of people in the home. A relative told us “[Name]’s one to one is always there’.

Call bells were responded to in a timely manner however were not always placed near to beds. The acting manager told us that this was because some people would be unable to operate them. She said in these cases bedroom doors would be left open for staff to check regularly upon people and consent for this had been obtained from the people who used the service or their relatives.

## Is the service safe?

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's medicines policy, dated 25 August 2015, which covered all key aspects of medicines management including ordering, supply, receipt, administration, disposal, record keeping, auditing and

training. The service used a monitored dosage system with medicine supplied on a 28-day cycle. A nurse told us "We don't have any major problems". There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. This included addressing discrepancies in a timely manner.

The clinic room was clean, tidy and was well-organised. We saw that medicine audits were up to date and included action plans for any identified issues. We saw medicines were stored appropriately. We looked at the medicines administration charts (MAR) for fifteen people and found one omission which was addressed at the time of our inspection. Appropriate arrangements were in place for the administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. The controlled drugs book was in good order and medicines were clearly recorded. We saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained. This meant that the provider stored, administered, managed and disposed of medicines safely.

# Is the service effective?

## Our findings

At our inspection in May 2014 we identified concerns that the provider had not taken proper steps to ensure staff were suitably qualified, skilled or experienced and was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

People who lived at Bowes Court Care Home received care and support from trained and supported staff. A member of staff us “I have been with the service for two years and have completed specialist training to support [Name] who has severe epilepsy.” He also told us how he had received training to enable him to support people with percutaneous endoscopic gastronomy (PEG) feeding and people with tracheotomies, which is an opening created at the front of the neck so a tube can be inserted into the windpipe to help people to breathe.

We looked at the training records for four members of staff. The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, medicines, health and safety, risk assessments, professional boundaries and first aid. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in for example, equality and diversity, dementia awareness, epilepsy, introduction to positive behaviour support and catheter care.

We saw staff had completed training in MAPA (Management of Actual or Potential Aggression), which enabled staff to safely disengage from situations that presented risks to themselves, the person receiving care or others. A member of staff told us that they had MAPA training and did not restrain people when their behaviour became challenging. They said that if a person’s behaviour became challenging they would try to find ways of engaging the person in something that interested them.

In addition we saw twelve staff were trained to assist people in the hydrotherapy pool. A relative told us, “They are very good; they manage to negotiate him going in the

pool with his tracheotomy”. We also saw evidence of planned training for September 2015 in falls prevention and MAKATON, which is a language programme using signs and symbols to help people communicate.

Staff had a good understanding of people’s communication needs. We saw one person spoke with monosyllabic answers. They were encouraged to communicate through longer sentence structure. Another person who was diagnosed with locked in syndrome could only communicate with eye movement. They were encouraged and stimulated to interact in making choices regarding their needs.

We saw laminated communication passports and care plans were on the wall of each person’s bedroom. This enabled staff to understand the needs of each individual and keep track of the activities they would be doing that day. In bedrooms belonging to people who were unable to communicate verbally, white boards were available which allowed people, staff and relatives to leave messages for each other. For example, staff had noted what a person had been doing earlier that day so that their relatives could talk to them about it when they came to visit that evening.

We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The staff we spoke with told us they valued the supervision process. We saw evidence of group staff supervisions which addressed concerns, feedback and any learning the registered manager wanted to share in a group forum. Staff records contained evidence of return to work interviews following periods of sickness and an “expectant mother” risk assessment which included hazards and control measures. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS



## Is the service effective?

with the manager, who told us that there were DoLS in place and in the process of being applied for. We looked at a copy of the provider's DoLS policy, which provided staff with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for three people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. The policy referred to the Mental Capacity Act 2005 and the Department of Health, guide to consent for examination and treatment. A relative told us, "The management include my wife and I in decision making, but I also have confidence in the care staff to make decisions on our behalf".

We saw there was a kitchen on each floor which people and their relatives could use if they wanted to make their own meals. We observed a person ask if anyone would like a hot drink. They were comfortable using the kitchen facilities with minimum supervision from staff. People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We observed staff chatting with people who used the service. The atmosphere was calm and not rushed. From the staff records we looked at, all of them had completed training in food hygiene and nutrition. A person described how he had been out to the beach the day before and had taken a packed lunch. He told us, "I had cheese sandwiches yesterday. You tell them what you like and they get it".

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. The building had recently been decorated using contrasting colours on the walls and floors. This enabled people with perception difficulties to find their way easily.

