Victory Care Home Limited

# Victory Care Home

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection was carried out on 19 and 20 March 2015 and was unannounced.

At the previous inspection in April 2014 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were in relation to the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the completion of records about people's care. The provider sent us an action plan telling us they would be meeting the regulations by 1 September 2014. At this inspection we found they were meeting the regulations.

The service provided accommodation and personal care for older people some of whom may be living with dementia. The accommodation was adapted for people living with dementia and provided in a single story purpose build premises arranged in three units. There were 47 people living in the service when we inspected.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People felt safe. Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Staff were trained to spot the signs of abuse in people living with dementia. The management team had access to and understood the safeguarding policies of the local authority.

The registered manager and care staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Assessments and care plans were reviewed as people's needs changed or their dementia became more challenging. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. There were good links with the community district nursing team to promote people's health and wellbeing. Additional training and skills development was provided to staff so that they understood how to manage people with behaviours that may challenge.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff received training about dementia and knew people well. People had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff supported people to maintain their health by ensuring people had enough to eat and drink. All of the comments about the food were good.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with.

People felt that the service was well led. They told us that the management team were approachable and listened to their views. The registered manger and provider monitored health and safety within the service to prevent accidents. The care being delivered and the development of the service was focused on recognised best practice for people living with dementia.

# 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 knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Good

**Is the service effective?**
The service was effective.

People were cared for by staff who knew their needs. People's health was monitored and they accessed a GP or community health services when needed.

The manager followed the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were enabled to maintain their health and wellbeing. Staff looked out for signs of people becoming unwell and sought help from health and social care professionals. People were encouraged to eat and drink enough.

Staff received an induction and on-going training when they started working in the service. Staff met with their managers to discuss their work performance.

Good

**Is the service caring?**
The service was caring.

People had forged good relationships with staff and they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Information about people was kept confidential.

Good

**Is the service responsive?**
The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were encouraged to raise any issues they were unhappy about. The registered manager resolved complaints to people's satisfaction.

Good

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

There were structures in place to monitor and review the risks that may present themselves as the service was delivered. The registered manager looked outside of the service to gain knowledge from specialist to embrace best practice when meeting people's needs.

The provider and registered manager promoted person centre values within the service. People were asked their views about the quality of all aspects of the care.

Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis by leaders in the service. Investment in the premises was improving the standards of accommodation for people.

# Victory Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 19 and 20 March 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. We took account of the action plan the provider had sent to us.

We spoke with 16 people and two relatives about their experience of the service. We spoke with 11 staff including ten care workers, the deputy manager of the service to gain their views. We asked two health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. People commented, "When staff help me to have a bath or shower, they make sure I don't slip or fall". "There are no steps in the corridor so if I want to go to my room it is so easy" and "I always get my medicines on time and they make sure I have taken them". Other people said, "I feel safe here, there's enough staff to help me and they are kind, they know how to look after me" and "The staff help me move about so that I don't fall over".

Relatives spoke about their peace of mind as they felt that their family members were well cared for and safe. One relative said, "My mother is safe here, there's normally plenty of staff around they treat her very well".

Staff were trained and had access to information so they understood how abuse could occur. A new member of staff confirmed that they understood safeguarding issues which had been covered in their first two days of starting work at the home. Staff understood their responsibilities in relation to safeguarding and how they reported concerns in line with the providers safeguarding policy. They were also aware they could blow-the-whistle to care managers or others about their concerns if they needed to. The deputy manager knew who to contact and how to report abuse in line with the local authority safeguarding policy. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. People had been individually assessed in many areas which included if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were documented in people's care files. Staff understood the risks people faced and made sure that they intervened when needed. As soon as people started to receive the service, risk assessments were completed by staff as a priority.

Managers checked for patterns of risk. For example, incidents and accidents forms were checked by managers to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. We checked to confirm that actions had been taken after incidents had occurred to keep people safe. For example we saw that a person who had suffered repeated falls due to their health deteriorating had been assessed by an occupational therapist and they were now cared for in bed. This protected them from falls and injury.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies. The registered manager had an out of hours on call system. This meant they could respond to emergency situations whenever they happened. Each person had an emergency evacuation plan written to meet their needs. For example, if they had poor mobility. Staff received training in how to respond to emergencies and fire practice drills had taken place.

