Boarbank Hall Convalescent Home

Boarbank Hall Nursing Home

Inspection report

Boarbank Hall
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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 unannounced inspection took place on 28June 2016. We last inspected Boarbank Hall in June 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Boarbank Hall Nursing home is owned and run by the Augustinian Canonesses of the Mercy of Jesus, a religious order dedicated to caring for others. They provide long term and respite care for up to 27 people including palliative and end of life care and convalescent/post-operative nursing care. Boarbank Hall is located in the village of Allithwaite overlooking Humphrey Head and Morecambe Bay. On the day of the inspection there were 24 people living there.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

People living at Boarbank Hall and their relatives spoke highly about the support and care that was provided for them and the "kindness" and "understanding staff showed to them. We were told how the staff "Always do the very best for you" and "I am really well taken care of, very good carers and nurses".

There was a relaxed atmosphere in the home and we saw how frequently staff interacted with the people living there and in a very calm, friendly and respectful manner. We found that people living there were regularly asked for their views of their home and their comments were acted on to make any changes they wanted.

We saw that people were supported to maintain their independence and control over their lives as much as possible. People living there were able to see their friends and families as they wanted, participate in planned activities in the home and go out into the community with support. There were no restrictions on when people could visit the home. People had a choice of meals and drinks, which they told us were good and that they enjoyed.

We looked at people's care and health plans and these were detailed, person centred and clearly described the care, treatment and support people needed and preferred. People had their needs and risks assessed using recognised tools and plans were in place to manage risk. We saw nursing staff giving people their medicines. They followed safe practices and treated people respectfully.

The service followed the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

The staff we spoke with were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they

would be confident reporting any concerns to a senior person in the home.

The service had worked well with health care professionals and external agencies. This included social services, speech and language therapists and mental health services to provide appropriate care to meet people's different physical, psychological and emotional needs. We saw that there was regular involvement with the Care Home Education and Support Service [CHESS] in Cumbria.

Staffing levels in the home were monitored to make sure they reflected people's care needs and were adjusted in line with them. There were thorough quality monitoring systems in operation to assess and review the quality of the services provided.

Effective systems were in place for the recruitment of staff and for their induction and on going training and development. Staff said they had regular supervision and were well supported to access the training they needed and to develop their skills.

Staff supported people towards the end of their life and made sure their dignity was maintained and they received the specific care to meet their needs. The managers and staff had a strong commitment to providing support to people and to their families to ensure the end of life was as peaceful and pain free as possible.

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 recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues.

There were sufficient numbers of staff to ensure that people had their needs met promptly and safely.

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There were effective systems in place for the management of medicines and appropriate arrangements were in place for the recording, safe administration, safe keeping, using and disposal of medicines.

Risks to people had been identified and risk assessments were centred on the needs of the individuals.

Is the service effective?

Good

The service was effective.

Nursing and care staff working in the home had received training and supervision relevant to their roles and to make sure they were competent to provide the care and support people needed.

There were systems in place to assess people's individual nursing and personal care needs and we saw evidence that people's needs were regularly assessed so they continued to receive appropriate care.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Is the service caring?

Good

This service was caring.

People told us that they were well cared for and that the staff cared for them in a compassionate and respectful way that promoted and protected their individual preferences, privacy

and dignity.

Staff knew people well, were thoughtful of people and remembered the small details they liked.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

Care plans and records showed that people had their nursing and personal care needs assessed and the management of their care planned with them.

People were being seen by appropriate professionals to meet their physical and mental health needs in a timely manner.

Support was provided to follow their own interests and faiths and to maintain relationships with friends and relatives and local community contact.

There was a system in place to receive and handle complaints or concerns raised

Is the service well-led?

Good

The service was well led.

The management communicated a clear vision and purpose about the development of the service.

Quality assurance and audit systems were used to monitor and critically assess the service's performance and to drive a culture of continual improvement.

