

Barchester Healthcare Homes Limited

The Dales

Inspection Report

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Summary of findings

Overall summary

The Dales is a care home with nursing and provides nursing care for up to 56 older people. At the time of our visit there were 47 people accommodated in the home with three additional people in hospital. The home is located in the small village of Draughton on the outskirts of Skipton. Accommodation is on two floors linked by a passenger lift. The home has three separate units called Pemberton, Clifford and Devonshire (also known as Memory Lane). Devonshire unit provides nursing care for older people with dementia.

We spoke to 12 people who lived in the home. All told us they were happy with the service and they felt safe and well cared for. We found people were involved in decisions about their care and were supported to make choices as part of their daily life. All people had a detailed care plan which covered their needs and any personal wishes. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes. Records showed there was a personal approach to people's care, and they were treated as individuals.

Each person had an allocated member of staff known as a key worker. Keyworkers spent at least ten minutes every day giving them their undivided attention. This enabled people to talk about any personal issues or pursue an activity of their choice. All people spoken with said they had a good relationship with the staff.

There was a full programme of varied activities provided on a daily basis. We observed several activities on the day of our visit including an interactive dance session and a quiz. Some people also went out on a bus trip round the local area. All people spoken with told us they enjoyed the activities and confirmed there was plenty to do to occupy their time.

We saw those people who required assistance were supported to eat and drink and there was a pleasant atmosphere at mealtimes. During the midday meal staff

were seen to be understanding of people's needs and were observed talking to people about things which were interesting to them. People living on Devonshire unit may benefit from information displayed about the meals served each day.

We found there were appropriate arrangements in place to manage medicines.

The home had appropriate paperwork in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Although there had been no applications made to the local authority, staff and the management team had been trained to understand when an application should be made.

Staff spoken with were positive about their work and confirmed they were well supported by the management team. Staff were knowledgeable of people's needs and preferences. We observed kind and sensitive interactions with people living in the home throughout our visit. Staff were given regular training to make sure they had the skills and knowledge to meet people's needs. They were also given regular supervision and an appraisal of their work performance. This meant they were given opportunities to discuss their role in the home and identify any future training needs.

The home had an established registered manager and management team. We saw there were arrangements in place to check the quality and safety of the service provided. This included consultation with people living in the home and their relatives. We noted action plans had been drawn up and acted upon in order to address any problems or suggestions for improvement. This meant the registered manager was always looking for ways to develop and improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People spoken with confirmed they felt safe and secure in the home. Two relatives told us they had no concerns about the safety of their family member.

Staff spoken with had an understanding of the procedures in place to safeguard vulnerable people from abuse and had received training on these issues. This meant staff knew how to recognise and respond if they witnessed or suspected any abusive practice.

Staff told us there were sufficient staff on duty. The staffing levels on Devonshire unit had recently been increased. This ensured there were sufficient staff on duty to meet the needs of people living on the unit.

We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner. This meant people were supported to take appropriate risks and staff were aware of any potential risks to people's health and well-being.

Staff had completed specialist training on managing behaviour that challenged others. This meant they had the necessary knowledge to manage such behaviour in a positive way.

We found policies, procedures and records were in place to assess people's mental capacity to make their own decisions under the Mental Capacity Act 2005. There had been no applications to the local authority to deprive a person of their liberty in order to safeguard their safety.

We saw there were suitable arrangements in place to manage medication safely. However, we noted two prescribed creams had not been administered in line with the prescriber's instructions. The registered manager agreed to investigate and rectify this situation immediately.

Are services effective?

People using the service were encouraged and supported to express their views. We observed staff sought people's choices in relation to their food and daily activities. Wherever possible, people were involved in decisions about their care including their assessment of needs before moving into the home. A relative spoken with during the visit confirmed they had read and agreed their family member's care plan.

Summary of findings

Each person had a care plan, which was supported by a series of risk assessments. We noted the care plans reflected people's individual needs, choices and preferences. People discussed their healthcare needs as part of the care planning process and we noted there was guidance for staff on how best to meet people's health needs. This meant staff were aware of people's medical conditions and knew how to respond if there were any signs of a deterioration in health.

