

North Yorkshire County Council

Carentan House

Inspection report

Brook Street
Selby
North Yorkshire
YO8 4AU
Tel: 01757 702815
Website: northyorks.gov.uk

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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

We inspected this service on 23 October 2014. The service met all of the regulations we inspected against at our last inspection on 10 December 2013.

Carentan House is operated by North Yorkshire County Council and provides accommodation for up to 24 older people. This includes seven places on the Homewards Intermediate Care Unit. This is a unit for people who have extra care needs relating to improving mobility and independence. People who use the Homewards unit can

stay for up to six weeks and are assisted by staff and relevant health care professionals to improve their health and wellbeing so that they may return home. A separate day unit is also provided at this service.

Skilled staff provide care throughout the home; those working on the Homewards Intermediate Care Unit understood how to support people who used the service to increase their independence. Staff fully understood their roles and responsibilities, as well as the values and philosophy of the home.

Summary of findings

People were supported by patient kind staff who knew people's needs well. Health care professionals visiting the home were all positive about the services provided at the home and told us that the staff communicated well with them to help to maintain people's health and wellbeing. We saw that people were treated with dignity, privacy and respect.

The registered manager assessed and monitored the quality of care provided to people. They spoke with people to find out their views and issues raised with them were dealt with appropriately.

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. Staff were knowledgeable and knew how to recognise signs of potential abuse and said they would report issues to the manager or local authority. Changes in people's needs were assessed and reviewed to help to maintain people's safety. Risk assessments were undertaken to establish risks present to people's health, safety and wellbeing. Action was taken to help minimise those risk.

We found the provider had systems in place to protect people against risks associated with the management of medicines; appropriate arrangements for the recording, safe administration, safe keeping, using and disposal of medicines were in place. People who had been assessed as being safe to hold their own medication and administer this were able to do so to maintain their independence.

Information for staff to use in the event of an emergency was available, for example individual evacuation plans. Fire alarm checks were undertaken on a weekly basis to ensure the system worked correctly to warn people timely in the event of an emergency.

Good



Is the service effective?

The service was effective. Assessments were undertaken to identify people's needs. Changes in people's health and care needs were monitored and were reported, when appropriate, to family members and health care professionals to keep people informed.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager and staff were knowledgeable about DoLS. The manager of the service knew what action they must take if anyone required an independent mental capacity assessment to help protect people's rights. People using the service had the capacity to make their own decisions, which were respected by staff. People's mental capacity was assessed to establish that people were able to make decisions about their care.

People were provided with a choice of food and drink at mealtimes and throughout the day. People at risk of weight loss had their condition monitored by staff and health care professionals to help to protect their wellbeing. People who needed their nutritional needs monitored were kept under observation by staff who had received training in this subject which ensured people's nutritional needs were being met.

Enough skilled staff were provided so that people had their needs attended to in a timely way. Staff we spoke with said there were enough staff but more would always be nice. Staff undertook training to learn new skills and keep them up to date. We observed that staff appeared skilled and experienced in delivering care and support to people.

Good



Is the service caring?

The service was caring. We saw staff treated people with dignity, respect and kindness. Staff appeared to be knowledgeable about people's needs, likes, interests and preferences.

There was warm and friendly atmosphere in the home. Staff were seen to have friendly banter with people but were also seen to note if people did not quite seem themselves. They respected people's diversity.

Good



Summary of findings

Staff encouraged people to be as independent as possible. For example, in the Homeward Intermediate Care Unit people were encouraged to walk with assistance from staff and undertake their physiotherapy exercises to improve their chances of being able to cope at home.

We observed throughout the home that people were listened to and there were systems in place to obtain people's views about their care and the way the service was being run. The manager had an open door policy and was available to support staff or speak with relatives and visitors at any time.

Is the service responsive?

The service was responsive. We found the service to be responsive to people's needs.

