New Century Care (Southampton) Limited

South Haven Lodge Care Home

Inspection report

69-73 Portsmouth Road
Woolston
Southampton
SO19 9BE
Tel: 02380 685606
Website: www.newcenturycare.co.uk

Date of inspection visit: 04 August 2014
Date of publication: 20/02/2015

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced and took place on the 4 and 5 August 2014. On our last inspection on 25 April 2014 no concerns were noted.

South Haven Lodge is a care home with nursing services. The service provides accommodation for 46 older people who require nursing or personal care. There were 45 people receiving a service when we carried out this inspection. People may have mental health concerns,

Summary of findings

dementia, physical health and mobility needs. There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People's medicines were administered safely, however the systems supporting administration of topical medicines, applied to people's skin, required improvement. Body maps were not used to show staff areas where each topical medicine should be applied. Some people's photos on their medicine administration records were not signed or dated. The medicines took a long time to be administered in the morning and could impact on their effectiveness if there needed to be a specified time period the medicines needed to be given.

People told us they were happy to live in South Haven Lodge. They found the staff to be caring and attentive. Some people remarked on how safe they felt. They told us they were involved in their care plans and knew how to change elements of their care if they needed to. We saw how comments they made about aspects of the service were responded to and the provider had responded positively. Changes that had been requested had been put in place.

Staff were aware of the needs of the people who they supported. There was an effective care planning system in place which reflected the assessed needs of people. Staff involved people, where possible, in identifying how they wish to be supported and what was important to them. We saw staff delivered care with compassion and understanding and spending time with them when requested.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted. Staff were aware of when a DoLS application needed to be made.

Staff received appropriate training to deliver care to meet the needs of people. There was a robust recruitment process in place which ensured staff underwent appropriate checks before commencing employment. There was a comprehensive induction process for new staff which gave staff the necessary skills, knowledge values and philosophy of the service.

We saw positive examples of care that were consistent with the care plans for individual people. Staff told us about the personalised care they delivered and how they involved people in the care they delivered. Staff were aware of people's likes and dislikes and ensured people were offered choices. Where people did not have the capacity to make decisions for themselves the manager demonstrated how they involved professionals and relatives in delivering care in the best interest of the person.

The registered manager and provider undertook regular audits to assess the quality of care consistently. The provider encouraged feedback from people, their relatives and professionals. This information was used to make improvements to 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.

Is the service safe?

Requires Improvement

The service requires improvement. Medicines were stored and administered safely. Body maps for applying creams were not used and some photos on people's medication administration record had not been signed as a true likeness.

Staff received training in identifying and reporting abuse. They told us of their responsibility if they found abuse occurring. They felt confident to report this to the manager or the operations manager if necessary.

Risks were identified when assessing people's needs and planning their care. The manager and staff identified ways in which to minimise the risks associated with certain activities for each person. The service was meeting DoLS requirements.

Is the service effective?

Good

The service was effective. People told us the staff were aware of how to support them by using the care plans. Staff received sufficient and appropriate training to enable them to know and understand the care needs of people they were supporting.

People were supported to maintain a well-balanced and nutritious diet. The provider received support from healthcare professionals concerning people's nutritional requirements.

Health concerns were identified and reported in a timely fashion. People received regular medical check-ups and were supported to attend specialist appointments and visited in the service when required.

Is the service caring?

Good

The service was caring. People told us they felt well cared for and looked upon the service as their home. The personalised care planning system enabled people and relatives to be involved in their care plan and staff to get to know them as well.

People felt they had been listened to and were involved in making decisions about their care. Each person's cultural and spiritual needs were discussed with them and they were supported in those areas.

Staff spoke with people in a calm and responsive manner. Staff knocked on people's doors and waited before they entered their rooms. Privacy was respected when giving direct care to people.

Summary of findings

Is the service responsive?

Good

The service is responsive. People's needs were assessed and regularly reviewed by the manager and staff to make sure that the person's needs had not changed. Care plans were updated to reflect the new care needs of people.

People were included in discussions and reviews where changes in their care were required. Where people could not make decisions in their care, meetings were held to decide what was in the best interest of the person.

The provider had systems in place to gather the opinions of people, their relatives and visiting professionals. The provider informed people of changes made in relation to comments, complaints and incidents.

