

Linkfield Court (Bournemouth) Limited

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Inspection report

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Date of inspection visit: 3 and 5 December 2014
Date of publication: 10/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced comprehensive inspection carried out on 3 and 5 December 2014. Our previous inspection of the home on 2 May 2014 found a breach of regulations relating to the care and welfare of people who use services, assessing and monitoring the quality of service provision and the maintenance of records.

We required that the provider send us an action plan by 26 June 2014 detailing the improvements they would make to keep people safe. We received the action plan and reviewed the actions the provider had undertaken as part of this comprehensive inspection. We found that improvements had been made to meet the relevant requirements.

Summary of findings

Linkfield Court (Bournemouth) Limited provides accommodation, care and support for up to 27 older people, many of whom have a diagnosis of dementia. At the time of the inspection 25 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us they felt safe in the home. When asked if they felt safe in the home one person replied, "Oh yes, I feel very safe".

Throughout the inspection we observed staff communicated respectfully and ensured people were treated with dignity. We saw people were smiling and laughing with staff and were being assisted to join in the activities the home provided.

Staff told us how people preferred to receive their care and support and appeared to know the people who lived in the home well. Staff treated people with dignity and respect, using their preferred names when addressing them and knocking on their bedroom doors before entering their bedrooms.

People's needs were assessed and care was planned and delivered to meet their needs. For example we saw records that showed people had been assessed as having a high risk of falls. We noted the provider had completed a risk assessment for the person and had written clear guidance in their care plan to ensure staff knew how to support their person with their mobility. Instructions covered what equipment the person required, such as a walking aid or pressure mat to alert staff to when the person was moving from their room and may require assistance. We saw people had mobility aids kept within their reach at all times which ensured they retained a level of independence with their mobility.

The provider had a robust system in place to ensure staff understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. We saw records that showed the provider had a clear system in place to ensure they recognised where an individual may require a DoLS application to ensure their rights were upheld.

We observed staff handled medicines securely and appropriately. Medicines were stored by the provider securely. However, people who used the service were being put at risk because medicines were not always managed safely because the provider did not have a system that accurately recorded the amount of medicines kept as stock, we also saw some eye drops that were a week out of date but available to be used.

Some equipment and parts of the premises were not always maintained to ensure that they were safe and suitable for people living at the home. Some alarm mats were starting to fray around the edges that could pose as a trip hazard. A number of small tables were chipped and the surfaces worn which could pose as an infection risk. Some bedroom doors required re-painting, and corridors in the home were used for storing spare equipment such as hoists, which gave a cluttered feel and could prevent people from moving around the home freely.

Since our last inspection the provider had installed a professionally designed and built safety barrier that encompassed the main staircase. This ensured people could only access the stairs with the support of a member of staff and ensured risks to their health and safety were managed effectively.

Following the inspection on 2 May 2014 the provider had recruited an additional three members of staff for each 24

Summary of findings

hours, one member of staff for each shift. Staff told us they found the home ran well with the additional members of staff. The provider had implemented a new system to ensure members of staff always had a manager on duty or on call at all times. Staff told us the new system was working well and ensured they always had someone they could contact if they needed additional support or guidance.

The provider had a system in place to ensure staff received their required training courses. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received from the provider. Staff demonstrated a good understanding of The Mental Capacity Act 2005 and were able to give examples concerning 'best interest' decisions that had been made for people.

Staff told us they had confidence in the management team to make the experience of living in the home the best for the people who lived there. They spoke of the

warm and friendly atmosphere in the home and how the staff worked so well as a team together. They told us communication within the home was good and they felt involved and respected working in the home.

The provider had implemented a robust system to ensure accidents and incidents were recorded and analysed. This meant any trends and patterns could be identified and preventative measures put in place where required. Incidents and accidents were regularly discussed at staff meetings and staff were encouraged to share their views on how to address any concerns.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to how the provider managed people's medicines and the maintenance of the safety and suitability of the premises and equipment. You can see what action we told the provider to take at the back of the full version of this report.