The service provided a range of activities for people. However some people said they would like more activities to be provided. The manager said that they would ask staff to remind people of the activities and local outings that were on offer.

Staff were knowledgeable about people's changing health care needs and they worked closely with health care professionals to maximise people's rehabilitation and independence.

People we spoke with told us they felt able to raise concerns and could make a complaint if they wished. Few complaints had been received. These had been dealt with appropriately

Good



Is the service well-led?

The service was well led. The home had an experienced manager in place who promoted high standards of care and support. This was evident through discussions with staff and health care professionals. Three health care professionals told us the service ran well and they were kept informed of any issues so that people who used the service received the care they needed.

Staff we spoke with told us they felt supported by the manager who was approachable and listened to their views. The ethos of the home was positive; there was an open and transparent culture. We found there was a friendly welcoming feel to the home.

Staff we spoke with understood the management structure in the home. Meetings were held to find out people's views. Staff meetings were held regularly and staff were aware of their roles and responsibilities.

Good



Carentan House

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 23 October 2014 and was unannounced.

The team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of this type of service.

Prior to the inspection the provider was asked 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 looked at the notifications we had

received for this service and reviewed all the intelligence CQC had received. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home we gained information from Healthwatch which told us there were no concerns about this service.

During our inspection we looked around the building and observed what was happening in the home. We observed a medication round, watched lunch being served on the residential unit; we observed a handover between the morning and afternoon staff and looked at records. This included three people's care records and records relating to the management of the service including; policies and procedures, maintenance, quality assurance documentation, staff rotas, three staff training, supervision and appraisal records and the complaints file and information about recruitment.

We spoke with the manager, the duty manager, interviewed five staff and two cooks. We spoke with eight people living at the home and with three relatives. We asked three visiting health care professionals providing support to people at the home for their views about this service.

Is the service safe?

Our findings

During our inspection we found that the provider had effective procedures in place for protecting people from abuse. Staff were aware of the action they must take to protect people and said they would report issues straight away. Four staff we spoke with could explain how they would recognise and report and had undertaken training to keep their knowledge up to date. A member of staff we spoke with said “I had safeguarding training in October 2012 and 2013. I have not seen any safeguarding issue but I would raise the issue if I saw anything.” Another member of staff said “We have a whistleblowing policy in place. People are protected from abuse and we have training for this.” Safeguarding notifications were sent to us and we could see that issues had been shared with the relevant authorities which helped to protect people.

Risks to people’s safety were appropriately assessed, managed and reviewed. We inspected three people’s care records. We saw that up to date risk assessments were in place for each person which covered areas such as the risk of falls or skin breakdown. We saw that as people’s needs changed this information was updated. For example, on the Homewards Intermediate Care Unit, where people stayed for rehabilitation, we saw that as a person’s mobility had increased their risk of falling was reassessed. Staff we spoke with told us how people’s needs had changed and what assistance they required to help to maintain their safety.

We saw personal evacuation plans were in place to inform staff about each person’s capabilities during the day and at night. This information was colour coded and the evacuation colours were displayed discreetly on people’s bedroom doors to be a visual prompt to staff without passing this private information on to others who did not need to know this. Systems were in place to maintain and monitor the safety of the premises.

We saw evidence that the manager undertook regular monthly reviews of accidents and incidents that occurred. The manager told us how they looked for any patterns to the accidents, considered the time of the incident and the staffing levels provided. This helped them to get advice or put things in place to prevent any further incidents from occurring.

As part of our inspection we looked round the home. There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. We asked people if they felt safe; everyone we spoke with said they felt safe there. However one person commented that they felt a bit frightened if they heard noise at night. This was discussed with the manager and staff who knew of this and observed the person by carrying out night checks which they consented to which helped to reassure them.