Is the service well-led?

Good

The service was well led. People and staff told us about the culture that existed in the service. Staff understood the service philosophy and involved people and relatives in decisions about care.

People and relatives told us they could approach the manager and operations manager with concerns, as they were always visible in the service.

The manager and provider developed an improvement plan based on current and best practice. New ideas and practices were discussed within staff meetings and individual supervisions. National initiatives such as dignity champions and dementia friends were used within the service.

South Haven Lodge Care Home

Detailed findings

Background to this inspection

We undertook this inspection on 4 and 5 August 2014.

The inspection team consisted of an inspector, a specialist advisor, who was a registered nurse and a pharmacist inspector.

Before this inspection, 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 also looked at notifications of significant events the provider had submitted to us as required by law. We used this information to identify what areas we needed to look at and support what we found when we carried out this inspection.

Not all people were able to speak with us, as they were living with dementia, which affected their communication.

Seven of the 45 people who used the service spoke with us. We looked at the care records and care plans for ten people. We spoke with two relatives who were visiting people. We spoke with eight members of staff. We looked at six members of staff's records. We also spoke with one visiting healthcare professional, one commissioner and three social care professionals, including a member of Southampton City Council's safeguarding team. We observed the interaction between people and staff. We looked at how medication was stored, administered and managed.

Three care plans for medicine management and all of the Medication Administration Record (MAR) charts were seen. The pharmacist inspector observed medicines being given to people and looked at storage areas and systems used to manage medicines.

Requires Improvement

Is the service safe?

Our findings

People's medicines were recorded on a Topical Medicine Administration Record (TMAR). These records had a body map printed on them to show where external medicines should be applied. These were not being completed. This meant if staff did not know the person and where to apply the creams they would have to rely on instructions on the medicine or in people's care plans. Some of these creams stated 'to be used as directed'. Some photos attached to MAR charts were not dated or signed as a true image of the individual. The administering of morning medicines took between two to two and a half hours to complete. This meant that some medicines taken again at lunch time may be administered too close to the morning dose.

One person told us. "I didn't want to come here, but now I am here I feel so safe. I know the staff are always there to help me." Another person said, "If I feel worried about things I call the staff who check that I am safe and help me settle." We were told by one person they had fallen out with another person who lived in the service. They said, "they hit me and the staff came running to protect me. They (staff) now always make sure that woman doesn't come near me. I'm still a little bit worried but feel safe knowing the staff are aware of how I feel." We saw guidelines for staff on increased observations and ensuring the two people were supported if they were in the same area. A relative told us, "we are so glad that dad is here. He used to worry us when he was on his own. We know that he is well cared for and safe here."

The manager and staff demonstrated a good knowledge of how to keep people safe. The provider had a comprehensive policy in place which followed the Southampton City Council safeguarding policy. Safeguarding professionals told us the registered manager responded appropriately to safeguarding concerns and ensured actions to protect people were quickly put in place. Training on recognising and reporting abuse had been completed by all staff within the last year. Staff told us what they would do if they saw abuse occurring and who they would report this to. The manager showed us records of a safeguarding incident they had referred to Southampton City Council and the outcomes of the investigation that had been completed.

All of the care records identified each person's need for care and support. The manager assessed the risks people faced when care was delivered. The risk assessments highlighted what steps had been taken to minimise the risk to the individuals. For example, a risk assessment for one person identified they had problems in walking. It detailed what equipment and support was required for the person to walk out into the garden safely. The person told us, "I would love to be able to walk to the shops, but my legs won't carry me now. I am happy I can walk to the garden when it is a nice day."

Within the care records people had signed consent forms where risk issues had been identified. One person had given their consent for the use of bed rails to keep them safe at night. This was following an incident where they had fallen out of bed during the night. The assessment showed the person was able to call for support during the night if they wanted to use the toilet. The care plan showed the person should have access to their call bell at night. Staff were aware of the Mental Capacity Act and had attended training. One member of staff told us they were aware of people who did not have capacity to make some decisions as they had seen the mental capacity assessment in their care record.