Staff had access to ongoing training in line with the needs of people who lived in the home. In addition to mandatory health and safety training, staff completed specialist training. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

People were offered three main meals a day and regular drinks and snacks. People were complimentary about the food provided and confirmed they had enjoyed their meal on the day of the visit. We observed the lunch time meal and noted people had a good level of staff support. There were good communication systems between the care and the catering staff, to ensure people received food in line with their preferences and dietary requirements.

Are services caring?

All people spoken with expressed satisfaction with the service and felt they were well cared for. We observed there was a good level of meaningful interaction between the staff and people using the service. This meant people were fully engaged in their daily life. We saw that staff treated people with kindness and compassion and respected their rights to privacy and dignity.

Each person had a detailed care plan, which was supported by a series of risk assessments and daily care records. We saw evidence to demonstrate the care plans had been reviewed on a monthly basis. This ensured staff had up to date information about people's care needs and wishes.

Are services responsive to people's needs?

People were provided with appropriate information leaflets about the home, which were illustrated with photographs and set out in an easy read format. Information was also available about advocacy services. These services provide people with support to enable them to make informed choices.

People were supported to maintain relationships with friends and relatives. Relatives spoken with confirmed they could visit whenever they wished and staff made them welcome in the home.

Summary of findings

Each person had a named member of staff known as a keyworker. People spent at least ten minutes a day with their keyworker. This time was in addition to any essential care tasks and gave people the opportunity to talk about or do things which were important to them.

There was an established programme of activities. A schedule of weekly activities was available in the entrance hall; these included a bus trip, arts and crafts, a church service and a coffee morning. We observed people participating in a range of activities during the day. All people spoken with told they enjoyed the activities.

Are services well-led?

The service had an established registered manager and management team. Staff spoken with felt the home was well led and organised. The registered manager had a high profile in the home and described her key challenge for the year ahead as the implementation of a clinical improvement plan. This meant there was clear leadership in the home and the registered manager was aware of her responsibilities.

The registered manager used a variety of ways to assess and monitor the quality of the service, which included the use of satisfaction questionnaires and regular audits. We saw completed audits and the results of the 2013 satisfaction survey during the visit. We noted all respondents expressed satisfaction with the service. Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and appropriate action was taken to minimise reoccurrence.

Systems were in place to ensure staff had access to ongoing training and checks were undertaken to ensure staff completed the training in a timely manner. Staff received regular supervision and had an annual appraisal of their work performance. This meant there were appropriate arrangements in place to support staff in their role.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 12 people living in the home and two relatives who were visiting on the day of our inspection. People who were able to express their views told us they were very satisfied with the care and support they received. One person said, “I like The Dales very much, they treat me well”. People spoken with confirmed they felt safe and secure in the home. One person commented, “I feel very at home”.

Both relatives were complimentary about the service and felt their family member was well cared for. One relative commented “It is a super place, the staff are really caring. I have no concerns and I am always made very welcome”. Relatives were involved in people’s care and a relative told us they had read and agreed their family member’s care plan. This meant people and / or their relatives could have direct input into the planning and delivery of their care.

During our visit staff were observed to be caring and kind towards people living in the home. One member of staff told us, “I really like working here, all the staff are person centred and sympathetic of people’s needs. We all work well together”. This meant staff valued the people living in the home.

People told us they enjoyed the activities provided in the home. We observed a variety of activities on the day of our visit, including an interactive dance session. People told us there was always plenty to do to occupy their time.

People told us they had a good relationship with the staff, who they described as “lovely”, “very nice” and “good”. Staff were observed to interact with people in a kind and sensitive manner on all units visited.

Staff spoken with felt the home was well managed, one member of staff told us, “We all know when we are working, we have our own units and we know what we’ve got to do”. This meant staff were aware of their roles and responsibilities.

People who lived in the home and their relatives had been given the opportunity to complete a satisfaction questionnaire in December 2013. We saw the results of the survey and noted all respondents indicated they were satisfied with the service.

The Dales

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We made an unannounced visit to The Dales on April 28 2014. We spent time observing care in a lounge /dining area on Pemberton and Devonshire units. We used the short observational framework for inspection, which is a specific way of observing care to help us understand the experience of people who could not talk to us. We carried out observations during the morning and at lunch time.