We saw the communal areas of the home were free from obstacles and were warm, welcoming and tidy. Sanitising hand gel and personal protective equipment such as gloves and aprons were available at appropriate points throughout the home for staff to use to prevent the spread of infection. The corridors downstairs were wide and there was level access to the garden which had been recently redesigned to make it safer for people to use. A passenger lift was available to people so they could gain access to all areas of the home.

Staffing levels at the home were monitored by the manager who allocated staff to different units depending on how busy they were. For example staff who worked on the day unit were asked to come and help in the residential unit of the home at mealtimes and to provide activities to people at different times of the day.

A staff rota was in place to ensure the correct skill mix of staff was provided. The manager told staffing at the home remained stable which helped to provide continuity of care to people. Two people who spoke with the expert by experience said they had needed to use a buzzer at night and said that they had not waited long for staff to assist them. We received the following comments from people living at the home; “There’s always someone around if you need someone.” and “Oh yes, I am sure there is enough staff. However, two people we spoke with said “They (staff) don’t seem to get 5 minutes- at breakfast when everyone wants a drink and needs the toilet, they could do with more staff.” and “I sometimes think they’re a bit short staffed but today they’re good.” A member of staff said “There are enough staff to meet people’s needs. We have senior resource workers, we all work as a team together to do teas and care for people. On the day of our inspection we observed that there appeared to be enough staff to meet people’s needs.

We looked at the systems in place to deal with medication. This included how medication was ordered, stored,

Is the service safe?

administered, recorded and disposed of. We saw there were robust systems in place. For example people were identified by photograph on their medication administration record (MAR). Any allergies that people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medications

for people. We observed a medication round at lunchtime. Staff verified people's identity before giving medication to them and observed that this was taken to protect people in the home from gaining access to medication that was not prescribed for them.

Is the service effective?

Our findings

People we spoke with told us that they felt the service was effective at supporting them. They said their needs were met by staff who knew what they were doing. One person we spoke with said “I would come (here) again.”

During our inspection we saw that staff gathered information before people were admitted to the home. For example, we saw hospital discharge letters on file for people who were admitted to the Homewards Intermediate Care Unit. Support plans from North Yorkshire County Council (NYCC) were seen in people’s files for people who were funded by NYCC or who had received input from them who needed to be admitted to the home. This information was used as a base line for staff to be able to plan the care and support people needed to receive. We saw from looking at people’s care records that up-to-date support plans were in place for each person. These plans outlined people’s likes, dislikes, preferences and goals. Staff were able to provide the right support to people based on this information.

We saw evidence which informed us regular reviews of people’s care took place. Some people we spoke with said they were involved in reviewing how effective their care was and had signed their care records to say they agreed to and consented with the care they received. However, others we spoke with were not sure if they had been involved in this process. This was discussed with the manager and we saw evidence that people had been involved in this process.

We observed staff delivering care and support in the communal areas of the home. We saw staff assisting and encouraging people to undertake exercises on the Homewards Intermediate Care Unit. People said this encouragement helped them to improve. They said staff helped them with their exercises between visits from the physiotherapist. Staff who had the right skills were allocated to support them. For example, on the Homewards Intermediate care Unit staff with rehabilitation skills and knowledge looked after people.

Three health care professionals we spoke with said that staff communicated well with them, reported issues timely and acted on their advice ensuring effective care could be delivered to people. We saw from looking at people’s care records that speech and language therapists, dieticians, general practitioners, dentists, opticians and chiropodists

visited people at the home. We saw evidence from appointment letters that people attended hospital appointments supported by family or staff. This ensured that people’s health was being effectively monitored to help maintain people’s wellbeing. Staff we spoke with told us how they contacted relevant health care professionals for help and advice as people’s conditions changed. Staff said that they called for out of hour’s medical support, when required. We saw evidence that there were a wide range of health care professionals in regular contact with this service to support people. Staff told us any equipment needed to help people was provided timely to prevent any deterioration in people’s conditions. For example, we saw a health care professional fitting a pressure relieving cushion to a person’s easy chair and a special mattress was provided for the person’s bed. This helped to maintain the person’s skin integrity.