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?

Overall the service was safe. However, people who used the service were being put at risk because medicines were not always managed safely and the safety and suitability of the premises and equipment was not always maintained.

The provider had a policy relating to safeguarding people from abuse and the staff we spoke with were aware of the contents of the policy and who to contact should they suspect abuse.

The provider organised the staff to ensure people received appropriate support to meet their needs and to participate in activities of their choice.

Requires Improvement



Is the service effective?

The service was effective. Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them.

People were offered a variety of choice of food and drink. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

Good



Summary of findings

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good



The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given.

Family members and friends continued to play an important role and people spent time with them.

Is the service responsive?

Good



The service was responsive.

Summary of findings

People received care that met their individual needs. People's needs were assessed and care was planned and delivered to meet their needs.

The provider had a complaints procedure and people knew who to and how to complain. People felt their complaint would be listened to and acted upon. The provider learnt from concerns and complaints to ensure improvements were made.

Is the service well-led?

Good



The service was well led. There were systems in place to make sure staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service continually improve and develop.

Staff felt well supported by the management team and comfortable to raise concerns if needed and felt confident they would be listened to.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Linkfield Court (Bournemouth) Limited

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.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

This comprehensive inspection took place on 3 and 5 December 2014 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we spoke with four people who lived at the home and one relative. We also spoke with the owner, two deputy managers, two visiting health care professionals, the cook, two domestic staff and six members of care staff. We observed how people were supported and looked at three people's care and support records. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes and medication administration records.

Is the service safe?

Our findings

People who were able to tell us said they felt at home in Linkfield Court and told us they felt safe. We observed staff took time with people and did not appear rushed. People spent time chatting and laughing with members of staff and told us the staff were always friendly and helpful.

We completed a tour of the home and found some areas where the safety of the people living there could be compromised. A short step ladder was leaning unsecured against a wall which could pose a hazard if it fell onto people living in the home. Some bedroom doors required painting and others had peeling flaking paint which could pose an infection control risk. Generally, many of the corridors in the home were used for storing spare equipment such as hoists, this meant the home appeared cluttered and could prevent people from moving around freely.

Some equipment had not been maintained. Alarm mats were starting to fray around the edges which could pose a trip hazard and would need replacing. A number of smaller tables were chipped and the surfaces very worn which could pose an infection control risk to people. Some pressure cushions had started to break down and needed replacing. We highlighted these concerns to the management team and they told us that there was a full on going review of the premises and equipment and they would make the required improvements as soon as possible.

This was a breach of Regulation 15 (1) (c) and Regulation 16 (1) (a) (3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the provider had not consistently protected people against the risks of unsafe premises and equipment.

The manager had made recent improvements to the safety of the home. A professionally designed and built safety barrier that encompassed the main staircase had been

installed. This ensured people could only access the stairs with the support of a member of staff and ensured risks to their health and safety from accessing the stairs were managed effectively.

There was a system in place for the administration, recording, and storage of medicines. We checked the most recent medication administration records (MAR) for three people who lived in the home and found three errors relating to the recording of the amount of medicines kept by the provider. This meant the system did not accurately record the amount of medicines kept as stock. We saw some eye drops that were a week out of date but available to be used. This showed the provider did not have an effective system for monitoring or recording the current stock of medicines.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because people were not consistently protected against the risks associated with the management of medicines.

We observed staff supporting people to take their medicines. Staff were knowledgeable about how people liked to take their medicines and explained what the medicines were for before giving them to people. Staff waited patiently while people took their medicines and did not rush them.

All medicines given had been signed for. Where people had allergies, these were recorded. There was a system in place to ensure people had prescribed creams applied at the correct frequency. We checked the controlled drugs the home held and noted the amounts of controlled drugs tallied with the provider's administration records. Medicines were stored securely and disposed of appropriately.

