

Embrace (England) Limited

# Ashwood Park

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 10 December 2015 and was unannounced. This meant the staff and the registered 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.

On 23, 24 March and 2 April 2015 we completed an inspection at Ashwood Park and informed the registered provider they were in breach of a number of regulations including staffing, medicines and premises and required improvements to make the service safe, effective, responsive and well-led. Whilst completing this visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008

# Summary of findings

(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.

Ashwood Park is located in Easington Colliery, County Durham. The home is set in its own grounds, in a quiet residential area. The home is registered with CQC to provide accommodation with personal care and nursing, including intermediate and respite care, for up to 65 older people and people with a dementia type illness. The home is made up of five units and on the day of our inspection there were 58 people using the service. The home comprised of 65 bedrooms, all of which were en-suite. Facilities included several lounges and dining rooms, a therapy room and a hair salon.

People who used the service and their relatives were complimentary about the standard of care at Ashwood Park. We saw staff supported and helped to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff had regular supervision meetings 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 and most areas of the home were suitably designed for people with dementia type conditions.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met. We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Care records contained evidence of consent.

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 supported people to eat at meal times when required.

People who used the service had access to a range of activities in the home.

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 reflective of people's needs 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.

The registered provider had a complaints policy and procedure in place and complaints were fully investigated.

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

# 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 registered 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 adults and knew the different types of abuse and how to report concerns. Investigations had been carried out in response to safeguarding incidents or allegations.

The registered 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 supported people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and most areas of the home were suitably designed for people with dementia type conditions.

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 reflective of people's needs.

People who used the service had access to a range of activities in the home.

The registered 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 registered 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 registered manager and felt safe to report concerns.

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.

# Ashwood Park

## 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 10 December 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 five people who used the service and seven relatives. We also spoke with the registered manager, regional manager, clinical lead, six care staff, the administrator, maintenance worker and the cook.

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 three 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.

We spoke with the registered manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

People who used the service told us they felt safe, for example, “Yes, I feel safe”, “Yes I am safe. I think that the staff are brilliant” and “My things are very safe”, “Yes I feel safe, I would tell the nurse if not”, “Oh indeed, there is a great security in place. I would speak to anyone if I felt unsafe”, “Oh yes, my things are safe” and “Yes I feel safe, I would speak to the manager if I didn’t.”

At our inspection on 23, 24 March and 2 April 2015 we identified concerns that the provider had not taken proper steps to ensure people were protected against unsafe medicines practice. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

We looked at the provider’s medicines policies which covered all key aspects of medicines management and talked with staff responsible for the administration of medicine. The service used individualised medicine supplied by a national pharmacy chain. The clinical lead told us, “On the whole the service is alright. If we need medicine quickly they will supply this the same day. If anything is desperately urgent we will send a member of staff to the local pharmacy with the prescription to wait and collect.” There were clear procedures in place regarding the ordering, supply and reconciliation of medicine and there was a copy of the British National Formulary, which is a pharmaceutical reference book produced by the British Medical Association and the Royal Pharmaceutical Society of Great Britain, available for staffs reference dated September 2015-March 2016.

We looked at the medicines administration charts (MAR) for twenty nine people. A signature verification sheet to identify staff initials who were approved to administer medicine was available at the front of each MAR chart file. People’s photographs and allergy information was stated on MAR charts in addition to being included within care plans. Medicine administration was observed to be appropriate and staff demonstrated patience in encouraging people during the administration process. Appropriate arrangements were in place for the management and administration of controlled drugs (CD), which are medicines which may be at risk of misuse. Each

person had a ‘medicine review chart’ which indicated the date of the last medicine review and when the next one was due. The circumstances when “as necessary” medicine had been administered were clearly recorded.

Medicines were stored appropriately. We saw that temperature checks for refrigerators and the medicines storage room were recorded regularly and were within recommended levels. A system was in place for the disposal of controlled drugs and tamper proof containers were available for other generic medicines. Medicine disposal records were examined and these demonstrated strong governance. Staff who administered medicines were trained. The clinical lead told us that competency assessments relating to the safe administration of medicines were carried out annually. We looked at the records for six members of staff and saw evidence of assessments being carried out in November 2015. Medicine audits were up to date and included action plans for any identified issues. This meant that the provider stored, administered, managed and disposed of medicines safely.