Staff told us the management was approachable and they felt supported, valued and listened to by the registered manager and provider.

People living there and their relatives were able to give their views and take part in meetings and discussions about the service.

Boarbank Hall Nursing 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 28 June 2016 and was unannounced. The inspection was carried out by the adult social care lead inspector.

During our inspection we spoke with six people who lived in the home, three relative, two registered nurses, a unit manager, three care staff and domestic staff. We spoke with the registered manager, the director of operations and the nominated individual.

We observed the care and support staff provided to people in the communal areas of the home. We spoke with people and relatives in private in their bedrooms. We looked in detail at the care plans and records for five people and tracked their care. We looked at records that related to how the home was being managed and how the quality of the service was monitored.

As part of the inspection we also looked at records and care plans relating to the use of medicines and assessed medicine management, storage, administration and disposal.

Before our inspection we checked the information we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law.

We also sought the views of the commissioners of services and health and social care professionals who came into contact with the service. We looked at the information we held about notifications sent to us

about any accidents or incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

The registered manager of the home had completed and returned 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. The PIR provides an opportunity for providers to share information and evidence about their service. This is used by CQC to help plan inspections. The information providers give us is considered alongside all other sources of evidence, including inspection visits.

Good

Is the service safe?

Our findings

Without exception people who used the service and their relatives told us that care was delivered in a safe manner. People confirmed they felt safe and comfortable with the staff caring for them. We were told "The staff do their very best for you here; I am safe and well cared for, I don't think I could get any better". Everyone we spoke with told us that they felt safe and a relative told us that they had never seen anything that concerned them. A relative said, It's a lovely home, we are always made welcome, we are very happy for [relative] to be here" and also "We had been around a few homes first, this was certainly the best we saw, otherwise we would have gone on looking".

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. Staff told us they had received training in safeguarding adults and training records confirmed this. The nursing and care staff we spoke with could tell us what may constitute abuse and how to report it. All the staff we spoke with were confident that any concerns they might raise would be followed up by the management team and that prompt action would be taken to make sure people were kept safe. There were whistle blowing procedures for staff to raise concerns.

People living at Boarbank Hall told us that staff were available to help them when they wanted them. Staff levels were kept under review and a dependency tool was used to help assess the staff and skills required to support people's different needs. There were 12 people staying on the downstairs unit when we inspected. There was a registered nurse on duty with four care assistants to help them during the busier early shift and two health care assistants to support the registered nurse until the night staff came on duty. On the first floor unit there was the same staff establishment for the 13 people living there. The registered manager was on duty 5 days a week and there was an on call rota for out of hours management support. There was a consistently high ratio of staff to people living there. This helped to ensure that staff had the time to spend with people to give them individualised care. One person we spoke with told us "Staff always do as I ask and at my pace, when I am ready, they don't try to rush me ever".

Staff we spoke with told us "We are lucky here, there are good staffing levels and we can give people the time they need". Other staff confirmed that they felt they had the time to provide care for people in accordance with their wishes. We were told "There are always enough staff and we can always rely on the nursing sisters' day or night".

During this inspection we spent time in all areas of the home. We saw the environment was very homely, comfortable and well maintained. We looked around the home and saw that all areas were clean and fresh. The home was fully staffed with housekeeping and laundry staff to maintain a clean and hygienic environment. The maintenance and gardening staff kept the garden and premises in good order and there was a full complement of kitchen staff to make sure people had a variety of food they enjoyed. The home had extensive kitchen gardens and was able to use its own produce when in season for the meals provided.

Risks to people were being identified and assessed. Staff managed the risks related to people's care well. Everyone had care record with detailed information about the possible risks associated with their conditions

and care and how staff should support the person to minimise or avoid the risks. Care records included risk assessments for swallowing problems, nutritional needs, people's mobility, their potential risk of falls and of pressure ulcers developing. When people had conditions like diabetes there was clear guidance in place for staff to help them support the person to manage the condition. This helped to make sure that people received the support they needed to live the lives they wanted and to stay safe.

