Barchester Healthcare Homes Limited

Wimbledon Beaumont

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 3 March 2015 and was unannounced. At the last inspection of the service on 17 December 2013 we found the service was meeting the regulations we looked at.

Wimbledon Beaumont provides accommodation for up to 49 people who require nursing and personal care. People using the service had a wide range of healthcare and medical needs. The home specialises in caring for older people with dementia and physical disabilities. They also provided care to people with end of life care needs. At the time of our inspection there were 45 people living at the home.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe at Wimbledon Beaumont. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or

Summary of findings

harm. Where risks to people's health, safety and welfare had been identified, there were appropriate plans in place to ensure these were minimised to keep people safe from harm or injury in the home.

The home, and the equipment within it, was checked and maintained regularly to ensure it was safe. The home was kept free from clutter to enable people to move around safely. There were enough staff to meet the needs of people using the service. The provider made sure there were appropriate checks to care for and support people using the service.

People received their medicines as prescribed and these were stored safely in the home.

Staff received appropriate training and support to meet the needs of people using the service. The registered manager and provider monitored training to ensure staff skills and knowledge were kept up to date. Staff were well supported by the registered manager and other senior staff and were enabled to discuss any issues or concerns they had. They demonstrated a good understanding and awareness of people's needs and how these should be met.

Staff encouraged people to stay healthy and well by ensuring they ate and drank sufficient amounts. Staff monitored people's general health and wellbeing on a regular basis. Where they had any issues or concerns about an individual's health, staff ensured they received prompt care and attention from appropriate healthcare professionals such as the GP.

Care plans were in place which were personalised and reflective of people's individual choices and preferences for how they received care. People's relatives and other healthcare professionals were involved in supporting them to make decisions about their care needs. Where people were unable to make complex decisions about their care and support, staff followed appropriate procedures to make sure decisions were made in people's best interests.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

We received many positive comments during the inspection about the kind and caring nature of the majority of staff at the home. However, people also said there were a minority of staff that were not as kind and caring as others. We witnessed many caring and positive interactions between people and staff. However we also observed two instances where staff were not as kind and caring as they should be. We discussed our findings with the regional director who said these issues would be discussed with senior managers and appropriate action would be taken to address these.

Despite what we observed, people said staff ensured their privacy and dignity was respected and maintained. The home was welcoming to visitors who told us there were no restrictions on them visiting with people using the service. People were encouraged and supported to maintain relationships that were important to them. People and their relatives felt comfortable raising any issues or concerns they had directly with staff and knew how to make a complaint if needed. People and their relatives were confident that any complaints they made would be dealt with appropriately.

People and their relatives told us the registered manager was approachable and proactive in getting things done. Their views were sought in developing and improving the service.

The provider was committed to improving the quality of care people experienced. This was embedded in the vision and values for the service. There was a well-established quality assurance programme which checked care was being provided to an acceptable standard. Where improvements were needed, the registered manager took action to ensure these were made. They encouraged an open and inclusive environment within the home which enabled people, their relatives and staff to speak honestly about their experiences.

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?

Good

The service was safe. Plans were in place to minimise known risks to people to keep them safe from injury and harm. The home was kept free from clutter to enable people to move around safely. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people's health and safety.

There were enough staff to care for people. Appropriate checks were carried out to ensure staff were suitable to work in the home. Staff knew how to recognise if people may be at risk of abuse and harm and how to report any concerns they had to protect them.

People received their prescribed medicines when they needed them and all medicines were stored safely in the home.

Is the service effective?

Good

The service was effective. Staff received regular training and support to ensure they had the knowledge and skills to care for people who used the service.

Senior staff were aware of their responsibilities in relation to obtaining people's consent to care and support and ensured people had capacity to make decisions about specific aspects of this.

Staff supported people to stay healthy and well by encouraging them to eat and drink sufficient amounts. People received prompt access to other healthcare professionals when they needed this.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. People said not all staff were kind and caring. We observed two instances where people were not treated with care and respect during our inspection.

People said staff ensured their rights to privacy and dignity were respected and maintained, particularly when receiving personal care.