We looked round the home including all three units. We spoke with 12 people living on Pemberton and Devonshire unit. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to

help us understand the experience of people who could not talk with us. We also spent time looking at a sample of policies, procedures and records and talking to the registered manager and five members of staff. We spoke with two relatives who were visiting on the day of our inspection. The records looked at included two people's care plans and the medication records on Devonshire unit as well as audits and meeting minutes.

The inspection 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.

Before our inspection we reviewed all the information we held on the home to check if there were any risks. We found there were no identifiable risks with this service. We also contacted North Yorkshire County Council and Healthwatch. The last inspection was carried out on 3 December 2013. There were no concerns identified and we found the home was meeting all standards looked at.

Are services safe?

Our findings

People who used the service told us they felt safe and secure in the home. One person told us, “I feel very at home” and another person commented “I think we are all quite happy, I’m happy here”. Some people living on Devonshire unit were unable to tell us about their experiences. We therefore undertook a short observational framework inspection to enable us to assess the care people received on this unit. We carried out our observations in the main living area of the unit and noted positive and meaningful interactions between the staff and people living in the home throughout the observation periods. Relatives spoken with during the visit expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member.

Staff told us there were sufficient staff on duty and confirmed they had time to talk and listen to people. An activities organiser had recently been employed to work on Devonshire unit from 1 pm to 7 pm. This meant there had been an increase in staffing levels to help care for people at one of the busiest times of day. We noted there enough staff on duty to meet people’s needs on the day of our visit.

We discussed safeguarding procedures with three members of staff and the registered manager. (These procedures are designed to protect vulnerable adults from abuse and the risk of abuse). All staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults within the last year. The staff had access to appropriate internal policies and procedures and the multi-agency procedures published by North Yorkshire County Council. We saw documentary evidence of incidents which had been reported to the local authority under safeguarding procedures. There were no open safeguarding investigations at the time of the inspection. The registered manager had also notified the commission of the incidents in line with the current regulations. This meant the registered manager had taken appropriate action in response to safeguarding incidents in the home.

Staff had received training on the Mental Capacity Act 2005 (MCA 2005), its associated code of practice and the Deprivation of Liberty Safeguards. Staff spoken with had an understanding of the MCA 2005 and the implications of this

legislation. The registered manager explained she had a special interest in these issues and had detailed information about the processes involved displayed on the office wall. We noted mental capacity and best interest checklists had been carried out for each person in order to assess their capacity to make decisions for themselves. The checklists were reassessed at regular intervals. The registered manager confirmed there had been no applications made to the local authority to deprive a person of their liberty.

Staff told us they had completed training on managing behaviour that challenged others known as NAPPI (Non-Abusive Psychological and Physical Intervention). This training emphasised positive behaviour support approaches and helped staff understand how dementia can affect a person’s behaviour. One member of staff described how they used different distraction techniques to divert people’s attention away from negative behaviours. We observed staff use this approach in practice during the visit and noted people responded positively to the interventions. There was also detailed information in people’s care plans to help staff recognise and manage any risks associated with a person’s behaviour.

Individual risks had been assessed and recorded in people’s care plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. All risk assessments were reviewed on a regular basis and updated if needs or circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Nurses managed and administered medication in the home. The nurses had access to a detailed set of policies and procedures, which were filed with the medication records on each unit. The registered manager confirmed competency tests had been carried out to check the competency of each nurse to administer medication.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medication records were well presented and organised. Separate records were maintained for the application of creams. People’s

Are services safe?

medication was stored in locked metal cabinets in their bedrooms. We checked two people's medication against the records and noted two prescribed creams had not been applied in line with the prescriber's instructions. The registered manager immediately agreed to investigate and rectify this situation. This meant the registered manager had taken appropriate action in order to resolve this matter.

Appropriate arrangements were in place for the management of controlled drugs. We carried out a check of stocks and found it corresponded accurately with the controlled drugs register.

We saw evidence to demonstrate the medication systems were checked and audited on a regular basis. Action plans were drawn up in the event of any shortfalls or omissions on the records. We saw copies of the audits and action plans during the visit. This ensured appropriate action was taken to minimise any risks of error.

Are services effective?