We looked at medicines management in the home on both the ground and first floor units. We found that people's medicines were being safely managed and in line with current National Institute for Health and Care Excellence (NICE) guidelines. The service had a clear medication policy in place that staff understood and followed.

We looked at how medicines were stored and found that they were stored safely and that accurate records were kept of medicines received and disposed of. Medicines storage was well organised and a check was kept on stock and on any medication no longer needed or discontinued. This helped to prevent an accumulation of medication and reduced the risk of errors occurring. Clinical room and refrigerator temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges. This helped to make sure that the medicines were in good condition for use. We looked at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly.

The service had good systems in place to help ensure that staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of four new staff that had been recruited since our last inspection. We saw that all the checks and information required by law had been obtained before staff had been offered employment in the home. Checks were made to ensure that nurses working in the home were registered with their professional body and fit to practice. People living in the home had been involved in the interviewing process for the new care assistants. This was because they would be receiving care from them and therefore they needed an opportunity to assess their skills and approaches.

The maintenance person showed us their records of their safety checks and servicing in the home including the emergency equipment, water temperatures, legionella tests, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept and we could see that any repairs or faults had been highlighted and acted upon. We saw that there were weekly checks done on equipment such as syringe drivers for symptom control at the end of life and suction machines that might be needed in an emergency. All of these measures helped to make sure people were cared for in a safe and well maintained environment.

We saw the service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans (PEEPs) should people ever need to be moved to a safer area in the event of an emergency. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. Accidents and incidents were recorded in detail and analysed by the registered manager for any emerging trends.

We saw the service had procedures and clear guidelines about managing infection control. There was an infection control lead who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. There were hand gel dispensers located around the home and we saw staff using protective clothing and gloves when giving personal care. We found all areas of the home including kitchens, bathrooms, lounges and bedrooms were clean, pleasant and odour-free.

Good

Is the service effective?

Our findings

We saw that people received effective care from nursing and care staff that had the knowledge and skills they needed to carry out their roles and responsibilities. People told us that the nurses and carers were "very good, very capable" and "I can recommend them [staff] all here, there's not one who does not give their all".

People told us that the food provided was "Very, very good, they get me anything I fancy if it's not on the menu it does not matter". The recent menu survey that had been done in the home showed a high degree of satisfaction with the meals provided. Comments were made that "No improvement is required" and "Please don't change anything, it's near perfect as it is".

All of the care plans we looked at contained information on specific dietary needs, preferences and intolerances. All had an individual nutritional assessment and a weekly or monthly check on people's weight for monitoring. People who were at risk of losing weight and becoming malnourished were given meals with a higher calorific value. If people found it difficult to eat or swallow advice had been sought from the dietician or the speech and language therapist (SALT). A relative told us "They're [relative] picking up now and putting on some weight, the food is very good".

We saw there was a choice of food at all mealtimes in the home and a varied menu on display for people to see and choose from. We saw there was a choice of hot and cold drinks available throughout the day and noted staff were frequently prompting people to drink throughout the day.

The nursing and care staff we spoke with knew the people living there well and knew how they liked to be supported with their hobbies and what activities they enjoyed and about how each person liked to receive their personal care. Staff were able to tell us about how they cared for people on a daily basis to ensure they received effective personal care and the support they wanted.

We looked at staff training records and the training programmes in place for staff. There was an ongoing programme of staff training in place that was monitored by the registered manager. All staff underwent a formal and structured period of induction and orientation. Staff shadowed experienced staff until such time as they were assessed as competent and confident to work alone. We looked at a work book being completed by a care staff member on induction and observed senior staff going through care plans and explaining systems to the person on induction.