Regular service records were kept and maintenance records showed that faulty equipment was removed from use. The premises were designed to meet people's needs and were maintained to protect people's safety. Some people liked to keep their bedroom doors open when in the room. To protect them and others in the event of a fire, the bedroom fire doors were fitted with automatic closure devices. These closed the door if the fire alarm sounded. Doors not fitted with these devices were kept shut. Fire doors afforded people protection from the spread smoke and flames.

Staff told us that they had been through an interview and selection process before they started working at the service. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff records showed that applicants for jobs had completed applications and been interviewed for roles within the service. Health questionnaires were in place to check if staff were fit to carry out the job. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager had made checks to ensure that people were eligible to work in the UK. All new staff had been checked against the disclosure and barring service records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Staffing levels were planned to meet people's needs. In addition to the registered manager and deputy manager there were eight staff available between 8 a.m. and 8 p.m.

Good

# Is the service safe?

to deliver care and they were managed by a care manager during the day. At night there were four staff delivering care managed by a senior care worker. There was a system in place to link people's needs with the number of staff required in the service. The numbers of people living at the service had been increasing due to more bedrooms being added. Staff were recruited to cover the increases and arrangements were in place to ensure there were enough staff whilst the recruitment process continued. Staff said, "There are enough staff on duty to keep people safe". Staffing levels were maintained if there was sickness or annual leave.

The provider's policy set out how medicines should be administered safely by staff. The registered manager checked staff competence ensuring staff followed the policy. Medicines were stored safely. There was lockable storage available for stocks medicines and access was restricted to trained staff. Medicine's in storage and ready for administration in the lockable medicine trolleys was accounted for and recorded. Staff knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the person's GP. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR sheet records which was in use allowed us to check medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures. Medicines were available to administer to people as prescribed by their doctor. A district nurse who had carried out a medicines audit told us that there were no issues found and medicines were "Spot on".

Good

# Is the service effective?

## Our findings

At our previous inspection on 10 April 2014, we identified one breach of regulations. Guidance in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were not being followed. We asked the provider to make improvements. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 1 September 2014. At this inspection we found that the registered manager had made improvements.

People's comments about the food included, "There's enough choice and the food always looks and smells lovely". They also commented, "There are call bells in the lounges, bedrooms and en-suites and staff come fairly quickly if I ring, they check on us hourly throughout the night".

One person who could no longer walk said, "Staff tell me what they are about to do, (before providing care) I've never had to complain about anything". "When I am in bed staff come to change my position regularly".

At this inspection we found that the registered manager had a good understanding of the MCA 2005 and DoLS. They had reviewed people's care in relation to the MCA and DoLS. For example, if people were restricted by bed rails for their safety, decisions about this were recorded and the DoLS team in Medway Local Authority were involved in the process. There was an up to date policy in place covering mental capacity. This protected people from unlawful decisions being made on their behalf and gave people the opportunity to change decisions they may have made before. Staff training had been updated around the MCA and best interest decisions were recorded. Applications had been made to the DoLS supervisory body when appropriate for any restrictions that would enable people to keep safe, but without unlawfully restricting their human rights.

Staff had received appropriate training and guidance on how to protect people's rights to make decisions. Staff gained consent from people before care was delivered. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People were supported to review these decisions with a health and social care professional. People had been supported to make decisions now about treatments they may need in the future. For example if they lost the ability to make decisions for themselves and wanted to refuse treatment.

District nurses visited people to change dressings and provide staff with guidance about people's care. A district nurse said, "The staff are good at using the Braden Scale". (The Braden Scale is a system used by health and social care professionals to assess if someone was at risk of developing a pressure injury.) This left staff well placed to predict who was at higher risk of developing a pressure injury and could then intervene early to change people's position or assist them to mobilise. Care plans showed good communication with district nurses when dressings needed changing and staff kept to the schedule for this.