Where people did not have the capacity to make choices for themselves the manager told us they sought the opinion of relatives and friends. We saw in the care plans where these opinions were recorded within the person centred plans. To ensure decisions were made appropriately we saw records of best interest meetings concerning decisions. An example of this was where a person had been requesting to move back to their home. A best interests meeting was held involving a relative, professionals, staff from the service and an advocate. This meeting agreed that due to the person's physical health and mobility needs the person would not be able to care for themselves and would need 24 hour support to stay at home. When we spoke to the person they said they still wanted to go home but knew they could not as they would be unable to take care of themselves.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The manager told us they were aware of DoLS guidance and had met with the head of

Requires Improvement

Is the service safe?

the local authority to look at what they needed to put in place in order to meet current legislation. They were working with the local mental health term to review all people's mental capacity assessments. These reviews were evident in people's care plans.

One person told us, "It's like a prison here",however we spoke to staff, reviewed care plans and found that people living in the service had access to an open garden area, and that staff would enable people to leave the home with support and supervision if they needed to be kept safe. There were guidelines for staff on assisting people who were able to access the community on their own.

There was a robust recruitment process in place which ensured staff underwent appropriate checks before commencing employment. These checks included references from previous employers, Disclosure and Barring Service (DBS) and proof of identity and qualifications. This made sure staff were suitable to work with people who may be at risk.

People told us there were enough staff on duty. One person said, "They're very good (the staff) at making sure I am alright. I don't wait long for help; there always seem to be staff around." Staff said they felt there were sufficient numbers of staff available to deliver the care required. We saw that staff were able to spend time with people and did not appear to be hurried. The manager, deputy and operations manager had identified the number of staff required for each shift by using a dependency survey. This identified the hours of support each person required throughout the day. By totalling this across each area this gave a number of staff required to meet the total of the hours of support required. This worked out as two members of care staff for every nine people on each shift. There were also cooks and cleaning staff on duty. Staff rotas showed care staff from the service covered extra hours when staff illness or vacancies occurred. There was one registered nurse vacancy that had not been filled and the manager had used an agency nurse to cover this.

Medicines were stored and managed safely. There were systems in place to record all of the information required for safe medicine management. Daily audits and stock checks were carried out to ensure people received their medicines as prescribed.

Good

Is the service effective?

Our findings

One person told us, “staff are very helpful and know how to help me.” Another person said, “The nurses are very good and they certainly know their stuff.” A relative said. “The staff are good. They know about dementia and understand what mother needs and you can see they have been well trained by the way they talk to her.” One person said, “I am able to see the doctor when I need to. I just have to ask the staff and I am seen the next time the GP visits the home.” One relative said, “I can’t fault the nurses and staff. The nursing care dad receives is excellent.

Records showed staff received a full induction programme based on the Skills for Care common induction standards (CIS). CIS are the standards employees working in adult social care need to meet before they can safely work unsupervised. Staff told us they worked alongside experienced staff before being able to work on their own with people. The manager showed us their training plan for staff which showed when staff attended training events and when they were due to attend further training. This was a comprehensive list including essential topics such as safeguarding, first aid, fire safety and moving and handling. Other topics were also available specific to the needs of the people they supported such as dementia, nutrition, delivering personal care and administration of topical medicines. Most of this training was carried out by using trainers who had appropriate training qualifications for the subjects they taught.

Staff were able to obtain relevant professional qualifications. The staff we met all had completed National Vocational Qualifications (NVQ) at Level 2 or higher in adult social care. The nurses’ registrations were all current and they maintained their own professional development records. The manager had completed their Level 5 Qualification Credit Framework in managing social care services. The provider arranged support from the local college and assessors were able to observe staff within the work place. The provider’s policy stated people were to be consulted and asked for their permission if staff were to be observed giving care to them. Nurses were able to maintain their own professional portfolios and were able to undertake the necessary hours of study and practice to maintain their registration with the Nurses & Midwives Council. One nurse told us it, “made sure they were aware of current best clinical practice to support people appropriately.”

As staff had appropriate training and qualifications, people felt confident they were receiving care from experienced and knowledgeable staff. For example staff had completed dementia awareness courses and were using knowledge learned to improve communication and activities for people. We saw one person speaking to a member of staff about photos used to help them choose what they wanted to do.