Our inspection on 2 May 2014 found that care was not always planned to meet people's needs. Care plans had not always detailed specific instructions and guidance for staff to follow when people had particular care needs. Risk assessments had been completed but did not contain

Is the service safe?

sufficient detail to ensure the safety and welfare of the person and others living in the home. Food and fluid charts had not been correctly completed and skin injuries and bruises were not being recorded and monitored appropriately by staff.

Following the inspection the manager had commenced an audit of all people's care plans; the audit was due to be completed by end of January 2015. Staff had completed additional training on the compilation of care plans ensuring they knew how to accurately assess and record people's challenging behaviours. We saw records that showed care plans were regularly reviewed and gave clear guidance on how staff were to respond in different situations where people or staff may be at risk. For example, staff told us how one person had their own routine and became agitated if this was changed, we observed staff respected this person's wishes ensuring they were seated where they wished and had a magazine of their choice with them.

At this inspection we found people's risks were assessed and plans were in place to reduce these risks. We pathway-tracked the care of three people. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had risk assessments in place for areas of risk such as falls, moving and handling, nutrition and pressure area care. We saw records that showed an assessment of need had been carried out to ensure risks to their health were managed. Records showed if people's health was deteriorating the person was referred to a suitable health care professional such as the district nursing team or GP.

Staff demonstrated they knew the people who lived in the home well and were able to talk to us knowledgeably about individuals and what systems they had put in place to manage risks to their health such as, falls, dehydration and skin breakdown. Staff told us they had been given specialised training in safe handling techniques to ensure they could safely support people with complex needs.

The manager had reviewed and updated the system in place for recording the amount of food and fluid people

had on a daily basis. The new system was clear and set out the target amount of fluids people needed each day. The records showed the amount of fluids consumed were totalled each day which highlighted whether the person was at risk of dehydration.

Staff were aware of what constituted abuse and the signs that may indicate that a person had been abused. Staff knew to report any allegation or suspicion of abuse to the manager, the local authority or the Care Quality Commission. The providers safeguarding adults and children's policy included the appropriate contact telephone numbers and procedures to follow to report allegations of abuse.

There was a robust system in place to ensure skin injuries and marks were recorded in people's care plans. For example, one person had some bruising from recent blood tests and this was appropriately recorded in their records. Incidents and accidents were recorded, analysed and responded to appropriately. For example, one person had knocked their leg against their bed, causing their skin to tear. The person was appropriately referred to a visiting health care professional and treated, the injury correctly documented and preventative action was taken to limit re-occurrence.

Following the inspection on 2 May 2014 the manager had recruited an additional three members of staff for each 24 hours. This ensured there was an extra member of staff on each shift. Staff told us they found the home ran well with the additional members of staff. The manager had implemented a new system to ensure members of staff always had a deputy manager on duty or on call at all times. Staff told us this new system was working well and ensured they always had someone they could contact if they needed additional support or guidance.

We looked at the staffing rotas for a two week period and found there were adequate numbers of staff on duty for each shift. The staffing levels recorded correctly reflected what staff had told us. The manager was currently recruiting additional staff including an activities co-ordinator. Bank staff were used where possible to cover

Is the service safe?

sickness and holiday cover absences. Agency staff were also used when required, the deputy manager told us the agency they used gave them a good service and they always tried to have the same staff back so that people received continuity of care. We observed staff responded to people quickly and call bells were answered promptly. People told us they did not have to wait lengthy periods when they needed support or assistance.

There were appropriate staff recruitment procedures in place. We checked the records of two members of staff, one of which had been recently recruited. We saw all the required checks had been completed and recorded before the individuals started to work with people living at the home.

Is the service effective?

Our findings

Staff told us they received quality training and felt sufficiently skilled to carry out their roles. The provider had a system in place to ensure all staff received training at the appropriate time. Refresher training was scheduled in and staff spoke positively about the standard and content of the training courses they had attended and completed. Training courses staff had attended included; infection control, managing behaviour and dementia awareness. Staff told us the induction training they received had been thorough and effective and that they had felt supported throughout their induction period.