# Is the service caring?

## Our findings

People who used the service and their relatives were complimentary about the standard of care at Bowes Court Care Home. A relative told us how he was involved in compiling quizzes for the service and how the registered manager had asked him to speak to another relative of a new person so that he could share his experiences with them and offer support.

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example we observed a person joking with staff in the lounge. We also saw two staff members discussing tennis whilst they assisted a person in the hydrotherapy pool. They ensured that they included the person in the conversation even though they were unable to respond to them verbally.

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. Throughout our visit we found staff chatted to people and included them in conversations and decisions about their day.

We observed a staff member singing to a person who used the service. The person smiled, clapped their hands excitedly and joined in with the staff member. They later hugged. The staff member said goodbye to everyone in the lounge when she finished her shift. We observed a member of staff speaking to a person who used the service. She ensured that she was at wheelchair level and that she used eye contact.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw a member of staff spoke to a person gently and respectfully and gave him a large coloured beach ball to hold so that he was able to participate in an activity whilst sitting in the lounge. We also observed a person dancing in the lounge with a member of staff. He was smiling and laughing. This meant that staff treated people with dignity and respect.

People were encouraged to make their own daily decisions wherever possible. We observed a staff member holding the hand of a person whilst asking them what they would like to eat from the selection on the meals trolley. We saw

that some people had independent advocates to support them to express their views and wishes. A member of staff told us a person who the service was reluctant to communicate with people and it was difficult to assess how they were feeling. An art therapist now visited the person on a fortnightly basis and that the person was able to express themselves through their pictures.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people with their behaviours and understood people's individual needs. We observed a member of staff helping a person move around the pool. They sang together and the staff member encouraged the person to speak by signing with their hands. It was clear that the member of staff had a good relationship with the person and understood how to communicate with them effectively.

People's religious beliefs were respected. A member of staff told us, "[Name] does not eat pork as he is a Muslim". He told us that the chef ensured that there were suitable meal choices available for him.

We saw the bedrooms were very individualised, some with people's own furniture and personal possessions.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. Staff focussed on the resident's needs, for example, a member of staff reassured a person when they were getting into the pool, saying "It's okay, it's only shallow". We saw the person decided that they wanted to get out of the pool and staff understood this and helped them get out immediately. Staff we spoke with told us, "I love working here" and "There is something different every day. It's so rewarding".

We saw people were provided with information about the service in a "welcome pack" which contained information about consent to access personal records and photography, the mental capacity act and DoLS, safeguarding, 'statement of purpose', advocacy and an easy read version of the complaints policy and procedure.

Information about local services was prominently displayed on notice boards throughout the home

## Is the service caring?

including, for example, advocacy services, safeguarding, health and safety, DoLS, complaints, NHS information leaflets about smoking, eating disorders, bi-polar and palliative care.

# Is the service responsive?

## Our findings

At our inspection in May 2014 we identified concerns that the provider had not taken proper steps to ensure people's care was planned and delivered in a way which met their needs and was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

We found care records were person-centred and reflective of people's needs. We looked at care records for four people who used the service. We saw people had had their complex needs assessed and their care plans demonstrated regular review, updates and evaluation.

The home utilised a care planning framework which comprehensively assessed people's needs. People had care plans in place covering a wide breadth of areas. Care plans aimed to maximise independence in supporting people's dignity and self-respect including, for example personal care, oxygen therapy, percutaneous endoscopic gastroscopy feeding (PEG) tissue viability and seizure support, behavioural support, community integration and spiritual Needs

The care plans demonstrated evidence of person centred planning. They were well developed, showing good understanding of each individual's needs and preferences at a holistic level. There was clear guidance in relation to interventions to staff in providing safe and appropriate care and treatment.

Care files contained people's allergy status recorded, useful summary profiles of the individuals and there were good examples of positive behaviour support plans integrated into the overall care plan, for example baseline assessment, sensory analysis, communication strategies and goal planning. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered.

Risk assessments had been completed with evidence across the care plans relating to falls, choking, infection control, bed rails, moving and handling, equipment use, use of the home elevator, meal preparation, malnutrition

and skin integrity, environmental safety within the community and in one instance the use of an electrical tool for hair straightening hair. This meant risks were identified and minimised to keep people safe.

Care files contained a 'Health Action Plan' and a 'Pool Passport' which detailed the individual support each resident required to use the hydrotherapy pool both safely and therapeutically.