We looked at the selection and recruitment policy and the recruitment records for three 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 and driving licences. 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 discussed staffing levels with the registered manager and looked at staff rotas. The registered 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 care staff, a bank nurse or regular agency nurses. There were thirteen members of care staff on a day shift which comprised of one nurse and twelve care staff and one nurse and six care staff on duty at night. We also saw an administrator, a cook, an activities co-ordinator, domestics and a maintenance man on duty during our visit. We observed sufficient numbers of staff on duty.

## Is the service safe?

People who used the service and their relatives told us there were enough staff on duty to meet their needs. For example, “They are very good, they keep checking on me”, “Yes there are enough people and I know I can go home with a contented mind that everything is alright”, “There really seems to be plenty of them. They are always there, they talk to her and they come in to speak to her and us. They explain any problems”, and “Yes, there is enough staff. They definitely give individual attention”. Staff told us, “There may be hospital appointments and they do get extra staff”, “Yes there are enough to support people. Mainly on this unit we cover for each other or if you need a day off we can swap shifts” and “People can pick up extra shifts to cover absences”.

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.

At our inspection on 23, 24 March and 2 April 2015 we identified concerns that the provider had not protected people and others against the risks associated with unsafe or unsuitable premises. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

Ashwood Park was made up of five units, Sycamore, Willows, Oaks, Hollies and the Integrated Care Pathway unit. The home comprised of 65 bedrooms, all of which were en-suite. The 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. There was also an enclosed garden area. We saw the home was clean, well decorated and maintained. It was warm, comfortably furnished and odour-free. The staff we spoke with confirmed they had received training in infection control and made use of protective clothing and equipment. This meant the provider had systems in place to reduce the risk and spread of infection.

We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

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 wardrobes in people’s bedrooms were secured to walls. Call bells were placed near to people’s beds or chairs and were responded to in a timely manner. A person who used the service told us, “If you ring the bell they come quick”.

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 dated September 2014, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly 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 a fire risk assessment was in place dated 17 August 2015 and regular fire drills were undertaken. We also saw the tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the provider’s business continuity management plan dated June 2015. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. 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

## Is the service safe?

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 three 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.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included lone working and pregnancy at work. This meant the service had arrangements in place to protect people from harm or unsafe care.



# Is the service effective?

## Our findings

People who lived at Ashwood Park received care and support from trained and supported staff. People who used the service and their relatives told us, “Staff are very communicative”, “They are more than experienced, they are very good” and “Yes, we would say that they are trained”.

At our inspection on 23, 24 March and 2 April 2015 we identified concerns that the provider had not taken proper steps to support staff using supervision in accordance with their policy. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Records showed that 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. Staff told us, “I have supervisions with the manager and we discuss progress, how I am doing, if I am enjoying the job, if I want to go further and what would I change”, “Yes, we have regular meetings about how we are doing, if we need support. I have them every 1-2 months”, “Yes, we have appraisals” and “We have supervisions. We are asked questions and if we need support”. This meant that staff were properly supported to provide care to people who used the service.

We saw that all new members of staff received an induction to Ashwood Park, which included information on the provider, a tour of the home and an introduction to the people who used the service, health and safety and policies and procedures. Staff were also provided with an Employee Handbook. We looked at the training records for three members of staff. The records contained certificates, which showed that the registered provider’s mandatory training was up to date. Mandatory training included conflict resolution, dementia awareness, equality and diversity, moving and handling, fire safety, positive behaviour support, safe use of bedrails, control of substances hazardous to health (COSHH), health and safety, first aid, infection control and safeguarding.

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 and the Care Certificate. In addition staff had completed more specialised training in, for example, dignity in care, accident and injury reporting, effective communication, duty of care, person-centred support, falls prevention, bipolar disorder, schizophrenia, obsessive compulsive disorder, pressure ulcer prevention, safe use of syringe drivers, wound care and healthy eating. We saw evidence of planned training. For example, first aid training was booked for 15 December 2015. 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.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed DoLS with the registered manager, who told us thirty three applications had been submitted to the local authority for those people who required DoLS but no authorisations had been received yet. Records we looked at confirmed this. 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). This meant the provider was following the requirements in the DoLS.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We saw consent to care and treatment was documented in the care plan documents. Staff had completed training in the Mental Capacity Act and

## Is the service effective?

Deprivation of Liberty Safeguards and the staff we spoke with demonstrated a good awareness of the importance of protecting the rights of individuals who were at risk of having their liberty deprived.