Staff received regular supervisions, which gave them the opportunity to talk about their work and receive feedback form their line manager on their performance. (Supervision and appraisal are processes which offer support, assurances and learning to help staff development). Staff were positive about this and felt able to discuss areas of concerns within this system. A senior carer told us they had been on a course to become a supervisor. This had given them the skills and confidence to carry out their supervisions of staff. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career. We saw in the staff records supervisions were carried out regularly and were up to date.

It was a hot day when we carried out this inspection. There were trays of cold drinks in each of the communal areas and people had access to drinks in their rooms. Staff were encouraging people to drink fluids throughout the day. We observed during lunch-time and saw people were supported with respect by staff. Some family members were supporting people and were made to feel welcome by staff.

The food served appeared to be appetising and people were able to choose from two options. One person said, “the food is very good and is really tasty.” People told us they had enough to eat and drink. The chef told us they prepared meals to order if people did not want the main choices. They also prepared meals for people who had specific health needs such as diabetes. The chef met with a local NHS dietician and speech and language therapist to gain advice on how to meet the needs of people who had difficulty swallowing whole foods. Nutritional charts were in place for people who had difficulty in eating and these were up to date. The chef used this to check people

Good

Is the service effective?

received the right meals. Staff made records of how much people had eaten and had to drink on these charts. These were checked on a daily basis and were used in reviews of people's weight and use of diet supplements. The records showed people were receiving sufficient nutrition in line with the National Institute for Health and Care Excellence (NICE) guidelines. (NICE provides national guidance and advice to improve health and social care.)

People's care records contained information on known physical health concerns and history for each person. All people were registered with a local GP surgery and the GPs visited the service twice a week and when required. Where necessary the GPs made referrals to NHS consultants and professionals. A relative said, "the staff picked up something was wrong with dad and got the doctor to see him that week. Two weeks later they were visiting the hospital to see a specialist. They kept us informed throughout." Records showed people were seen by nurses, physiotherapists, occupational therapists and speech and language physiotherapists. They were able to attend local dentists and opticians when they needed to.

People and their relatives told us they were involved in decisions around their health care. An example was concerning a person who had restricted mobility. The records showed the person had been referred to a consultant and form there an occupational therapist had assessed their mobility. Different walking aids were tried and the person chose the walking frame they found most comfortable to use. The person told us, "I can now get around the home and don't worry about falling over."

Good

Is the service caring?

Our findings

One person told us, "I find the staff are very caring to me and they always look out for me." Another person said, "I think of this place as my home and the staff are like family to me." We observed good interaction between people and staff and heard staff engaging in light hearted conversation with people. A relative said, "My mother in law has only been here a short while but she is so much happier now and I feel she is well cared for." Relatives were made to feel welcome when they visited and joined in with activities in the service. One person said, "I can tell staff when I am not happy with things. They listen and usually they try to help me feel better." People told us staff treated them with respect. One person said, "Staff help me with my makeup and hair. They make sure my clothes are kept nice. That is so important for me as I like to look nice."

Care plans were written in language that was appropriate for people to understand. This was confirmed by people who told us they understood their care plans and had been able to contribute to writing them. They were also personalised, ensuring that people had been able to identify their likes, dislikes and interests.

People and relatives told us about the positive relationships they had with staff within the service. One relative told us, "If it wasn't for the staff I wouldn't be able to cope with what has happened to my husband. Sometimes I feel it is me they are helping as well as my husband." People were supported by consistent groups of staff and were aware of which staff were supporting them. Staff were aware of people's preferences and what their likes and dislikes were. There were sections within people's care records which contained this information. Staff said the care plans were personalised, which supported them to make sure everything they did for the person was as they liked. An example of this was when a member of staff offered a person a drink. They were aware of their favourite drink but still asked if they wanted something different. They gave it to the person in a cup the person could hold and made sure there was a table by the side of the person they could place the cup on.

One person was celebrating their birthday while we were there. There was a birthday party for them which they had invited their family and friends to. Other people joined in with the party and staff supported them. The relative told us, "this is dad's home and it is nice that he could celebrate his birthday in his home with his family and friends."

Care records contained a section highlighting a number of things people had given consent to. This included if they wished to have their own room or share a room with someone else. We noticed that for some people who lacked the capacity to make decisions on their own, these were signed by a relative who had the legal permission to make decisions for the person. This was supported by a mental capacity assessment for the consent required. Types of consent sought were concerning the use of bed rails, the use of photographic images and do not attempt cardio pulmonary resuscitation forms (DNACPR). Where DNACPR forms were in place, these were reviewed with the GP, the person and their relatives where necessary.