The home was warm and welcoming to visitors. Relatives told us the home placed no restrictions on them when visiting their family members.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences.

People were encouraged to maintain relationships with the people that were important to them. People were supported and encouraged to take part in social activities in the home.

Summary of findings

People and relatives told us they felt confident making a complaint and that this would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. People were asked for their views on how the service could be improved and these were listened to and acted on by the registered manager.

The registered manager carried out regular checks and audits to assess the quality of care people experienced. They took action to remedy any issues they identified through these checks.

The registered manager was subject to robust scrutiny and challenge from the provider and there were clear lines of accountability for ensuring appropriate action was taken to make improvements in the home when these were needed.

Wimbledon Beaumont

Detailed findings

Background to this inspection

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

This inspection took place on 3 March 2015 and was unannounced. It was carried out by two inspectors. 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. We also reviewed other information about the service such as notifications they are required to submit to CQC. We also looked at information we received from the local authority about what they had found following visits they had undertaken to the home.

During our inspection we spoke with seven people who lived at the home, two relatives, two care support workers, a registered nurse and the regional director for the service. We observed care and support in communal areas. We looked at records which included five people's care records, five staff files and other records relating to the management of the service. After the inspection we spoke with another regional director and the deputy manager to obtain further information about the service.

Good

Is the service safe?

Our findings

People told us they were safe at Wimbledon Beaumont. One person said, "Yes, I do feel safe. If I didn't feel safe I would tell [the registered manager]." The provider had taken appropriate steps to protect people from abuse, neglect or harm. Records showed staff received regular training in safeguarding adults at risk of abuse. Staff told us they would not tolerate or accept poor levels of care and support. They spoke knowledgably about what they would do if they thought someone may be at risk of abuse or harm and the actions they would take to protect them. There were policies and procedures, accessible to all staff, which set out their responsibilities for reporting their concerns and how they should do this. The registered manager, through staff team meetings, ensured staff were aware of their responsibility to report any concerns they had immediately about the care people received and the steps they should take to do this. Staff could do this anonymously and had been provided with a 24 hour telephone hotline number to report their concerns. Records showed where safeguarding concerns about people had been raised the registered manager had worked with other agencies to ensure people were sufficiently protected.

Assessments had been undertaken by staff to identify risks to people's health, safety and welfare in the home and community. These assessments identified risks to people based on their current health care conditions, their care and support needs and their individual choices for how they wished to be cared for. Where risks had been identified there was guidance for staff in people's individual care plans which set out the actions staff must take to minimise these risks, to keep people safe from harm or injury. For example, one person needed help from staff to move, when receiving personal care. Staff were provided with specific instructions on how they must do this in a safe way to minimise the risk of injury or harm to the person and to themselves. Risks to people were reviewed monthly by staff. Where new risks had been identified people's plans were updated promptly with information for staff on how to protect people. For example, for one person, who had had a recent infection, there was guidance for staff on how to minimise the risks of a reoccurrence such as ensuring they maintained good standards of infection control when carrying out care and support.

Assessments had also been carried out to identify risks to people in case of emergencies within the home. There was a plan in place for each person for how they would be evacuated in the event of an emergency such as a fire within the home. The provider also had a current 'local crisis management plan' which set out how major incidents or events that affected the home would be dealt with to keep people safe.

The provider took appropriate steps to ensure the home and the equipment used within it were safe and did not pose any unnecessary risks to people's health and safety. We saw communal areas around the home were kept clear and free of clutter to enable people to move around the home safely. There was an annual programme in place to service and maintain the home and its equipment. Records showed checks had been made of fire equipment, alarms, emergency lighting, call bells, water hygiene and temperatures, portable appliances, the heating system, baths, hoists and slings and the lift. The head of maintenance told us other equipment such as wheelchairs and walking frames were checked regularly and replaced if they were no longer fit for purpose.