If people had accidents or staff had concerns about people's health the emergency services were called or they sought advice from other health and social care professionals like GP's, occupational therapist and dieticians. Handover meetings took place at each change of shift so that staff coming on shift were aware of how each person had been. For example, we saw that the handover from early staff to late staff reported on an incident where a person was given additional pain relief and what other actions had been taken. Staff told us these meetings were useful One said, "Working as a team you need a good handover." This ensured that staff were kept updated about people's needs. People's healthcare was well managed.

People who displayed behaviours that others may find challenging benefited from behavioural management plans which informed staff of how to keep them and others calm and safe. This prevented anxieties and behaviours escalating. Staff spoke confidently about how they approached people who may be distressed or unsettled. Staff received training and guidance in relation to managing challenging behaviour. Staff told us they were improving their knowledge in this area as part of their work with a psychologist specialising in caring for people living with dementia.

People told us they liked the food. The meals served looked appetising as did the snacks; like cupcakes. People who needed help to eat enough were provided with additional

Good

# Is the service effective?

staff support at meal times, but their independence was still respected. For example, one member of staff cut up food into easily manageable pieces so the person could eat their food independently.

There was a focus on encouraging hydration and nutrition for people. Themed weeks had taken place where foods like melon had been offered to encourage people to take more fluids. Drinks were served and available during the day and at night. When staff assisted people to eat they were talking about the food to people, checking that people liked the food. People were asked if they had finished before plates were removed.

The amounts people ate and drank had been recorded so that staff could check people's health was protected. People at risk of losing weight were monitored and referrals were made to dieticians or the GP when necessary. Special dietary requests were catered for and staff were aware of people that needed a diet that supported their health and wellbeing due to a medical condition, such as diabetes. Action was taken to maintain people's health and wellbeing.

Staff received supervision, training and appraisal. Staff had received nationally accredited Dementia Awareness/ Principles of Dementia Care training. Also, new staff had training from district nurses in pressure ulcer and malnutrition awareness. This gave staff a practical knowledge of caring for people as individuals.

Staff were observed by a manager at work and were provided with guidance about their practice if needed. Staff said, "Senior staff remind us on the job", about our work practices. Before starting work at the service applicants were asked to carry out a supervised trial work session. This was to see if they were suitable for the role and gave people a chance to meet applicants, before they were offered a post. Meeting with managers and leaders in the service were planned and recorded. These consisted of one to one meetings, shift hand over meetings, unannounced spot checks and informal supervisions whilst staff carried out their roles.

Managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When managers met with staff they asked them questions about their performance. Staff were asked to tell managers how training they had undertaken had improved their skills.

Staff understood people needs and were trained for their roles. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. New staff confirmed that their induction gave them a full understanding of what was expected of them in order to meet people's needs and keep them safe and happy. New staff completed their social care training in line with nationally recognised standards. They also received training that related specifically to the needs of people with dementia. This gave staff the skills and development opportunities to provide effective care and make improvements where appropriate.

Good

# Is the service caring?

## Our findings

People told us they liked the staff and felt they were well cared for. One person said, “The staff are all kind, caring and helpful, even the new ones who have only just started”. Other people said, “They are very good to me here” and “I am well looked after”. A relative said “They are all so nice here, the staff are very caring, with no exceptions”.

All the visitors said there were no restrictions on when they could come to visit and we observed visitors were made welcome. Relatives had found the staff caring. They said, “Staff take care of mum well, she always looks smart and she’s having her hair done today”. Another relative told us, “Staff are very kind, we are over the moon, mum is so happy here

The staff were polite and cheerful. Staff took the time to understand how dementia affected people and to get to know people so that they felt comfortable with staff they knew well. This put them at ease with the care they received. One person who we had observed eating breakfast earlier approached staff saying they had not had any breakfast. Staff responded compassionately to the person. They sat with them to explain they had eaten breakfast. They offered them a hot drink and a snack which the person accepted.

People experienced care from staff with the right attitude and caring nature. A new member of staff said, “I started here very recently. I love working here and caring for the lovely people. It is a home where I wouldn’t mind my nan coming to”. Also they were confident that all her colleagues were kind and caring but would challenge anyone who was unkind to people.