(for example, treatment is effective)

Our findings

People were supported and encouraged to express their views. This was achieved as part of daily conversation, individual time with staff, residents' meetings and satisfaction questionnaires. We observed people were asked for their choices and preferences in relation to their daily activities and food. Wherever possible, people were involved in decisions about their care and had participated in the planning and review of their care plan. One relative spoken with confirmed they had read and agreed their family member's care plan. He also told us the staff kept him up to date with any concerns.

An assessment of people's needs was carried out before moving into the home and people were invited to visit so they could meet other people and the staff. We noted information was sought from a variety of sources during the assessment process including relatives and health and social care professional staff. We looked at two completed assessments during the inspection and noted they covered all aspects of the person's needs. The registered manager explained careful consideration was given to the needs of the existing residents to ensure the minimum disruption when a new person moved into the home. The registered manager also made sure a new person's needs could be met within the home's staffing resources. This approach ensured there were effective systems in place to maintain the safety and well-being of people considering or using the service.

Each person had an individual care plan, which was underpinned with a series of risk assessments. We looked in detail at two people's care plans and noted they reflected people's individual needs, choices and preferences. This meant staff had up to date information about people's current needs and wishes.

All staff spoken with told us they had ongoing opportunities to undertake training. In addition to mandatory health and safety training, staff completed training in accordance with the needs of people who lived in the home. For instance one staff member told us they had completed Star training in dementia care. This training was designed to improve the skills of staff caring for people living with dementia. This meant staff had the necessary knowledge to carry out their role effectively.

People had access to appropriate equipment to enable them to be as independent as possible. This included walking frames, wheelchairs and assisted bathing facilities. There were also handrails in corridors and a passenger lift. The registered manager reported the provider intended to install a new lift during 2014. This demonstrated there was ongoing investment in the premises.

People discussed their health care needs as part of the care planning process. On looking at people's care plans we noted information and guidance for staff on how best to monitor people's health. For instance we noted there was a detailed plan of care for a person's medical condition. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of a deterioration in health. We noted records had been made of healthcare visits, including GPs and the chiroprapist. People confirmed the staff contacted their doctor when they were unwell.

People made positive comments about the food provided and confirmed they were offered a choice at every meal time. For example one person said, "The food is very nice, we can always choose" and another person commented "The food is good with enough choice". One person living on Devonshire unit frequently asked staff about the lunch time meal. We noted the menu was not displayed on the unit. Displaying the menu may be useful to people as they could remind themselves of the forthcoming meal. People were offered three main meals a day and were served drinks and snacks at regular intervals and at other times on request. Risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

The home had a four week rotational menu which was changed according to the seasons. The chef explained there was an intention to move to a five week menu in the near future. This would give people a greater variety of meals. The chef or the kitchen staff met with each person who moved into the home to check their dietary requirements and preferences. Staff also forwarded information to the kitchen every month about people's weights and their likes and dislikes. This meant the catering staff had up to date information about people's preferences and dietary needs.

We observed the care and support provided during lunchtime on Pemberton unit and carried out a short observational framework inspection on Devonshire unit.

Are services effective?

(for example, treatment is effective)

Our observations showed us staff members were attentive to the needs of people who required assistance. On Devonshire unit, staff made two sample plates of food to represent the choice available. People who found it difficult to make a choice were presented with the plates so they could indicate their preference. During the meal staff sat alongside people to help them with their lunch and

initiated meaningful conversation. Staff treated people with kindness and respect and were understanding of one person's wish to frequently change their seating position during the meal. We observed a member of the kitchen staff visited the unit and asked people if they had enjoyed their meals. This meant any problems could be immediately picked up by the kitchen staff.

Are services caring?

Our findings

During our visit we spoke with 12 people living in the home. All expressed satisfaction with the service and felt they were well cared for. One person told us “I like The Dales very much, they treat me well”. People told us they had a good relationship with the staff and described the staff as “very nice” and “lovely”. Two relatives also made complimentary comments, for example one relative said, “It is a super place, the staff are really caring. I have no concerns and I am always made very welcome”.