There were enough staff to care for and support people. People told us when they needed staff, they came quickly. Call bells were placed within easy reach of people in their rooms so people could easily call for staff if they needed to. People said they did not have to wait long for someone to come when they used their call bell. We saw staff were visibly present in the home throughout the day particularly in communal areas. When people needed help or assistance they responded promptly. We checked the staff rota and saw the number of staff on duty had been planned in a way which took account of the level of care and support each person required. Through our discussions with staff we noted that on the first floor of the home the staff on duty on the day of our inspection were relatively new and had all started work at Wimbledon Beaumont in the previous six months. We discussed this with a regional director after the inspection who confirmed the service had experienced an increase in staff turnover in the last 12 months following the opening of a new care home in the local area. They advised the service had carried out a recruitment campaign to fill vacancies with new permanent staff, which meant that although some staff were new, the service did not rely on the use of temporary staff to cover any vacancies.

Good

Is the service safe?

Staff records showed the provider had robust recruitment procedures in place and had carried out appropriate employment checks on staff regarding their suitability to work in the home. These included obtaining evidence of their identity, right to work in the UK, relevant training and experience, character and work references from former employers and criminal records checks. Checks were also made, where appropriate, of staff's professional registration, for example, nurses were required to provide up to date proof they had maintained their registration with the Nursing and Midwifery Council (NMC).

People's medicines were managed so that they received them safely. People told us they received their medicines on time and when they needed them. They said staff explained what their medicines were for and were able to respond to requests for additional medicines for example, painkillers. Each person had an individual record for these additional medicines so the risks of errors occurring were minimised. There were appropriate procedures in place for the storage of medicines which were locked away in a clinical room. The temperature of the room and the medicines fridge was checked and recorded daily to ensure medicines were stored at the correct temperatures.

People's individual medicines administration record (MAR) had been completed accurately with no errors or omissions. For each person we saw their record included a photograph of them and a list of known allergies. We checked the controlled drugs administration and saw it reflected current guidelines and practice. We were told there was only one person currently who chose to be responsible for their own medicines and there were risk assessments in place to allow them to do so safely. There were a number of internal audits carried out to make sure any problems with medicines could be identified quickly and rectified. There was a weekly audit by the nurse on duty, every two months a check was undertaken by a senior manager from the provider's organisation and a quarterly check was undertaken by the deputy manager.

Good

Is the service effective?

Our findings

People said staff that provided them with care and support were good. People told us staff were, "very hard workers", "they all put themselves out" and were "very good". Staff received regular training and support from managers to carry out their roles effectively. The provider had a training programme in place for all staff to attend training in topics and subjects relevant to their roles. Staff attendance on training was monitored at both provider and manager level to check that staff had completed this as well as to identify when they were due to attend refresher training. Records showed as at February 2015, 92 per cent of staff had completed training they were required to attend to keep their skills and knowledge up to date.

Staff told us they received training which they felt was relevant to their roles and helped them to understand the needs of people they cared for. They said they had one to one meetings and appraisals with their line manager and attended staff team meetings which provided them with opportunities to talk about workplace issues and practice. Records confirmed care staff had regular meetings with their manager and an annual appraisal where their work performance was discussed as well as any future learning and development opportunities to support them in their role.

New staff to the home had to complete a three month induction programme before they were able to care for people unsupervised. Records showed the progress of new staff though this programme was monitored and assessed by senior staff and relevant feedback was provided to staff. Two recently employed members of staff told us as part of their induction they were required to attend training, read policies and procedures relating to work based practices and shadow experienced staff on shifts. They said if there were any issues about their progress and competency these would be taken seriously by managers and they would not be to complete their induction and work with people unsupervised.

Staff working in the home had received recent training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Appropriate arrangements were in place to ensure people could give consent to their care and support before this was provided. Records showed people's capacity to make day to day decisions about their care and support had been assessed by staff. Where people lacked capacity to make specific decisions about aspects of their care and support, staff involved other people such as relatives and healthcare professionals to make decisions that were in people's best interests. People's individual care plans prompted staff to ensure they asked for and received people's consent before providing any care and support. Staff had a good understanding and awareness of how to support people in making decisions about their day to day care in an appropriate way. We saw positive examples of this. During the lunchtime meal we observed a member of staff gaining an individual's consent to support them to eat their meal. In another example staff asked one person for their permission to cut their nails. The individual refused and the member of staff respected this decision and offered to come back later and see if they wanted them done then which the person agreed to.