People had choices in relation to their care. A person’s choice about whether or not they would administer their own medicines was fully recorded. People had chosen if they wanted to receive personal care from a male or female staff and their choice was respected. At lunch time people chose where they wanted to sit and eat, with others choosing to eat in their bedrooms. People living with dementia could use pictures to help them communicate their choices to staff. Staff told us that they respected the choices people made.

People described that staff were attentive to their needs. The atmosphere in the home was relaxed. There were quiet areas people could go to if they wished to sit away from others.

One person told us staff came quickly when they called them. We observed staff speaking to people with a soft tone and they did not rush people. For example, one person, who was waiting in the dining room for his relatives, kept putting his coat on as they did not have any concept of the time. Staff nearby reminded the person of the time and encouraged them to leave their coat on the back of a chair. This kept the person calm and they smiled at staff chatting to them.

People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with. Staff knocked on people’s doors before entering their rooms. They closed bedroom doors before giving care to protect privacy. Staff made efforts to preserve people’s dignity when being moved on the hoist in the lounge. People told us that staff were respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving privacy and dignity and could describe the steps they would take to do this. What people thought about their care was incorporated into their care plans, which were individualised and well written. They set out what care the staff would provide. People told us how important it was for them to be as independent as possible and how staff supported this..

People and their relatives had been asked about their views and experiences of using the service. Changes had been made to the laundry system as a result of feedback. However, from the 2014 survey people were one hundred percent satisfied with the service. Information about the service was shared via a magazine which was displayed in the hall of the service. This kept people up to date with developments and events.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Good

# Is the service responsive?

## Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to.

Relatives described how responsive staff were. One relative said, "The staff always tell us if there's any problems, they telephone us". Another relative said, "I would be comfortable raising any concerns as the staff and the manager are very approachable".

Care plans were individualised and focused on areas of care people needed, for example if people's skin integrity needed monitoring to prevent pressure ulcers from developing. The registered manager had sought to involve people living with dementia, staff and their relatives in the planning of their care by piloting the Newcastle model. This provided a framework for understanding people's needs and the processes by which staff should intervene to prevent challenging behaviour.

People's preferred routines and interest had been recorded as was their preferred communication methods. Information about people evidenced the involvement of family members when appropriate. Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated. This meant that the care people received met their most up to date needs.

Staff had implemented a weight management plans based on advice from a dietician. We cross checked this against the care plans and found they were kept under review. Staff monitored people to ensure that they could identify any problems that may affect people's health and they contacted the persons GP or the district nursing team to resolve issues. For example, staff had observed that one person's catheter bag was not filling as it should. They called in a district nurse who flushed the catheter to resolve the issues. The district nurse we spoke with told us that the registered manager communicated well with the nursing team if people's needs changed. Prompt action by staff led to the person's health being protected and prevented any unnecessary discomfort.

Recommendations made by occupational therapist about caring for people in bed after their needs changed had been followed by staff. Referrals had been made when people had been assessed for specific equipment, which was in place. We noted that some people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. These had been supplied after assessment. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, and District Nurses.

Changes in people's needs had been responded to appropriately and care was personalised. People living with dementia had been re-assessed in consultation with health and social care professionals. Referrals had been made when people had been assessed for specific equipment, which was in place. We noted that some people had beds that provided protection from pressure injuries developing and enabled staff to move the height of the bed up or down to assist the delivery of care. Hospital outpatient and discharge letters were in people's care plans. These gave guidance to staff and ensured continuity of care.

People were encouraged to participate in activities. There were group of people smiling and singing along to music they remembered. Other people were watching television. Staff told us they asked people what their likes and dislikes were in relation to activities. Also, they gave us examples of activities they offered like armchair exercises or bingo. One person living with dementia liked to help wash up and tidy. They were happy and enthusiastic about this and staff helped them do things safely. Singers and entertainers from outside the service performed, with dates and times displayed on notice boards. This gave people things to do and look forward too.