Staff at the home had undertaken regular training in a variety of subjects such as: moving and handling, medication administration, safeguarding, first aid, dementia and The Mental Capacity Act. All the staff we spoke with told us that training was on-going and had to be completed to help them to maintain their skills so they could care for people effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We saw that everyone at the home had their mental capacity assessed. We concluded that the provider was meeting the requirements of the Deprivation of Liberty Safeguards, while no applications had been submitted, appropriate policies and procedures were in place for staff to refer to. Staff understood when an application should be made, and how to submit one. This helped to protect people’s rights.

People at the home had their nutritional needs assessed. Information about people’s preferred foods and drinks, food allergies, likes and dislikes was recorded. This helped the cook and care staff provide meals and refreshments that people liked. People were weighed on admission, if their weight was too high or low they were monitored closely and a referral was made to the dietician if necessary. If any other needs were identified with eating or drinking people were referred to appropriate health care professionals for advice and support. Staff effectively monitored people’s dietary needs. A person we spoke with said “The food is very nice, you have a choice. I’ve tried

Is the service effective?

some new dishes here- for example I never eat pasta at home.” “The food is very good, really quite wholesome.” Another person said “We’ve had some lovely stuff lately, like a good expensive restaurant in London, a high standard.”

During our inspection our expert by experience observed lunchtime. They observed that the arrangement of the dining room led to a very pleasant, calm and sociable atmosphere with a great deal of social interaction. People they spoke with were universally complimentary about the food and said choices were always available. We noted that people could choose where they wanted to sit to eat. Everyone sat on dining chairs at nicely laid tables. Only one person sat in their wheelchair because they were going out after lunch. Tables were laid with table cloths cutlery and condiments.

Lunch was a social occasion. Staff asked people if they needed any help, for example we observed staff asking a person if they would like to pour sauce on their meal or have help to do this. We saw that appropriate help was

offered to a visually impaired person whilst encouraging them to be independent. People had no hesitation in asking for alternative drinks or second helpings. One person had a third helping of lunch. Alternative deserts were offered to people who did not wish to eat lunch. A person on the Homewards Intermediate care Unit said “We sit down at the same time together for meals.” At tea time people chose from hot and cold food. Most people ate independently and had plenty of time to eat their meal which ensured people’s nutritional needs were met.

We saw the building was suitable for hoists, special equipment such as hospital beds and pressure relieving mattresses were provided to individuals who required this support. Staff at the home asked relevant health care professionals to assess people as their needs changed for walking aids and wheelchairs. This enabled people to increase or maintain their independence. Equipment was provided for people after it had been assessed as being required on an individual basis. This promoted people’s independence, health and safety.

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the care and support they received. One person said “The staff are kind.” another said “The staff are kind; they are always there to help if you want anything.” We observed staff took action to assist people, for example, a wheelchair user who was very disabled was brought a small table to rest their newspaper on so that they could read it.

Staff provided people with information about the services available at Carentan House. A leaflet which described what the Homewards Intermediate Care Unit could help people achieve was provided. This also described the shared facilities available at Carentan House. The manager told us how this leaflet was given to everyone and that staff described the services that were available to people to ensure they understood what could be provided to meet their individual needs.

We saw evidence that the provider sought feedback from people. This was done by staff asking people as they worked with them or spoke to them if they were alright and were happy with things. For example, we saw staff acted immediately when a person asked for a blanket or to be given another hot drink. People were seen to respond positively to the staff. We saw staff knew people’s needs well and appeared to have good working relationships with them.

We saw that a ‘Dignity and Respect day’ had taken place where staff had ensured people chose their own lunch and pudding and the catering staff completed all the different requests, this included providing steak, curry, stew and dumplings and scampi. Staff had made pledges on a ‘dignity tree’ to confirm how they respected people’s individuality and how this was going to be supported.