People were supported to eat and drink sufficient amounts to meet their needs. Records showed people's nutritional needs were assessed and monitored on a monthly basis by staff. Staff had used this information to identify where people had more complex needs such as, needing a soft diet where they were not able to eat or swallow appropriately, and their meals were planned accordingly. Staff recorded what and how much people ate and drank and assessed whether people were eating and drinking enough. People at increased risk of malnutrition and dehydration had their food and fluid intake closely monitored to ensure they were eating and drinking sufficient amounts. Appropriate guidance had been sought from dietary and nutritional specialists for people who needed extra help to maintain a healthy weight.

We saw the day's menu was on display in the foyer of the home. At each meal time there were different choices and alternatives available for people such as vegetarian options. Snacks and drinks were readily available to people that wanted these. In individual rooms, there were jugs of water placed in easy reach of people. We observed the

Good

Is the service effective?

lunchtime meal. People could choose to eat their meal where they preferred. Some people chose to eat in the dining area. They told us they enjoyed doing this as they liked the social aspect of eating with others. Others preferred to eat in their own room. Some people needed help and assistance from staff and this was provided. Meals were served promptly and at the appropriate temperature. Staff reminded people what was on offer and listened to what people wanted. People were offered a choice of drinks with their meal.

People's care plans detailed how their day to day health needs were to be met by staff. There was guidance for staff on how to meet these needs in the most appropriate way. For example, staff were prompted to ensure people who had diabetes received and ate their meals on time to help maintain a stable blood sugar level. People's care plans gave staff detailed prompts on how to recognise signs and symptoms that could indicate people's health may be deteriorating and the action they needed to take to support them. This was particularly important for people who were non-verbal and unable to tell staff that they were unwell. For example in one record we noted staff were prompted to check for specific signs and symptoms that could indicate a deterioration in an individual's overall mobility, and what actions to take in order to ensure they received appropriate support and help. In this instance staff were advised to contact the GP and physiotherapist.

Daily records of the care and support people received were kept by staff. This included their observations about people's general health and wellbeing. Where concerns were noted staff had taken appropriate action to ensure people accessed the care and support they needed from other healthcare professionals. Information about people's current healthcare needs was shared with all care staff in handover and team meetings so that they had up to date information about people's current health and wellbeing, and any additional measures or steps put in place to support this.

Requires Improvement

Is the service caring?

Our findings

We received mixed feedback from people about whether they thought staff at the home were caring. Positive comments about staff included, "They're friendly", "They've all been charming. Very prompt in caring" and "The majority genuinely care". However we also received comments from people that indicated some staff may not be as caring others. These included, "Some are objectionable. Very abrupt and just bossy" and "There is one, but you can't get perfection. She is harsh."

From our own observations the majority of interactions we saw between people and staff was kind and caring. We saw instances where staff took the time to sit with people and listened to what people had to say. These conversations were warm and friendly. When people became anxious staff acted appropriately to ease people's distress or discomfort. During our discussions with staff we noted they talked about people in a caring and respectful way.

However we saw two instances where staff did not act in a kind or caring way. During the lunchtime meal, one person required assistance from a member of staff to eat their lunch. Despite the individual making it clear they did not want to eat their lunch by saying so, moving their head away and even attempting to get up from their wheelchair, the member of staff did not listen and continued to attempt to make them eat by persistently putting a cup of soup and then later a fork of food to their mouth. We had to ask a staff member on duty to intervene as it was clear the individual's wish not to eat was not being respected. This was in contrast to another individual who was being supported to eat their meal by another staff member who took their time to explain what the person was eating, maintained good eye contact at all times and ensured the individual consented to each mouthful of food before offering this.

In another instance we were speaking with one of the people using the service in the privacy of their room and a member of staff entered their room without knocking or asking for permission to do so. The person did state that this was unusual behaviour by that particular member of staff.

We discussed the inconsistencies in people's feedback and examples of care we witnessed with the regional director at the home on the day of our inspection. They advised us these would be discussed with the home's management team and action would be taken to address these.