We spoke with five staff and the registered manager. All were respectful of people’s needs and described a sensitive and empathic approach to their role. Staff told us they enjoyed their work because everyone cared about the people living in the home. One staff member said, “I really like working here, all the staff are person centred and sympathetic of people’s needs. We all work well together”. Members of staff spoken with knew people well and had a good understanding of people’s needs. All staff confirmed they would be happy for their relative to receive care in the home.

We carried out a short observational framework for inspection on Devonshire unit. This is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations showed us people had regular meaningful interactions with staff and they were often involved in purposeful activities. This is important to ensure people are fully engaged in their daily life and have a good sense of well-being. We noted staff sat alongside people and initiated conversation about things which were of interest to them. Staff were observed patiently reassuring people in response to their questions. We also observed people living on Pemberton unit enjoyed a quiz, which was facilitated by a regular volunteer.

We looked in detail at two people’s care plans and other associated documentation. From this we could see each person had a detailed care plan, which was separated into sections according to people’s needs. The plans were supported by a series of risk assessments and daily care records. The records and care plans were well organised and laid out in such a way that it was easy to locate specific pieces of information. A member of staff spoken with told us they had ready access to people’s care plans and they were informed if there had been any changes. The plans contained information about people’s current needs as well as their wishes and preferences. We also noted people’s life history had been completed in consultation with people and their relatives. This information provided staff with details of people’s family and previous occupation as well as significant event and achievements. The care plans were very detailed and took some time to read in their entirety. In order to make improvements to the care planning systems it may be useful to devise a summary of the care plan. This would provide an overview of people’s needs and things which are important to them.

We saw evidence to demonstrate people’s care plans were reviewed and updated on a monthly basis. This ensured staff had up to date information about people’s needs.

People living in the home confirmed they were treated with dignity and respect and were able to have privacy when they needed it. One person told us, “You can go outside if you want to, you are not restricted”. Staff were observed to knock on people’s doors before entering. We noted some people chose to sit in their bedrooms to spend time alone. People were encouraged to maintain their independence skills and were supported to carry out tasks for themselves wherever possible. Memory boxes had been placed on people’s bedroom doors, which they could personalise with their own items. This helped people to identify their bedroom.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

Staff actively sought, listened to and acted on people's views. All people were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with people living in the home. This meant they were familiar with people's needs and choices. The registered manager had recently introduced a new initiative called "keyworker time". This involved people spending at least ten minutes a day with their keyworker. This time was in addition to personal or other essential care. We saw staff had recorded how the time had been spent in people's daily care records. This meant arrangements were in place to speak to people about what was important to them.

People were given information about the home in the form of leaflets and booklets. The information was illustrated with photographs and set out in an easy read style. We noted there was a wide range of information leaflets on display in the reception area for people living in the home and their visitors. This meant people and their relatives were well informed about the service.

People were supported to maintain relationships with their family members. Relatives were able to visit the home at any time and two relatives spoken with confirmed they were made welcome. Relatives and visitors could also share a meal with their family member and one relative told us he had enjoyed having Christmas dinner with his wife. Staff spoken with told us they spent time supporting relatives to help them adjust to their new life after their family member had moved into the home.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care plan documentation. The staff and registered manager had received training on this issue and were aware of the processes involved if a person needed others to make a decision on their behalf.

Information was available about advocacy services. These services are independent from the provider. One member of staff explained a referral had been made to this service, in order to help a person with their financial affairs. This is important to ensure a person's interest is represented and they get access to appropriate services.

There was a varied programme of activities for all people living in the home. The activities were arranged twice a day and included a coffee morning, arts and crafts and a church service. We saw photographs displayed of regular activities in the home and noted there was a broad range of things to do. Several people told us they enjoyed the concerts from visiting singers and musicians. Two activity organisers were employed in the home, with one organiser based on Devonshire unit. We spoke to one activity organiser who told us, "I like to bring in new ideas and get the residents involved".

A schedule of weekly activities was available in the entrance hall. In the morning of our visit we observed people on Devonshire unit participating in an OOMPH! (Our Organisation Makes People Happy) session. This was a group based interactive activity using props and music, which was designed to improve mobility, social interaction and mental stimulation. People not wishing to join in with this activity spent individual time with the activity organiser. After lunch people from all units went on a bus trip round the local area and had afternoon tea at Bolton Abbey. People told us they enjoyed the activities and confirmed there was always plenty to do to occupy their time.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. There was complaints procedure in the entrance hall for people who lived in the home and their visitors. The registered manager confirmed she had received no complaints in the last 12 months.