Staff said they felt supported by their manager and told us they had regular meetings which allowed them to discuss their performance in their role and they felt involved in their annual appraisal process. Staff told us they felt communication in the home was effective and stated they felt fully involved in providing care and support to people in the home. Handovers between staff were conducted at the start of each shift. Staff spoke knowledgeably about individuals we asked them about and were able to demonstrate they were up to date with the specific care and support these individuals required.

There was a system in place to ensure the manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the registered manager and the deputy managers. The deputy managers were aware of how to obtain support and guidance from the local authority regarding applications to deprive a person of their liberty. We saw records that showed the provider had a robust system in place to ensure DoLS were correctly applied for and completed.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent.

Staff sought consent from people before care and support was provided. We observed staff spoke to people with kindness and consideration, for example asking them whether they would like a cushion or explaining what their medicines were for before prompting them to take them. If people declined assistance, staff explained to the person why they needed to support them and the reason for doing this. Staff told us about different methods they were able to use with specific people. For example, one person could get very agitated about taking their medicines but staff told us if they sat with the person and explained what they were doing the person was normally happy to take their medicine.

We spoke to two visiting healthcare professionals about the service provided for people in the home. Both commented very positively regarding the service people received stating, staff were knowledgeable and correctly followed advice and guidance given. One visiting healthcare professional stated they always found the staff made appropriate referrals for their support and guidance and the staff called for assistance promptly, followed their advice correctly and referred people to specific services such as a dietician or tissue viability nurse if required.

People's needs were assessed and monitored effectively to promote good healthcare. Recognised tools were used to assess people's risk of malnutrition and pressure area risks. Risk assessments were completed and appropriate support systems put in place to minimise the extent of the risk. For example, one person was identified as losing weight and action had been taken to refer the person to their GP and to a nutritional specialist. The person was offered foods they particularly liked and staff spent time with them at meal times, encouraging and supporting them to eat their meals. People who had diabetes were given assistance to ensure they received a balanced diet but were still given food they enjoyed. For example, the cook made low sugar cakes each day for those people living with diabetes, this ensured they

Is the service effective?

were given food they enjoyed but it was managed in a manner that ensured their health was maintained. Snacks, sandwiches and fruit were available throughout the day and we observed staff constantly offering people hot or cold drinks and a variety of fruit juices.

We spoke to the cook who demonstrated a thorough knowledge of what people living in the home preferred to eat. They showed us the varied menu they prepared each week and told us they used good quality fresh produce that was delivered by independent caterers. They said the quality of food they used was excellent and they felt fully involved in ensuring the people living at the home received good nutritious food that they liked and enjoyed. People's dietary needs were assessed and the cook was actively involved in compiling varied and nutritious meals for people, taking into account any medical needs such as soft or pureed dietary requirements.

We observed the main meal at lunchtime in the dining room which was well presented and appetising. There were

enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people were assisted to sit where they wished. Some people preferred to sit at a table with others, whereas other people preferred to sit in a softer chair on their own. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away. When asked if they had enjoyed their meal one person told us, "Oh yes, it was lovely, I can't eat another thing now". People were offered choices of a hot or cold pudding, one person told us, "That was lovely, very tasty".

The provider had shown innovation with the decoration of the home. The deputy manager told us the provider had commissioned the services of an independent interior designer who had decorated the main lounge with woodland landscapes which is a recognised aid for people living with dementia. Toilet doors were clearly labelled and painted a contrasting colour to enable people to locate them easily.

Is the service caring?

Our findings

People told us they were happy living in the home. One relative we spoke with told us, "I'm so pleased I managed to get my Mum in here, I wouldn't want her anywhere else, and they do a fantastic job". Visiting healthcare professionals told us, "The staff really care, it's always so friendly and homely here and they look after everyone very well". Another healthcare professional who visited the home regularly told us, "I'm always made to feel welcome here, the staff always show me around and don't appear rushed, it's always welcoming here".