We saw that the registered manager was incorporating the 'Care Certificate' into staff induction and training into the home. The 'Care Certificate' is an identified set of standards that health and social care workers need to adhere to in daily working life. Its aim is to try to make sure all support workers have the same introductory skills, knowledge and behaviours to provide high quality care and support. Some care staff had already completed vocational qualifications at level two and three in health and social care.

Training records indicated that all staff were being given the opportunity to do a range of training in addition to that required by legislation. We saw that staff had been able to access training on specific conditions for

the people they supported such as Motor Neurone Disease and Diabetes. We saw records of all staff having had regular supervision and staff told us they could speak with managers "at any time" if they needed to.

Nurses had been able to attend professional development training courses to help maintain their knowledge. They had received training relevant to their on clinical role to maintain their skills such as on wound management and palliative care. Nurses had received training on the use of syringe drivers [a syringe driver is a pump that delivers a measured dose of a medication] for the provision of effective palliative care. They had also done courses to give them the skills for verification of death and to take part in advanced care planning with people.

We saw that there was regular involvement with the Care Home Education and Support Service [CHESS] in Cumbria. This involved the CHESS team working with care home staff and backing up learning with practical support. This was to improve the staff's ability to manage mental health needs and so improve the day to day lives of older people with mental health needs.

The service took nursing students on placements during their training and had been audited as an effective learning environment for student nurses by the Faculty of Health and Science within the University of Cumbria. Nursing staff supporting them had received training to mentor and support students coming to the home. We saw a card from a student nurse who had been on a recent placement at the home. It said" I feel I have been very lucky to have had such a wonderful placement".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (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 service had clear procedures for assessing a person's decision making capacity and for making sure that any decisions that needed to be taken on their behalf were only made in their best interests. The records on the process that had been followed were clear and showed how relatives, health professionals had been involved when needed to make sure decisions were only being made in that person's best interest.

We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Records were kept of multi- disciplinary discussions with people and families around care decisions. Staff understood the principles of the act and the importance of making sure people who did not have the mental capacity to make a particular decision for themselves had their rights protected. No-one living at the service was subject to DoLS.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. People commented upon the "kindness" and" thoughtfulness" of staff and "The tender loving care from absolutely everyone" when a person was at the end of life. We were told by one person "There isn't anything they could do better, it's a good place to live, they really can't improve it".

We looked at emails and letter sent to the service by people who had used the home and their relatives. One comment was "Your staff are a credit to Boarbank" and also "The staff, always wonderful, excelled themselves in the care of [relative]". One relative contacted the service to tell them that watching staff and "the caring and comforting and such tender care" had moved them to tears at times.

People told us they were treated with kindness and compassion and they felt that their privacy and dignity was "always" respected. One person told us "They're [staff] always polite, always knock and take time so I can do for myself". We saw that staff responded in a caring way to people's needs and requests and took time to allow people to express themselves. We saw that staff interacted positively with people; they were attentive, listening and responding to people and giving reassurance if needed.

Staff we spoke with told us "This is a lovely place" and "This is a very calm and spiritual place and the care is second to none, especially at the end of life". Another person told us "It's a beautiful place, peaceful and the grounds are truly lovely". Staff told us that they were able to "Really get to know people and their families" and that "Relatives tell us it's a lovely place to be when coming to the end". We were also told "The sisters support everyone regardless of beliefs"

We saw as we went around the home that people's individuality and privacy was being respected. We saw that bedroom and bathroom doors were all kept closed whilst personal care was taking place and staff knocked and waited before entering an occupied room. Curtains were placed at bedroom and bathroom doors to give greater privacy should someone open a door to come in. One person told us "They put signs on the door to let everyone know they are helping me and not to come in".

All bedrooms at the home were being used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms we saw had been personalised with people's own belongings, such as photographs and ornaments to help people to feel at home.

There was procedural guidance for staff to follow on maintaining confidentiality and data protection. We saw that all personal records about staff and people living there were held securely within an office on each floor or in locked in the manager's office.