People had access to a choice of food and drink throughout the day and we saw staff supported people to eat in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw daily menus displayed which detailed the meals available throughout the day. We observed staff giving residents a choice of food and drink. We saw staff chatting with people who used the service. The atmosphere was calm and not rushed.

People who used the service and their relatives told us, “I am not a fussy person, most things I will eat, I do like Chinese food. The food is palatable. If I don’t like it I will tell them. You do get a choice and you get enough to eat and drink. There’s always juice and I can ask for food”, “The meals are very nice. I had a nice lunch it was really good and most days you get a choice. Oh yes, you get enough. I think you can get what you want. They have rang for a Chinese before for me”, “We have a nice choice at breakfast. There are menus on the table. We have breakfast, lunch and supper. They come every day and ask us what we want for the next day. Oh yes, there is enough, it’s nice”, “Well the food is superb. They come on a morning and ask what we want. It’s beautifully cooked and tasty”, “The meals are good and you get a choice. They come during the day with drinks”, “The food is excellent. I have my meals here with her every day” and “She would not eat before and they

have done really well, She has started to eat much more”. The care records we looked at demonstrated monitoring compliance for people’s weight and nutrition. From the staff records we looked at, all of them had completed training in food safety, nutrition and malnutrition in older people.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP, paramedics, dietician, optician, speech and language therapist, advanced nurse practitioner and chiropractor. People who used the service told us, “I go to my practice, they will take you if you want”, “I have had the podiatrist come in and it was straight away”, “They see to appointments they sort it quick. Sometimes the GP comes here” and “There is no problem in seeing anyone like the doctor”.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and most areas of the home were suitably designed for people with dementia type conditions. We discussed the design of the home with the registered manager. She told us about the improvements she had made since taking up her post, for example providing visual stimulation, improving contrasting wall and fixture colours, improving signage on doors and walls and providing attractive and interesting memorabilia and artwork for people in the Willows unit. She told us how she had created a hair salon in the Oaks unit and a nurse’s station in the Integrated Care Pathway unit.

# Is the service caring?

## Our findings

People who used the service and their relatives were complimentary about the standard of care at the Ashwood Park. People who used the service and their relatives told us, “Yes I’m quite happy here. The staff are very good. You can have a laugh and a joke”, “I am more than happy here, I sort of don’t want to go home. Staff are very kind and they listen to me”, “Oh yes, I am happy. Staff are kind”, “I am happy. Staff bend over backwards. They listen to me and they take time out”, “There are five of us come to see her at different times and we are all extremely happy”, “I think she receives good care, I do honestly say that it’s very, very, good. Very respectful. They laugh and joke. They are lovely”, “Yes staff are very good, they are excellent. They treat her excellent. When she first came in I was nervous but now I am satisfied” and “She is well cared for and they treat her well”.

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. We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care. A member of staff told us, “I would always close their door and give them personal space and ensure that they feel safe. A person who used the service told us, “Anything I want doing I ask and they see to it straight away”.

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 and understood people’s individual needs. A person who used the service told us, “The atmosphere is good. It is very well run and they are very aware of people’s likes and dislikes”. A relative told us, “Staff are very helpful, worth their weight in gold”.

We saw staff assisting people, using walking frames and in wheelchairs, to access the lounge, bedrooms and dining room. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. A relative told us, “The staff are very good, I cannot fault them. I have every confidence in them. They are doting. I can’t complain”. This meant that staff treated people with dignity and respect.

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. We saw staff interacting with people in a caring manner and supported people to maintain their independence. Relatives told us, “She is limited in what she can do but they do encourage her when she needs it” and “I think that they help her to retain it. She can’t walk much but as much as they can they do”. A member of staff told us, “I always try and encourage people to be independent and we guide them where we can”.

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. Staff told us, “I love the people it’s what I come to work for. It’s very rewarding” and “I read the care plans and talk to the residents and find out what their likes and dislikes are. I give them encouragement to do or try to do things for themselves, with support if needed”. This meant that staff were working closely with individuals to find out what they actually wanted.