People told us that they were listened to and changes were made in response to their concerns raised. Meetings were attended by people and their relatives where they could express their views about the service. This influenced decisions made about the service by the registered manager or the provider. Also, people were asked their views at care plan reviews and by questionnaires. For example, people had commented about their clothing going missing after they had sent it to the laundry. The registered manager responded to these comments by introducing a laundry champion in the staff team. Doing this ensured that people knew who to go to about day to day laundry issues and to resolve any problems with missing clothing. This ensured that people could feed back their experiences of care to the registered manager.

Good

# Is the service responsive?

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. If they could not be resolved to people's satisfaction, there was a mechanism for people in the organisation who were not based at the service to get involved to try and resolve the issues. However, the registered manager was very open with people making sure that they were happy and responding to their concerns in a timely manner.

Good

# Is the service well-led?

## Our findings

At our previous inspection on 10 April 2014, we identified a breach of regulations. Records about people's needs were not always accurate or up to date. We asked the provider to make improvements. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 1 September 2014. At this inspection we found that the registered manager had made improvements.

At this inspection we found that information about people health was recorded correctly. The registered manager had regularly audited people's care plans to ensure they accurately reflected people's care. For example, where follow up appointments with health and social care professionals were required, these were clearly recorded with the outcome of any GP consultations. Staff had received training about recording of people's care. This ensured that people's health and wellbeing was protected through accurate record keeping.

People were comfortable and relaxed when they talked with the deputy manager in the service. We observed the deputy manager had an informal approach and they were greeted with smiles by people. One person told them, "You are a lovely lady". Members of the management team addressed people and their relatives by name when they spoke to them. People told us they liked the management team in the home.

Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team. They were positive about the management team in the service. They spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable. One member of staff said, "We have good training and are well supported by the managers".

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date and current.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. The provider enabled registered managers from across services within the organisation to meet and discuss issues that affected their work. For example, events had been attended by the registered manager to discuss health and social care legislation. This promoted joint working and the development of problem solving skills.

Leaders in the service promoted person centred values. Middle managers, such as senior care staff were well informed about their roles and they described in detail how they provided support to new staff so that they understood how to care for people. Records were up to date and legible. This included making sure that new staff could develop their understanding of good practice.

District nurses (DN's) from the local NHS community teams had been invited into the service to audit and report back on the quality of care provided to individual people. The DN's had taken an in depth look at areas such as the prevention of falls, ulceration of the skin and good practice around caring for people in bed and end of life care. This supported people to get prompt health care professional input in the community, rather than requiring admission to hospital. They said, "People are one hundred percent well cared for". They went on to say they will be providing on-going training for staff to keep their skills and knowledge updated.

The provider had invested in the premises to improve the quality of the decoration, furnishings and carpeting in the service. People had the opportunity to live in modernised rooms that were spacious and self-contained, some with on-suite facilities. The rooms we looked at were personalised to the people who lived there. Part of the refurbishment plans had included personalising people's bedroom doors so that they looked like the front doors of a house, painted different colours and with letter boxes and door knockers. This gave a personalised feel to the premises and assisted people to identify their own rooms.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

Good

# Is the service well-led?

The provider promoted an outward looking culture that gave leaders in the service the opportunity to develop their knowledge and skills in social care practice. Managers and staff were exploring new ways of working with people living with dementia to provide better experiences to them. At the time of the inspection it was too early for us to evaluate the impact the pilot scheme had had on the outcomes for people living in the service. However, the service had been part of a pilot linked to the NHS which promoted people's health and wellbeing. This involved training for staff about behavioural triggers, communication and gaining a wider understanding of people as a whole person. People's relatives had been involved, which helped to build individual knowledge about people, who they were, their lives and histories. We discussed how staff and managers in the service become involved in the pilot scheme with one of the doctors running it. They told us that the staff and managers at the service had been cooperative and open to new ways of working. This demonstrated that the registered manager was working to provide good outcomes for people, especially those living with dementia.

Audits within the service were regular and responsive. Directors from head office carried out checks which looked at the quality and the performance of the service against the standards within the provider's policies. The findings were reported and discussed with the manager and where improvements had been identified, action plans were produced. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. An independent pharmacist carried out audits of medicines. All of the areas of risk in the service were covered. This meant that systems were reviewed and tested to reduce risk to people living in the home.