Throughout the home staff knew people’s needs and they listen to and acted upon what people said. People were treated with dignity and respect, for example, staff addressed them by their preferred name and knocked on bedroom doors before entering.

Residents meetings were held. The manager told us these were very informal so people were not put off attending. The provider carried out yearly satisfaction surveys which

were about to be sent out in December to everyone residing at the home. People were seen to give their views to staff and staff were seen to act on what people said. This enabled people to feel that their views were valued.

We observed that people looked well cared for and appeared relaxed with the staff. We saw staff having friendly banter with people which they seemed to enjoy. There was a relaxed and welcoming feel to the home. A person we spoke with said “The staff are very jolly. We’re not just sat here miserable all day. When they’re passing, they have a little word.” Staff told us how they treated people as they would wish to be treated. A member of staff said “We give people choice and we look after them the way they want to maintain their dignity.” Staff told us how they knocked on people’s bedroom doors before being invited to enter. They told us how they would always ensure toilet doors were closed properly when assisting people to maintain their privacy. Another member of staff said “We give people choice, they get a choice in everything for example people can chose to bath, get up and go to bed or have a day in bed. It is like life at home, because it is their home.”

A ‘key worker’ system was in place. This is where a named member of staff is the main contact for a person and their family. A member of staff we spoke with said “We all have groups of people that we take responsibility for and we do their shopping and bathing, etc. This helps people to have someone to relate to and may help people settle. For example, I had a lady who was very timid, she was reassured that her key worker would give her the care she needed. This was comforting to her.

People we spoke with told us they felt the care they received met their needs very well. We observed staff in the communal areas of the home. We saw they supported people with care and compassion. For example, on the Homewards Intermediate Care Unit we saw a member of staff gently encouraging a person to undertake their exercises and gave praise to the person as they carried this out. A person on this unit that we spoke with said “We are here to be rehabilitated not looked after; it is up to us to help ourselves.” A visiting health care professional told us; “Staff understand people’s needs well. They take a step back to help people’s rehabilitation. Staff help people to follow their exercises and they ring us if they are not sure about something.”

Staff told us that some of the short stay residents on the Homewards Intermediate Care Unit were very

Is the service caring?

apprehensive when arriving because of adverse national coverage about the care sector. Staff told us how they spent time with people to reassure them and counted down the days for their discharge home.

A health care professionals we spoke with said “We are lucky here; the staff are brilliant and work with us on the rehabilitation unit. They leave a message and we come over if there are any problems. Staff are really good at communicating the positives or negatives; they let us know if a person is unwilling or unable to do their exercises. It is good people can come to a home environment to reach

their optimum rehabilitation level before going home. We carry out a follow up and people stay for up to six weeks or if needed a bit longer. The staff are clued up with everything on the rehabilitation and respite unit. People are always happy, there is a bit of banter. People are definitely well looked after.”

Visiting at the home was allowed at any time. People were encouraged to go out with their relatives if they wished. Visitors to the home were made welcome and included in activities provided within the home.

Is the service responsive?

Our findings

Before people were brought into the home information about their needs was gained to ensure staff knew what support people required. We observed that if a person came into the home as an emergency admission from a hospital a discharge letter was provided to ensure staff were aware of people's medication, health and needs for special equipment. This helped the staff to prepare the person's room to suit their needs.

We observed that the manager and senior staff made themselves available to see how care was being delivered throughout the home. This helped the senior staff to prioritise care needs, for example, extra staff were sent to the residential unit dining room at lunchtime to serve people their meals in a timely way.

During our inspection we observed staff sharing information at a staff handover. Staff discussed people's health and wellbeing as well as information about their emotional state. Discussions were held about what people had achieved that day. Changes in people's needs were handed over so that staff were fully informed. We heard details of how staff had passed on relevant information to health care professionals to report concern or changes in people's needs so that these issues could be dealt with.