Although no complaints had been received, a system was in place for the recording of any concerns raised, should the need arise. Staff spoken with told us they knew what action to take, should someone in their care wish to make a complaint and were confident that the registered manager would deal with any given situation immediately and in an appropriate manner.

Are services well-led?

Our findings

The home had an established registered manager and management team. Staff were aware of the hierarchy and the systems in place to manage the home. Four members of staff spoken with told us the home was well managed and organised. One member of staff said “We all know when we are working, we have our own units and we know what we’ve got to do”. The manager had a high profile in the home and staff were supported to question practice and raise any concerns.

All staff spoken with were motivated and caring towards people living in the home. One staff member said, “The residents are our priority. We all care about them”.

The company had a vision, values and mission statement displayed in the entrance hall. This set out the company objective to providing high quality care. Staff spoken with were aware of the statement and confirmed it had been discussed with them. This meant they were familiar with the ethos of the organisation.

The registered manager described the implementation of the Barchester Clinical Improvement Plan as her key challenge for the year ahead. The registered manager explained the plan will address five main areas, pressure sores, falls, medication errors, keyworker time and six month placement reviews. The plan will be monitored by the registered manager and senior managers in the organisation. Keyworker time had been introduced to the home and staff told us this was working well. The registered manager confirmed she had access to sufficient support and resources to enable her to develop and improve the service.

We observed all members of staff in leadership positions gathered together for a short meeting in the morning. This meeting was known as the “Ten at ten”. This gave the management team the opportunity to share information and any pertinent issues relating to the care of people living in the home.

People and their relatives were asked to complete an annual satisfaction questionnaire. The questionnaires were last distributed in December 2013. We saw the results of the survey during the inspection and noted 100% of respondents indicated they were satisfied with the service. Residents and relatives were invited to meetings held every three months in the home. We looked at the minutes from

a recent meeting and noted a range of topics had been discussed including the menu and the presentation of food. One relative spoken with told us the meeting was useful and informative. We also looked at comments submitted on a care home website and noted people had praised all aspects of the service.

The registered manager and the management team carried out a number of audits in order to monitor the quality and safety of the service. These included medication, staff training and supervisions, health and safety and infection control as well as checks on housekeeping. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. The registered manager also carried out unannounced site visits to check staff were carrying out their role correctly and adhering to the company’s policies and procedures. A report of a recent site visit undertaken at night was seen during the inspection. A senior manager visited the home on a monthly basis to assess and monitor the quality of the service provision. We saw reports of these visits and noted action plans had been drawn up and checked on the following visit. This ensured there were robust systems in place to monitor the quality of the service.

A paper and computer record was made of all incidents and accidents. Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. From monitoring these records the registered manager identified that one person required one to one staff support. The registered manager was also able to provide the funding authority with robust evidence of why the one to one care was required.

Four members of staff spoken with felt there were sufficient staff on duty to meet people’s needs. The registered manager told us the staffing level on Devonshire unit had recently been increased. An additional activity organiser was now based on the unit and an extra member of staff had been allocated to provide a person with one to one support. We looked at the staff rota and noted any gaps were filled by the current staff or regular bank staff. This meant staff working in the home were familiar with people’s needs.

There were established systems in place to ensure all staff received regular training, which included moving and handling, customer care, fire safety, first aid, health and safety, safeguarding, and infection control. Staff also completed specialist training on caring for people with a

Are services well-led?

dementia and end of life care. The training was delivered in a mixture of different ways including face to face and online training. Checks were in place to ensure staff completed all the training courses in a timely manner. This ensured staff had the right competencies, skills and knowledge to meet the needs of people who lived in the home. Staff spoken with confirmed the training provided was relevant and beneficial to their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the

opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings, both with colleagues on their units and the wider staff team. Staff told us they could add to the agenda items and discuss any pertinent issues relating to people's care and the operation of the home. Staff attended handover meetings at the start and end of every shift. This ensured staff were kept well informed about the care of the people living in the home.