The service was developing a programme of having staff 'leads' in areas of care and practice. The lead was to keep their own knowledge up to date and to provide in house training to, and be a resource for, colleagues. The infection control lead was in place

We found that a range of information was available for people in the home to inform and support their choices and tell them about agencies that could help them and offer advice and support or if they had any concerns. People told us they were provided with information about the home before they came there and in the guide given to them when they came to live there. The service was a member of 'Care Aware' advocacy service that could offer information and support and advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

We found evidence that the service gave a lot of consideration to the emotional and spiritual needs of the people living there and in supporting them to follow their own faiths and beliefs. One person living at the home liked to attend a daily mass in the chapel that was used by the religious community. Staff supported the person to do this and be able to observe their religious beliefs as they had always done and take comfort from that. Another person followed the Buddhist faith and needed a peaceful and calm environment in which to pray and meditate. The staff ensured this separate place was provided and also that the person could visit their own Buddhist temple.

There were two priests available to anyone in the home who wished to see or talk with them and a pastoral carer from the local community to offer support and comfort. Ministers from the Anglican church attended weekly to visit the home and take a multidenominational service that anyone could attend. Staff told us how the nursing sisters from the religious community were very involved in providing help and spend time and sit with people so they were never alone as their conditions changed at the end of life.

The home ran a 'Raising Spiritual Awareness 'course for all staff in collaboration with hospices involved in the NHS Cancer Care Network. Audits carried out within the network had shown that staff may lack confidence in supporting people at the end of life. This course was to support the home's staff to address their need for education in the assessment of spiritual needs and spiritual care. It was designed to help equip staff to deal with handling difficult conversations and personal questions and the recognition of spiritual distress that and understand that it was not the same as religious distress. The course was also to help staff understand the needs of different faiths, traditions, rituals and rites of passage and know where to go to get information when they needed it. This helped to make sure that appropriate and high quality support could be offered at the end of life

Staff working at Boarbank Hall were encouraged to reflect on practice, the successes and the difficulties and consider the personal and professional boundaries they needed to be observed. Pastoral care and support was also provided for staff. This included 'debrief 'sessions for staff after caring for someone at the end of life or challenging care situations. A member of nursing staff told us "It's so important to get it right for people and to learn from what went well and also what we can do better".

The registered manager, nursing and care staff we spoke with were very clear and knowledgeable about the importance of providing holistic care at the end of a person's life. We found that staff had also been able to take part in 'The Six Steps' palliative care programme through a local hospice in order to enhance their palliative skills. This programme aimed to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. Care plans contained information about people's care and treatment wishes should their condition deteriorate. Advanced care planning assessments were done with people and end of life care plans were in place. This allowed people to be clear about their expectations regarding their end of life care and their wishes at that important time. This helped to ensure that people's final wishes could be met.

Good

Is the service responsive?

Our findings

People that we spoke with who lived at Boarbank Hall told us that their daily routines in the home were flexible and based around their needs and choices. Where possible people were being supported to make their own daily choices and take part in activities outside the home as well as within. We were told by people living there "I have no complaints" and "I would tell the nurses if I was not happy, they are very understanding". We were told "I see whoever I want and my family can come and go whenever". A relative told us, "We are made very welcome, we have no complaints, there is no need to complain as everyone is so helpful".

People told us told us that they had been able to take part in helping to develop life histories and on their social and cultural preferences. They told us that there were organised activities if they wanted to take part and a weekly outing in the minibus if they wanted to go. One person said "There's stuff going on all the time, we had a guitarist play in the lounge last week, that was very good". Local community events were advertised in the home should people want to attend and local musical events. The proceeds from the home's last coffee morning were shown so people attending could see what was raised.

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with did know about the individuals they cared for and what mattered to them not just about their nursing and personal care needs.

People's care records showed that their individual needs had been assessed before coming to live in the home and continued after admission. People told us they had been given information about the home before they came in. This helped to make sure the home was able to meet the person's needs before they arrived. The information gathered before and on admission had been used to develop care plans. Records indicated that reviews had been carried out on people's assessed needs and any potential risks and where possible people had signed their own plans to indicate their agreement.