People were able to give feedback to the manager by a number of ways. People told us they could talk to the manager or operations manager in their office or when they were in other areas. They could also tell staff they wanted to speak to the manager. There was a comments box and forms available for people to complete if they wished to. The manager held a residents meeting where people could discuss concerns or make comment.

People were treated with dignity and respect. Staff sat or knelt down when they spoke to people ensuring face to face contact at the same height. When talking with people the tone was conversational and people were engaged. When entering a person's room staff knocked and called out to let people know who was coming into the room and why they were there. Some people told us they liked the religious service every week. The local visiting clergy were multi- denominational which meant most religions were represented.

The provider's policies included procedures on privacy, respect and dignity. Staff were aware of these policies and had signed them to show they had read it. Privacy for people was encouraged by use of their own rooms. Where people shared rooms, staff told us they usually made sure the other person consented for the person to use the room. Some people and relatives told us they could sit out in the garden for some privacy if it was quiet.

The manager had appointed a member of staff who was a dignity champion for the service. A dignity champion

Good

Is the service caring?

should challenge poor care practice, act as a role model and educate and inform staff working with them. The dignity champion discussed ways of ensuring people's dignity at staff meetings. The dignity champion attended a local authority meeting for dignity champions where they shared ideas and best practice with other care homes. The staff meeting contained an agenda item for dignity to be discussed. The registered manager said the dignity champion had used this to give a presentation on how to treat people with respect and dignity. They planned to use this time for staff to talk about practice issues and involve staff in looking at some of their practices.

Good

Is the service responsive?

Our findings

One person told us, "If I have a concern it is addressed." Another person said, "I tell the staff if something is not to my liking. They will usually sort it out if they can." Some people told us they were aware of their care plan and knew they could change it if needed to. Others were unaware of the care plan, or if they had been involved in writing it, due to the impact of their dementia on their memory. A relative told us about a problem they had with laundry. They said, "Although they ruined Dad's cardigan, they did replace it." Another relative said, "we were unhappy about an aspect of mother's care. We met with the manager and discussed this. They listened to our viewpoint and changed the care plan."

The service employed an activities co-ordinator. They were responsible for arranging activities within the service and in the community. We saw people were having their hair done by a visiting professional. They also arranged for local entertainers and schools to visit. Some people would go out for coffee, visit garden centres or go shopping. People told us they loved going out but found it physically demanding and difficult using public transport.

One person said, "staff spent a lot of time finding out what my favourite things were." The activities co-ordinator told us how they used this to judge what activities they would enjoy. For example, one person had identified they liked to spend time on their own. Through staff talking to the person they discovered they used to belong to a choir. The staff encouraged them to join in with the singing sessions held every week. They attended one session and became involved in choosing songs to sing and encouraging others.

Staff told us about the personalised care approach. This ensured people were involved in how their care was delivered. Assessments of needs were carried out by staff and managers prior to a person moving into the service. There were sections where people told staff about their history and life experiences. They also highlighted their preferences, which staff told us was really helpful when offering people choices. One person's care plan said they enjoyed reading about football. The person had a daily newspaper delivered to them which when we saw them they were reading the football reports.

The assessments were regularly reviewed by the manager and nurses. Records showed how frequently this happened and highlighted which areas of the assessment had been reviewed. Changes were made to the care plan to reflect the change in need. This also showed how the person had been involved in this change. An example of this was concerning a change where a person had fallen. The records showed the person's needs were re-assessed and changes were made to the care plan concerning guidance on how to support this person with their mobility. A risk assessment was also reviewed about their ability to walk independently. The registered manager also made a referral to the falls team for further advice and support.

Relatives told us they were involved in assessments and care plans for their loved ones. One relative said, "we noticed mum was beginning to lose weight. Staff told us they were checking this regularly and they saw the doctor who gave them some food supplements. Now mum is looking better."