There was strong evidence of multi-disciplinary professional involvement. Where people had needed access to external professional opinion this had been activated for example general practitioner, consultant psychiatrist, occupational therapist, specialist epilepsy nurse, community learning disability nurse, speech and language therapist (SALT) and tissue viability nurse. This meant the service ensured people's wider healthcare needs were looked after.

The service employed two activities facilitators and had its own transport. We saw that activities were discussed in the "my say" meetings and planned activities were displayed on the notice boards which included baking, bingo, dance club, walk in the community, dominoes, board games, pamper/relaxation, hydrotherapy pool, exercise club, film club, arts/crafts and listening to music. We observed one person was doing a jigsaw, another person was having a pedicure and a manicure and one person was playing dominoes with a member of staff. We saw photographs of people participating in activities for example, ten pin bowling and a trip to the local social club. We also saw there were trips planned to South Lakes Zoo and Ice Skating at Billingham. A relative told us, "The registered manager has organised a summer fair, visiting vocalists and a pantomime". This meant people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. We also saw people were supported to go out into the community. Some people had been on a trip to the seaside the previous day and a person had been on a trip to 'Butterfly World' on the first day of the inspection. A member of staff told us, "Nobody stays in all the time. Who wants to be sat looking out at lovely weather like that?". A relative told us, the registered manager had improved the service. For

## Is the service responsive?

example, “They will try to secure funds and get people out. It makes all the difference. In fact it’s getting to the stage where [Name] is never in”. This meant people were protected from social isolation.

We saw copies of the easy read complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and

CQC, if the complainant was unhappy with the outcome. A relative we spoke with told us “If I am concerned I complain to the manager and it will just be done”. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At our inspection in May 2014 we identified concerns that the provider did not have an effective system to regularly assess and monitor the quality of service that people received and was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 6 November 2014. The registered manager was not present during our visit however the deputy manager, the area compliance manager and the compliance manager were present at the time of the inspection.

The acting manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us "The home has changed a lot since the new manager started, she's has organised more activities for the residents, encouraged people to personalise their bedrooms and overall make staff feel better" and "It's brilliant, having just started I can't fault the staff, they have made me feel welcome and provided plenty of guidance. It was daunting at first but I feel supported. Morale is 9 out of 10".

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We saw that the home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 8 May 2014 and was a gold member of BILD, the British Institute of Learning Disabilities, a voluntary scheme which is an indicator of quality and good practice within the service. We also saw the service had received a finalist certificate from the National Learning Disabilities and Autism Awards on 15 May 2015 and a Tidy Business Standards Silver Award from Durham County Council in 2015.

We looked at the provider's periodic service review file, which included audits of health and safety, first aid, medicines and care plans. All of these had last been audited in August 2015 and included action plans for any identified issues.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. We saw the service held monthly 'my say' meetings for people who used the service, their relatives and staff. We saw the minutes of the meetings held on the 6 July 2015 and 3 August 2015. Discussion items included activities and planned events. A relative told us that there had been complaints from relatives unable to park outside the home. The registered manager had ensured that staff parked to the rear of the building so that there were more parking spaces available for visitors. He also told us how some people living in the home had requested a car boot sale and how this was now being organised.

We saw the results of a 'service user food and drink survey' undertaken in 2015. Twelve surveys had been completed and returned. The majority of responses were positive. The questionnaires requested people's views about the meals service for example, about menus, choices, and times. The acting manager showed us a copy of the action plan and told us about the proposed changes to be made as a result of the survey. For example, some people had said that lunch time was too early. The acting manager told us how she proposed to move the time lunch was served to a later time in response.

Staff we spoke with told us they had regular staff meetings. We looked at the minutes of the meetings held in August 2015. Twenty six staff attended. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included the new management structure, health and safety, safeguarding, record keeping, activities, handovers and laundry. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition and hydration policy referred to the NICE (National Institute for

## Is the service well-led?

Health and Care Excellence) guidelines and the accident reporting policy referred to the Health and Safety Executive and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The manager told us, “Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice”. The staff we spoke with and the records we saw supported this.

We saw a copy of the provider’s business continuity management plan. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details.

We saw there was an emphasis on consulting health and social care professionals about people’s health, personal care, interests and wellbeing. People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured people’s wider healthcare needs were being met through partnership working.

We looked at the providers Data Protection Policy dated September 2014 which provided guidance to staff on data protection and confidentiality. We saw all records were kept secure and maintained and used in accordance with the Data Protection Act.