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs. Staff were aware when people became anxious and spent time with them, talking and chatting to them and checking if there was anything they needed. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given. For example, one person could become very agitated and anxious if they needed any personal interventions. To minimise the persons anxiety the staff approached the person in a calm manner, explaining what needed to be done and gently encouraged the person to be supported.

We observed staff talked with people at their level or sat down next to them, before asking them for their views or making alternative suggestions, for example asking them whether they would like to sit at the table or watch the television.

People or their relatives were involved in planning their care and lifestyle in the home. We saw records that showed people's views and preferences for care had been sought and were respected. People's life histories, their important

relationships, hobbies and previous life experiences were documented in detail in their care plans. The records included detail about how people preferred to spend their day, their night time needs and what social activities they enjoyed.

Records showed how people liked to be supported. For example, detailed preferences were given about people's meals what they liked and disliked, whether they preferred to listen to music or watch the television and what time they liked to go to bed. Some people's care records included 'do not attempt cardiopulmonary resuscitation (DNACPR)' forms. These had been completed by healthcare professionals with the person or their relatives involvement.

People's privacy was respected. For example, people's bedroom doors were closed when they were being supported with their personal care needs. Staff knocked on people's doors before they entered and called people by their preferred names when speaking with them. People's care records were kept securely in a lockable cabinet and generally no personal information was on display. We did observe one person's care file was briefly left on a chair in a corridor. We discussed this with the deputy manager who stated they would remind staff to keep all care files secured at all times.

The home offered a range of activities and were in the process of recruiting an activities organiser. We saw the home gave birthday parties for people living there and had independent entertainers visit on a regular basis to entertain the people with singing, dancing and reminiscing. People were supported to access their preferred church or religion.

Is the service responsive?

Our findings

Staff responded promptly and appropriately to people's needs, assisting people to move around the home and supporting them in a friendly and calm manner. We observed staff were aware of people's needs and reacted quickly when they needed support or assistance. Call bell alarms were answered in a timely manner and people did not have to wait for lengthy periods for assistance.

We spent time observing people in the lounge during the morning and saw one person had spilt their drink on themselves. Staff calmly assisted the person to go and change their clothing within minutes of the spill happening. One person slid down on to the floor and staff reacted quickly, explaining to the person why they needed to help them up and getting extra staff to assist with the hoisting and lifting so that the person was re-seated as soon as possible.

Staff demonstrated a good understanding of how people wished to spend their day, what their particular interests were and what activities they enjoyed doing or whether they preferred to sit quietly and watch others. One person was showing signs of anxiety which was not normal behaviour for them. Staff told us they had reported the person's behaviour to the deputy manager, who had contacted the person's next of kin and kept the staff member fully involved and informed throughout. Following discussions between the next of kin and the deputy manager the member of staff spoke knowledgeably about what support they would be able to provide to the person to reduce their anxiety levels. This showed staff were quick to respond to people's changing needs.

Staff assisted people with their mobility aids and ensured they had their aids within easy reach. Staff we spoke to demonstrated they were

responsive to people's needs. For example, one person could become very aggressive and agitated when personal care needs were being conducted. The staff had discussed this with the management team and specific safe handling training had been provided for all the staff. Staff told us this training had enabled them to feel more confident and had ensured the person's needs were responded to in an appropriate safe manner.

People's care plans described them clearly, explaining how they preferred to dress, their religion, what they preferred to eat and what was important to them in addition to giving clear guidance on health care issues such as; skin integrity, mobility and falls, behaviour management, weight and malnutrition guidance. This meant staff had information to enable them to provide care in a way that was individual to each person. The deputy manager told us they had sought advice and guidance on completion of the people's care plans and were halfway through a review of all people's care plans. They said all care plans were being completely reviewed and this process would be completed by early 2015 as staff sickness had delayed the process slightly.