Information was in people's care plans about how they wanted to be supported. For example how people wanted to dress, when they wanted to see their hairdresser, attendance at religious services, whether they liked a bath or a shower and how often they wanted these or male or female carers to help them. People we asked said that staff supporting them knew their preferences and interests.

We looked at care plans for people with complex healthcare needs and saw that these were focused upon the needs of the individual and had been regularly reviewed. This helped to make sure that people continued to receive appropriate and person centred care. For example, wound care plans and medication changes. Care plans also contained up to date information about the care and treatment people wanted should their condition change or deteriorate

We looked at copy of the complaints procedure that was displayed around the home and included in the information people received on admission. Discussion with the registered manager and staff confirmed that

any concerns or complaints were taken seriously no matter how small they may seem. There had not been any formal complaints made in the last 12 months The service had received numerous compliments and cards with very positive and deeply felt feedback and these were displayed on the notice board in the communal areas. There was a review undertaken of the complaints and compliments recording systems. People we spoke with and relatives said they had not needed to make a complaint and they could talk openly about or discuss anything that they wanted. They were confident that any issues they raised would be acted upon straight away.

Good

Is the service well-led?

Our findings

We were told by a person living at the home, "We have our own meetings, I have been to some, we talk about all kinds and they [manager] ask about everything, activities and food and are we happy". Everyone we spoke with living at Boarbank Hall spoke positively about the way the services were being organised, about the care provided and expressed that they had confidence in the management team. We were told "I can talk to the manager any time and they keep in contact with my family".

The management team promoted a culture of openness and transparency and staff confirmed this. We were told "If you have a suggestion it's listened to" and also "If we need any extra resources we are taken seriously"". Staff told us they could discuss developments and put forward ideas at their monthly meetings and at supervision. We attended a staff meeting on the day of our inspection. We found it to be a relaxed and inclusive event with a high level of engagement from staff where they had the opportunity to raise topics and give feedback.

Records we reviewed showed the service had a range of quality assurance and clinical governance systems in place to monitor and also update. Satisfaction surveys were done at least annually and the results were collated for sharing with everyone in the home and relatives. Where a matter had been raised in the survey for example someone felt there was too much salt in the food it had been addressed with that person to their satisfaction. We looked at the last survey results and found they were very positive and indicated the service was highly regarded by those using it and their families. Feedback about the service was welcomed and suggestion boxes were placed in the home so people could give feedback anonymously if they wished to.

There was an established auditing programme to monitor service provision. Care plans and medication audits were done regularly and a weekly drugs check. Any issues identified with care planning and medicines were addressed by the unit leads with the staff responsible and this was signed off by the unit lead to confirm it had been addressed promptly. The last medication audit showed a three per cent discrepancy that after analysis was identified in the destruction and wastage processes and addressed.

The registered manager did a monthly home audit that was sent to the Operations Director and this monitored and reviewed care documentation, wounds and pressure ulcers, personnel, any complaints, comments, staff vacancies and sickness, training and supervision records. The overall audit scores had continued to improve over the months and at the previous months audit it was at 97.3% compliant. The registered manager and staff team looked for ways to continuously improve and maintain a consistently good standard of care and support. Staff told us they felt supported by their peers and senior managers to make sure they could do the job to the high standard required.

Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were analysed and the results communicated to staff along with any required actions. Appropriate notifications required under legislation had been submitted to CQC. The service had a track record of providing a very good service and of seeking continuous

improvement

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home. The staff we spoke with were aware of the roles of the management team and of their own responsibilities. They showed a commitment to providing a good quality service for people who they supported. Staff we spoke with told us they felt the registered manager and provider listened to them and that they had regular staff meetings to promote communication and discussion. We were told that the senior management team were approachable and were accessible to staff and people using the service.