The registered manager maintained a complaints file which contained the provider's policy and information on how to respond to complaints. A recent complaint had been responded to within the provider's timeframe. The registered manager showed us the response from the complainant which stated they were happy with the outcome and that the problem had been resolved. A relative told us they had passed on a concern to a member of staff and when they next visited the manager met with them to sort out their concern. They said, "I don't like to complain but it was nice to see it was dealt with."

A person told us, "I didn't like the way one of the staff spoke to me. I told the nurse and they spoke to the manager. I don't know what happened but they (the member of staff) have left." The registered manager told us the member of staff had been reported for other concerns as well and following an investigation they had been dismissed through the provider's disciplinary policy.

The provider responded to incidents and accidents. An accident recorded in the accident book described how a person had tripped over and then fell against a table in the lounge. The person was admitted to hospital and the manager reported the accident to the Health and Safety executive. They also notified us at the Care Quality Commission (CQC). The investigation identified actions the provider could take to prevent similar accidents occurring.

Good

Is the service responsive?

The staff meeting minutes following the accident contained instructions for the staff on increasing their observations and ensuring trip hazards were removed from communal areas.

Good

Is the service well-led?

Our findings

People told us they were aware of who the manager, deputy and senior nurse were. Some people were aware of the operations manager who visited the service. One person told us, "The staff here do an excellent job. They know what they are doing and are well organised." A relative told us, "We are able to go to the manager if we need to, but know that if we ask a member of staff something they will pass it on to the manager." Another relative said, "we have got to know most of the staff and they all treat mum the same way."

Staff told us about the culture and philosophy of the service. One said, "I came here as I had heard good things about the home. We work as a team and are all committed to putting the person at the heart of what we do." This was the same viewpoint as another member of staff who said, "The staff team made me feel welcome and I love working with the residents." One member of staff, when asked about how personalised the service was, said, "Each person has their own picture card for meals which shows what they like, where they like to sit and who they like to sit with."

The manager described the culture within the service as: "The management team feel that it is important to lead by example and at South Haven Lodge we work in the true meaning of the word team. We all work together to ensure our residents are supported, happy and cared for in a way that they would want to be." Staff and people confirmed this when we asked them. One person said, "I am happy here and the staff treat me as I expect to be treated." A member of staff said. "We have a wonderful team and the manager and nurses are often found caring for people."

The operations manager was present on the day of our inspection. They demonstrated a good knowledge of some individual needs of people. They were greeted by relatives and staff who knew who they were. The registered manager was approachable and took time to speak to staff, people and relatives when they were not in the office. This demonstrated that all members of the management were accessible and were familiar to people, their relatives and staff.

The registered manager showed us the systems they used for monitoring the training, supervisions and appraisals for staff. They maintained a record of all training staff had undertaken and were booked on. This at a glance look gave dates when staff required updated training and ensured staff received training when it was required. They used a similar chart approach to track when staff had received their supervisions and when they were due to have a supervision meeting. This made sure staff received regular supervisions.

The provider and registered manager used a number of systems to monitor the quality of the service received by people. This included monitoring staff attendance to ensure people were supported by a consistent staff team. They looked at staff qualifications and encouraged staff to obtain appropriate professional qualifications. Staff care practices were evaluated by line manager observations and discussions with individual staff.

The registered manager carried out a number of audits on a regular basis. Records showed these included monitoring people's wounds and involvement of health specialists. They carried out a monthly medication audit which checked stock levels, recording charts and ordering and disposal of medicines. Other monthly audits included checking the condition of beds, mattresses and bed rails. The fire alarm system was checked on a weekly basis and these were up to date. The manager told us these checks were essential for picking up concerns before they became problems and carry out actions to ensure the service remained safe.

The provider sent out questionnaires to people, relatives, staff and professionals. Four comments from the survey carried out in January 2014 were about the service needing to be re-decorated. We noticed some areas of the service had been freshly decorated and were to an acceptable standard. The manager showed us their correspondence with the provider organisation requesting funding for decoration of the remaining areas which was a direct response to feedback from the questionnaires.

The manager told us how they had responded to a request from GPs regarding nurses certifying death when required. The manager discussed this with the operations manager, the GP practice and the nurses. They ensured training was available for the nurses before accepting this as a new responsibility for the nurses. This showed the provider had responded to a change in medical practice and acted to make sure their staff were safe and suitably qualified to perform this procedure.