We saw the bedrooms were individualised, some with people’s own furniture and personal possessions. We saw many photographs of relatives and occasions in people’s bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome.

We saw Do Not Attempt Resuscitation (DNAR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. This meant that information was available to inform staff of the person’s wishes at this important time to ensure that their final wishes could be met. We saw staff had received training in end of life and palliative care.

We saw people were provided with information about the service in the registered provider’s statement of purpose and a service user guide which contained information about staff, philosophy of care, respect, personal preferences, meals, fire procedures, recreational activities, privacy, dignity, health and wellbeing, religious services, facilities, services and complaints. These documents were also available in other formats.

## Is the service caring?

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

including, for example, advocacy services, safeguarding, hairdresser, visioncall, chiropody, dementia awareness, dignity in care and Alzheimer's society local activities for people living with dementia in County Durham.

# Is the service responsive?

## Our findings

We looked at care records for four people who used the service. We found care records reflected people's needs but could be person-centred. We discussed this with the registered manager who recognised there was a need to further enhance the care plans to demonstrate more emphasis on understanding individual needs from a person centred perspective. We saw people had their needs assessed and their care plans demonstrated regular review, updates and evaluation.

The care plans had been developed with a strong emphasis on physical health issues and could be further enhanced by further developing the psychological and social aspects of care and treatment. Care plans contained people's photographs and their allergy status was recorded. Each care plan included a document called 'This is me'. This provided insight into each person including their personal history, their likes and dislikes. This was a valuable resource in supporting an individualised approach.

The home used a standardised framework for care planning. This was evidenced across a range of care plans examined that included: pain management, continence, mental wellbeing and mental health, end of life, activity, communication, skin integrity, personal care and hygiene, concerning behaviour, physical health, elimination, sleep, nutrition and hydration, mobility and medicine. There was evidence of identified interventions being carried out within records and from observation. Personalised risk assessments had been completed with evidence across the care plans relating to those areas of assessed needs. This meant risks were identified and minimised to keep people safe.

We saw staff used a range of specialist assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Cornell scale for depression which assesses signs and symptoms of major depression in people with dementia and Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Nutritional monitoring documents were in use where there had been an identified need and body maps were used where they had been deemed necessary to record physical injury.

The registered manager told us how she encouraged all staff to take responsibility for organising activities and about her plans to increase the availability and choice of activities on offer. She told us how the service had hired a mini bus for one day a week to facilitate trips. The registered manager told us how this had already enabled some people to go shopping, to the pub or to church and how she proposed to organise outings including trips to Seaburn for fish and chips and Beamish when the weather improved. The service employed two activities co-ordinators. We saw daily planned activities were displayed on the notice boards which included board games, quiz, dominoes, bingo, hair and beauty, nostalgic sounds and movie nights. People and their relatives told us, "I go into the lounge and talk to people and have a bit of a laugh. It's very friendly. I don't go to social clubs or outings. I get support to visit friends and family", "I like knitting. I went to Peterlee in a taxi with the carer and I go to Seaton Hall to the lunch club", "Sometimes we do quizzes. The vicar comes to see me and brings me holy communion", "I do seated exercises. I am going to the Half Moon for a Christmas dinner on 23 December", "She likes her doll, it's soothing. She tells it all her troubles" and "She used to like a lot of things but now she doesn't. She likes watching television and listening to the radio".

On the day of our visit we saw people in the Willows lounge listening and dancing to music and observed people in the Hollies lounge enjoying a quiz. Several people were seen watching television in the lounges or in their bedrooms. We saw a member of staff assisting a person to wrap their Christmas presents. Planned events for December 2015 were displayed on notice boards throughout the home and included Christmas parties on 16 December 2015, sherry and mince pies and Christmas Carols on 24 December, the Easington Academy Brass Band on 11 December 2015 and carol singing by children from local schools on 14 and 17 December. This meant the provider ensured 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. Relatives and friends could visit at any time of the day. We saw a notice displayed in the home inviting friends and relatives to put their names down to attend the Christmas day lunch. This meant people were protected from social isolation.