We spoke with a visiting healthcare professional who told us the staff were knowledgeable about the people living in the home and made appropriate referrals for their advice and guidance. They said the staff followed the advice they gave and cared well for the people living in the home.

The provider had a clear complaints process in place. One relative told us, "I know how and who to complain to, but I have never had to". When asked if they felt they would be actively listened to if they had to raise a complaint they replied, "Oh yes, of course". The provider's complaints policy ensured complaints would be acknowledged, responded to in a timely manner and the outcome

Is the service responsive?

communicated to all parties. We saw a notice on display at the entrance to the home giving advice to people on how to make a complaint. There was evidence the provider listened and took action from concerns raised. For example, concerns had been raised over the laundry process around

clothes being misplaced. The provider had listened to the concerns, investigated the issues and employed an additional laundry assistant/housekeeper to take responsibility for the laundry services, ensuring all clothing was correctly labelled and pressed.

Is the service well-led?

Our findings

People told us they knew who to speak to if they had any concerns. We asked people if they felt comfortable to raise any concerns they replied, "Oh yes". Another person told us, "The staff are very helpful, they always listen". Visiting healthcare professionals commented on the friendly, honest and open culture of the service and said they always received a warm welcome and a staff member to show them around and give them an update on the people needing their care.

Relatives told us they were always kept informed of any changes in their relatives health care needs and felt fully involved in the process. They said they had total confidence in the management team and felt that their relative got the best support and care they required.

Staff felt involved and well supported by the management team and told us they felt the home ran in an open and honest manner. Staff told us they enjoyed working at the home and said they all worked hard to support each other which meant the home had a friendly, homely atmosphere.

All staff we spoke with told us they felt the home included them in decisions made about people who lived there and their care and support. They told us they were included and involved in the meetings that were run at the home. Minutes from a selection of these meetings showed a supportive and honest management style where staff were comfortable to raise issues or concerns and were confident they would be listened to. One staff member showed us an example of a change of system they had implemented for the recording of fluids for people. They had put the suggestion forward and it had been welcomed and adopted by the management of the home. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

The provider had taken action to identify, assess and manage the risks to people. Following the inspection on 2 May 2014 the provider had made changes to the way they recorded and reviewed their accidents and incidents. We checked the new system which showed a specific member of staff took responsibility for analysing all accidents and incidents. This ensured they could check for emerging trends and put in place additional equipment or training for staff when appropriate. For example, staff recognised due to some people's complex needs, extra staff were required at specific times of the day. The manager implemented an additional shift between the hours of 1600 and 2000 to ensure staff were given adequate support to reduce the potential for accidents and incidents to occur.

Staff told us communication in the home was good and they were confident they were always given the most up to date information regarding people's changing care needs. They said the daily hand over meetings were an effective system to ensure they were kept up to date with people's care needs.

The provider had a system in place to measure and review the delivery of care, treatment and support they gave to people to ensure that people received high quality care. The provider had a schedule of audits that were completed to ensure they were delivering services to current guidance. We checked a medication audit that had been recently completed. The audit had been thorough and had highlighted a medication error, staff had received additional training and systems had been put in place to ensure learning from the process and reduce the risk of the error re-occurring.

Records showed questionnaires had been sent to residents relatives, advocates and staff to seek

Is the service well-led?

their views on the care and service provided by the home. The areas the questionnaires covered included; the appearance and décor of the home, cleanliness, communication, privacy and respect and suggestions for improvements. The responses from the questionnaires had been collated,

analysed and corrective action taken around low scoring areas to improve the service given to people. The manager told us the results from the questionnaires were discussed with staff at team meetings and all staff were asked for their views and ideas on how to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People were not consistently protected against the risks of unsafe premises.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment People were not consistently protected against the risks of unsafe or unsuitable equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not consistently protected against the risks associated with the management of medicines.