We were able to speak with three health care professionals who were visiting the home. They were all positive about how staff kept them informed about changes in people's condition. They said staff acted upon their advice. A health care professional said "I have no worries; the staff are lovely and know what they are doing. They are good at getting equipment in and identifying problems."

People residing on the Homeward Intermediate Care Unit were assessed by occupational therapists and physiotherapists to identify how they could be assisted to increase their independence ready for returning home. A member of staff we spoke with said "We encourage people to promote their independence as long as they don't come to any harm. For example, we advise people about different chairs to sit on for safety and comfort, we try to minimise risk."

Each person's safety and welfare was considered during their stay at the home. For example, on each person's care file there was information that could be taken to hospital in an emergency to help inform the hospital staff.

There was a key worker system in place. This is where a member of staff is allocated to be the main point of contact for a person. The key worker undertakes their allocated people's care reviews. Staff said this system was effective in helping them monitor the progress people made. Staff said it helped them to encouraged people to do what they could for themselves and promote their independence and self-motivation. Staff told us that they encouraged people to sign their care records. A member of staff said "If there are any changes to people's needs we ask the key worker to read the changes in the support plan to the person and they are asked to sign their care records if they are able too." This may help people feel in control of their care.

People were involved in reviewing their care and support as their needs changed. Some people we spoke with were not sure this had occurred. However, care records we looked at provided evidence that people had input into reviewing their care, where they wished to take part in this. The manager told us that no one at the home had an Advocate in place. This is an independent person who is appointed to support an individual to make their views known. The manager told us that if this was required an advocate could be provided locally.

There was no activity co-ordinator; staff from the day unit provided activities and these were undertaken on the day unit or in other areas of the home. We saw staff asking people if they wished to take part in activities, for example, discussing the news headlines of the day. We saw a general knowledge and music quiz took place. People were seen to participate with enthusiasm. We saw posters were displayed telling people about a planned Christmas Fayre. We noted that special themed meals took place; one was being planned for Halloween. Staff told us they held movement to music sessions and took people out to the park, or for ice creams locally, when they wanted to go out. People we spoke with confirmed this.

Links with the local community were in place. We were told that children from a local school were coming to the home at Christmas. Staff confirmed they took people to Selby Abbey or to their local church. Trips to shops were being planned to help people undertake their Christmas shopping. Posters informed people staff could take them to the local library and monthly coffee mornings were being held. A hairdresser visited the home to provide a service to

Is the service responsive?

people. A visiting health care professional commented about the activities provided they said “There are always different events provided that service users are involved in. There is a good atmosphere here.”

People living at the home gave us mixed comments about the activities provided. We were told there was enough happening at the home by some people. However, five people we spoke with said more activities would be appreciated. One person said “No there are no activities going on, not of late anyway.” Another person said “There are not many outings. I would not mind more.” We discussed these comments with the manager who said activities were provided daily and outings took place on a one to one basis. They said they would remind staff to tell people about the activities being provided so that people were informed of what was available to them.

People were assessed to see if they were safe to administer their own medicines. Where people were assessed as being able to do this safely this was encouraged to promote their independence.

We saw that information was provided to people about the provider’s complaints procedure. A leaflet was given to people this was called ‘Complaints, compliments, comments and suggestions’ People we spoke with said they had no reason to complain but said they would raise issues if they wished to. One person said “I would speak to the manager.” Another person said “I am not one for complaining, but if I did I would speak to one of the senior staff.” Staff told us that if someone wished to make a complaint they would report the issue straight away to the person in charge to ensure issues would be dealt with. A member of staff said “We try to put right any complaints. We have a policy and complaints book. We don’t get many complaints. If someone wanted to complain I would take them in the office to talk with them and iron any problems out.” During our inspection issues that had been raised with us were looked into. We found everything to be satisfactory. We looked at the complaints that had previously been received. We saw that complaints that had been made were investigated and resolved, where possible to the complainant’s satisfaction.