## Is the service responsive?

We saw a copy of the complaints policy on display in the entrance. 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. 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. People who used the service and their relatives told us, “I would speak to the manager and I would do it in minute if I had to”,

“I would feel comfortable about making a complaint and have done about my clothes but it was sorted”, “I have no

need to be concerned as she is well cared for”, “We have had no issues”, “I have never complained”, “I have no concerns and I am the type of person that would say something. To be honest they are the type of girls that you could talk to. They are a caring set of lasses and I would give them 9 out of 10”, “I have never made a complaint, I would speak to them if I needed to and I would feel comfortable” and “We have not made a complaint but would know what to do and would feel comfortable”. This meant that comments and complaints were listened to and acted on effectively.



# Is the service well-led?

## Our findings

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 registered manager had been in post since March 2015 and registered with CQC since June 2015. The CQC registration certificate and most recent CQC inspection reports were prominently displayed in the home's entrance.

The registered 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. She told us about her longer-term improvement plans and demonstrated a commitment to address these matters. For example, further developing the range/availability of activities, landscaping the enclosed garden and refurbishing the Oaks unit. A relative told us about the positive influence the registered manager was having on the service and how they had, "Made the home feel like a home".

The registered manager told us that morale was poor when she arrived appraising this at 3 out of 10. She believed it had improved to a level where it was 7 or 8, "I feel there has been improvement in the home and it is down to the fact the staff feel they have support from above, as do I from the regional manager". The 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 registered manager or to report concerns. Staff told us, "Moral is 9 out of 10, it was 3 when I started. The manager has made a massive difference she's fair, totally fair and staff respect that", "Moral was as low as 2 before the manager took up her post, it's now 8. It's about the way we're treated, we're on the up. I wouldn't be here if it was not like that. We also have a good supportive regional manager".

The registered provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the registered provider's audit file, which included audits of health and safety, medicines, kitchen, finance, food/mealtimes, equipment, laundry and care plans. All of these were up to date 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 a 'You said, We did' notice board displayed in the entrance to the home. The notice board demonstrated the registered manager had recently sought views and comments, about the home, from people who used the service and their relatives. The responses received included that people were concerned about the quality of furnishings, standard of dentist service, food temperature, availability of refreshments, choice of social activities and quality/timing of arranged outings.

The board displayed the actions taken by the registered provider to address the concerns. For example, the registered provider had purchased new chairs, sofas and coffee tables, was sourcing a new dentist, had addressed dietary issues with kitchen staff, provided snack boxes in each lounge, accessed a mini bus once a week for outings, increased the availability of the activities co-ordinators to five days a week, encouraged all staff to take responsibility for organising activities and had arranged for the activities co-ordinators to meet with the people who used the service and their relatives to discuss setting up a resident/relatives committee to represent people's views.

We saw the service held regular residents and relatives meetings. We saw the minutes of the residents meeting held on 4 December 2015. Discussion items included quality of care, menus, activities, laundry and complaints. We also saw the minutes of the relatives meeting held on 1 October 2015. Discussion items included improvements to the environment, room decoration, staffing levels, activities and planned events. People and their relatives told us, "We had a residents meeting the other day. We air our differences. It's all written down someone takes minutes", "I think I can remember one meeting and looking back we all seemed quite content" and "Yes, they had a meeting. They did one where you can give your views".

Staff we spoke with told us they had staff meetings. We looked at the minutes of the meeting held on 2 October 2015. Sixteen 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 training, infection control, activities, dining experience, rotas,

## Is the service well-led?

staffing levels, housekeeping 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.

We saw the results of a 'staff survey' dated September 2015. Questions asked included

are you satisfied with staffing levels, training, staff meetings, supervision, support, roles and the environment. Responses were positive. The areas identified for improvement were cleanliness, decoration, moral, staff meetings, aggression towards staff, understanding of mental health, staffing and support. Actions were recorded as alter domestic staff shift patterns to improve cleanliness, monthly staff meetings to be held at different times, implement a rolling programme of redecoration, provide positive risk taking training, introduce mental capacity workbooks, increase staff levels and recruit more senior staff.

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 whistleblowing policy referred to the Public Interest Disclosure Act (PIDA) 1998 and the equality, diversity and inclusion policy referred to the Equality Act 2010. The registered 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 all records were kept secure, up to date and in good order. Records were maintained and used in accordance with the Data Protection Act.