The provider had taken appropriate steps to ensure people were supported to express their views and be actively involved in making decisions about their care. People's records indicated, through assessments of their care and support needs, staff asked for their views and preferences for how care and support should be provided. People's views about this were documented. Where people were unable to express their views due to their complex communication needs, people's relatives and other people close to them had also been involved in these discussions to provide information and advice about what people's preferences may or would be. Although we did not receive direct feedback from people themselves about their level of involvement in care planning we noted from the provider's own quality assurance checks, this was an area that senior managers had identified could be improved on. As a result senior managers were taking action to improve the level and quality of information and communication with people through care plan reviews and meetings to ensure this was achieved. Progress against this was being monitored by the regional director.

People said their right to privacy and dignity was respected by staff. They told us staff did knock on their door before entering their room and asked for permission before carrying out any personal care. People said staff talked them through the care and support they wanted to provide and explained why this was being done. People's individualised care plans set out how their right to privacy and dignity should be respected by staff when providing care and support. For example, when people received personal care staff were instructed to ensure this was always done in the privacy of people's rooms and in a dignified way. Despite the one incident we observed which we described above, we did see other instances where staff knocked on people's doors and waited for permission before entering.

There were no restrictions placed on relatives or friends visiting with people at the home. Visitors told us they were

Requires Improvement

Is the service caring?

made to feel welcome. We observed visitors to the home were warmly welcomed and greeted by staff and offered tea and biscuits. Visiting relatives and friends appeared comfortable and at ease in the home.

Good

Is the service responsive?

Our findings

People's records showed they, their relatives and other people important to them contributed to the planning of their care and support. People were encouraged to share information about themselves, such as how they liked to be referred to, their life history, their likes and dislikes and their preferences for who provided them with care and support. People's cultural, spiritual and social values were discussed and people were able to say how they wanted these to be upheld and respected by staff. As part of the planning of care, staff also discussed and assessed the level of independence people felt they had. This information was used by staff to plan care and support which was personalised and tailored to people's needs.

A detailed care plan was developed for each person, which set out how their care needs would be met by staff. There were instructions for staff on how to provide this care and support which included guidance on how to ensure people were encouraged to retain as much control and independence as possible when receiving this. For example, one person had a specific early morning routine they liked to follow and wished to do things in their own time and when they were ready. Staff were encouraged to support them to do this. Staff demonstrated a good understanding of people's individual care and support needs, knew people well and how to care for and support them. They told us they kept up to date and informed about people's care and support needs by reading people's care plans and through sharing information with other staff in daily handovers and team meetings.

People's care and support needs were reviewed regularly by staff. Records showed people and their relatives were involved in an annual review of their care and support needs. Discussions around whether the care and support provided continued to meet people's needs were documented. Staff also carried out a monthly review to check for any changes to people's needs. Where any changes were identified following these reviews, people's individual care plans were amended to reflect this. For example, where people were recovering from infections or other illnesses their care plans were updated to reflect how they were to be supported by staff to maintain their recovery and avoid any further reoccurrences.

People were encouraged and supported to develop and maintain relationships within the home. We observed people who wished to, socialised freely with each other and with visiting friends and family. People had developed friendships within the home and staff supported them to maintain these in various ways. For example, people were encouraged to take coffee and biscuits together every morning in the one of the smaller lounges where they could chat and socialise with other people and staff. Some people stayed in their rooms for various reasons. We observed staff took time to visit with people in their rooms and sit and chat generally about the day's events and other topics.

People were encouraged to take part in social activities that took place in the home. One person said, "'There is a range of activities. And a service every week." Another person told us, "We started a book club. I loved reading but couldn't anymore so they read to us now and then we discuss." The home had a weekly programme covering a range of activities from memory quizzes, keep fit, trips out of the home to the pub or local garden centre, arts and crafts, and religious services. The home also had regular visitors who undertook activities such as entertainers and a hairdresser who visited weekly. We observed in the afternoon a folk singer entertained people in the larger lounge in the home.

People told us they felt comfortable and confident in raising any issues or concerns with the registered manager. One person said, "There are channels if you want to make a complaint." Another person told us, "If I had a problem I'd go straight to Matron." One person said about a complaint they had made in the past, that this was resolved to their satisfaction and they had received an apology from the home.