Is the service well-led?

Our findings

The ethos of the home was to promote people's independence, where this was possible. Staff we spoke with were clear about the values and beliefs of the service and understood the management structure of the home. We saw that monthly staff meetings took place which were minuted so staff who could not attend were able to read what had occurred. Staff supervisions and appraisals were undertaken regularly for all staff and we saw from the records of these that issues and the values of the service were discussed.

Staff told us there was an 'open door policy' in place so they could get help and advice at any time. A member of staff said "I knew this was the place that I needed to be. There is never a day when I don't want to come to work It is marvellous working here."

All the staff we spoke with told us they knew how to report concerns and said they felt confident any issue raised would be dealt with. They said the manager and deputy were approachable and said people were encouraged to raise issues and talk with any of the staff regarding bullying or harassment or they could raise issues higher within North Yorkshire County Council (NYCC).

The registered manager worked alongside the staff at times to help them understand the care and support people needed to receive and to help them monitor the quality of the service provided. During our inspection we spoke with the registered manager. They were knowledgeable about all aspects of the service.

The registered manager and senior staff undertook a range of quality audits every month. These were looked at by the senior management team at NYCC, where any issues were found action had been taken to put things right.

The manager told us they were committed to the continuous development and improvement of the service. We saw that a quality survey had been sent to people in December 2013. We looked at seven results from this survey, we saw people were positive and had made some comments for example: 'the carers are kind' and 'the cook is spot on'. This year's quality survey was about to be sent out to people living at the home. Residents meetings were held so that people could raise their views.

We saw staff rotas were prepared for staff six weeks in advance to ensure staff on duty each day had the correct qualifications and skills to look after people. For instance it was important to ensure staff were on duty who could administer medications and help people with rehabilitation exercises. This meant that the manager was committed to ensuring people could be supported appropriately.

We received notifications about accidents and incidents that occurred at the home. This helped to keep us informed. The manager told us that accidents and incidents were all investigated and acted upon to maintain people's health. Where appropriate advice and assessment was sought from relevant health care professionals to reduce risks to people's wellbeing. We saw that when people had a fall their condition was assessed by staff who monitored the person's condition. Care plans and risk assessments were updated and this information was passed to staff at handover. This occurred to help staff remain aware of people's progress or to inform them about any new issues that had arisen.

There were emergency contingency plans in place for issues that may occur such as lift breakdowns. Fire checks were undertaken regularly this included a weekly fire alarm check. Staff were aware of what to do in an emergency and senior staff were available by phone at any time for advice.

The manager actively sought advice and guidance from other professionals. For instance they had sought advice from the local district nursing and palliative care team to ensure people received the care and support they needed to receive. They worked with healthcare professionals in order to reach positive outcomes for the people who used the service. A health care professional we spoke with said "I have no concerns. I would definitely recommend this service. Whatever we say the staff do it, if there is a problem they let us know, if they are not sure of anything they ask for advice and training. The manager ensures the service is good."

The manager told us how people's views were listened to and action was taken in response to feedback from people. We were told by the manager that people had been consulted about a refurbishment of the garden to see what mattered most to them. Requests for raised level access, scented flower beds and garden furniture had been acted upon.

Is the service well-led?

During our visit some people told us that they did not know who the manager was. One person said “I don’t know who is the manager, there seems to be three people in charge.” This comment was discussed with the manager. They said they would place the staff team photograph board which was situated in the entrance within the reception area of the home to help inform people about the current management structure in place.

People we spoke with said they had no suggestions for any improvements to the service other than to have more

activities. The manager told us this would be accommodated. People told us they were satisfied with the service they received. One person we spoke with said “It is very comfortable here.” Another person said “Everything’s been good.” The manager told us that they were more than happy to receive any comments from people. They said they and the team of staff at Carentan House always place people living at the home at the heart of the service provided.