The home encouraged people to raise concerns or complaints if felt they had experienced poor quality care. The provider had a formal complaints procedure which was displayed in the home which told people how they could make a complaint about the service. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these. The home had not received any recent formal complaints through this procedure but from speaking with people and their relatives, people were confident that the registered manager would take any complaints they had seriously and deal with it appropriately.

Good

Is the service responsive?

The registered manager ensured any anonymous concerns raised with them about the quality of care people had experienced were taken seriously. We saw a recent example of this where the concerns were thoroughly investigated and then discussed with staff to identify any areas of poor practice, improvements or learning for the service.

Good

Is the service well-led?

Our findings

People and their relatives were actively involved in developing the service. They were able to share their views and suggestions in various ways about how the home could be improved. For example, every year the provider sent people a survey and asked people to rate their satisfaction with the quality of care they experienced. They were also invited to share their suggestions for how things could be improved in the home. Following an analysis of people's feedback from the last 'care rating survey' in 2014, the provider identified areas for improvement for the home. In response the registered manager had developed an action plan to make changes and improvements that were needed.

Although we saw evidence that people using the service did not wish to have formal 'residents meetings' many people had strong views about the food served in the home. In response a 'dining committee' had been created which enabled people in the home to share their views and suggestions, via a representative, about improvements that could be made. We noted from the minutes of the last meeting in November 2014, membership of the committee included people using the service, senior managers and the head chef at the home. People had been able to share their views about the quality of meals and senior managers agreed to take action to make improvements. Progress against these actions would be reviewed at the next meeting of the committee.

The registered manager sent out a regular newsletter to all the people living in the home and their relatives which contained useful information and updates about the home. They also used the newsletter to invite people to share and discuss ways the home could be improved and informed people about the different ways they could do this, i.e. through the registered manager's 'open door policy' or more formally through email or by phone.

The registered manager encouraged an open and inclusive environment in which people, their relatives and staff were enabled to speak openly and honestly. People and their relatives told us the manager was approachable and willing to listen. Records showed through team meetings, staff were able to discuss their concerns and given opportunities to talk about any work place issues they had. Staff were encouraged to question and raise their concerns about any poor practices they observed by reporting these immediately to senior managers, or anonymously through an established whistleblowing procedure. If staff did not feel comfortable speaking to the home's management team, contact numbers for senior managers within the provider's organisation were made available so that staff could speak to them in confidence. Following these meetings the registered manager agreed to take action in areas staff felt needed to be improved. This included ensuring vacancies in the home were recruited to promptly, to reduce the burden on existing staff.

The provider had a clear vision and values about what people could expect and experience in terms of the quality of care they received from staff. The 'residents' charter' was displayed in the main foyer of the home which set out people's rights to privacy, independence, choice and dignity, as well as the home's vision, values and mission for how good quality care should be provided by staff. The registered manager was taking action at the time of the inspection to reinforce the vision and values of the home through individual and team meetings with staff so that they were clear about what these were.

The registered manager carried out various checks and audits within the home to monitor the quality of service people experienced. There was a well-established annual quality assurance programme at the home in order to do this. Checks of key aspects of the service were carried out including, care records, health and safety, infection control, medicines, activities and people's 'lived experience'. Following each audit, where any improvements were identified as being needed, action plans were developed for senior managers to address these. It was clear from records of management meetings and from conversations with senior managers, progress against action plans was closely monitored.

The home's management team were subject to regular scrutiny and challenge from senior managers within the provider's organisation. Regional directors carried out a 'Quality First' visit, every two months, which assessed the home against the five questions we always ask in our inspections. This had been recently carried out at the home in February 2015 by a regional director. The registered manager was provided with feedback following this visit and an action plan put in place to make improvements where these were felt necessary. The regional director told us they would be following this action plan up the following month to ensure these had been addressed and

Good

Is the service well-led?

the expected outcomes from these had been achieved. The outcomes of audits and checks were discussed with staff at the home and also at senior management level so that all were aware of what needed to be done to ensure people experienced good quality care through continuous improvement.