

Acacia Care Limited

# The Heathers Nursing 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 ●

# Summary of findings

## Overall summary

This inspection took place on 28 July 2016 and was unannounced. The previous inspection of The Heathers was in September 2013. At that time there were no breaches of the legal requirements.

The Heathers is a care home with nursing, registered to accommodate up to 30 predominately older people. At the time of our inspection there were 28 people in residence. People have general nursing care needs but may also be living with a mild to moderate degree of dementia. The home is a converted older property with the facilities spread over two floors. There are 20 bedrooms for single occupancy and five shared rooms with screening in place to provide privacy. The home has a communal lounge area but does lack a dining room.

There was a registered manager in post but they were not available on the day we visited, however one of the directors and the deputy were available. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were kept safe. The staff team were knowledgeable about safeguarding issues and protected people from coming to harm. They knew what to do if concerns were raised about a person's welfare and who to report those concerns to. All staff had received training in safeguarding adults.

Risks were assessed as part of the overall assessment of each person's care needs and appropriate management plans put in place to reduce or eliminate that risk. Where people needed to be assisted to move, their moving and handling needs were assessed and a safe manual handling plan was devised. The management of medicines was safe and people were administered their medicines safely. All the appropriate checks to maintain the premises and facilities were completed on a regular basis.

Staffing numbers on each shift were sufficient to ensure each person's care and support needs were met. There was a qualified nurse on duty at all times along with senior care staff and care staff, catering and domestic staff. Staff were provided with regular training and were supported by their colleagues, the deputy and the registered manager to do their jobs effectively.

People enjoyed the food and drink they were served. Any preferences and food allergies were taken in to account and people were provided with the sort of food they liked and were able to eat. Where concerns had been identified with weight loss, food and drink intake and body weight was monitored. Arrangements were made for people to see the GP and other healthcare professionals as and when they needed to.

The staff team had good relationships with the people they looked after and also with the families who visited. The staff spoke about people in a respectful manner. We found the staff to be caring and friendly. They ensured people's privacy and dignity was maintained at all times. People were involved in making decisions about their care and relatives were included where this had been agreed.

People received personalised care and support that met their specific needs. They were encouraged to express their views and opinions and have a say about how they wanted to be looked after. The staff acted upon any concerns they had in order to improve the service. Those people who had end of life care needs were supported to remain at The Heathers and their care was managed by the GP and the qualified nurses.

The quality and safety of the service and the care delivered was monitored using a range of different measures to check how things were going. Feedback from people and their families and health and social care professionals was sought to identify areas where they could do better. The staff team were provided with good leadership and management by the registered manager the deputy and the director who was based at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff received safeguarding training and knew what to do if concerns regarding a person's safety were raised. Robust recruitment procedures ensured that only suitable staff were employed.

People received care from staff who kept them safe. Any risks to people's health and welfare were well managed.

Staffing levels enabled the staff team to meet each people's care and support needs. The numbers of staff were adjusted when people's needs changed.

There were systems in place to ensure medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were well supported, regularly supervised and received the training they needed to do their job.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with food and drink that met their individual requirements. They were supported to see any health and social care professionals as needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect. People were positive about the way they were looked after and were at ease with the staff.

People were provided with the support they needed and encouraged to make decisions about their care.

### **Is the service responsive?**

The service was responsive.

People were looked after in the way they liked and received the care they needed. Their care plans were kept under regular review.

People and their families were listened to. The staff supported them if they had any concerns or were unhappy about anything.

People were able to participate in a range of social activities.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The registered manager, deputy and director had a clear vision about the service. There was good leadership and management of the service and feedback from people and their families was encouraged.

People were looked after by staff who all shared the provider's commitment to running a well-led service.

**Good** ●

# The Heathers Nursing 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 28 July 2016 and was undertaken by one adult social care inspector. At the last inspection in September 2013 we found no breaches in regulations.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

Prior to the inspection we contacted commissioning managers from two local authorities and asked them to share their experience of working with the service.

During our visit we met and spoke with six people living at the service and three relatives. We spoke with nine members of staff including one of the directors, the deputy manager, qualified nurses, care staff and ancillary staff. We looked at four people's care documentation, together with other records relating to their care and the running of the service. This included the policies and procedures manual, audits, quality assurance reports, satisfaction survey reports and minutes of various meetings.

Following the inspection we contacted two health care professionals. Their views and opinions of the service have been incorporated in to the main body of the report.

## Is the service safe?

### Our findings

People told us they felt quite safe. They said, "I have no worries now. I am safe and I feel loved", "I feel very safe and the staff are always around", "I do worry about falling but even if I did, I know I would get the help I need" and, "I am certainly safer than when I was at home on my own. My daughter used to worry about me so and she doesn't have to now".

Relatives told us they were happy with The Heathers and said their loved ones were living in a safe and caring environment. They said, "Mum needs to be hoisted now and I have watched the girls doing this. They certainly know what they are doing" and, "I have no concerns about the safety of mum when I am not here. The staff are lovely with her".

All staff completed a safeguarding training programme and, issues around safeguarding were also regularly discussed in team meetings, staff supervisions and in face to face training sessions. Those staff we spoke with knew what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. Any concerns staff had about a person's safety or welfare would be reported to the registered or deputy manager, or the director. Some staff had to be prompted to tell us they could report directly to the local authority, the Care Quality Commission or the Police if necessary. Staff referred to the provider's whistle blowing policy. The provider had a policy called 'Safeguarding Vulnerable Adults Policy' and this had last been reviewed in February 2016.

The registered manager and the deputy had already both completed safeguarding training and, were booked to attend additional safeguarding training with South Gloucestershire Council in September 2016. The deputy manager and director were fully aware of their responsibility to keep people safe.

The service followed safe recruitment practices before taking on new employees. Their measures ensured unsuitable staff could not be employed. The process included a written application form, two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. The provider told us they were constantly recruiting for new staff in order to ensure they maintained a full staff team. The service had recently recruited a number of new staff.

Any risks to people's health and welfare were assessed and then well managed. A number of risk assessments were undertaken for every person. These included the likelihood of falls, the level of risk for each person in respect of moving and handling, skin integrity, nutrition, the use of bed rails and mobility. These measures ensured people received safe care and support. Where people needed support with moving and handling a safe manual handling plan was devised and set out the equipment to be used and the number of care staff required to carry out the task.

The premises were well maintained which meant people were cared for in a safe environment. There was a system in place for staff to report any maintenance and repairs. Records evidenced these had been addressed in a timely manner. There was a programme of safety checks to complete on a daily, weekly and

monthly basis in order to keep the premises safe. During our look around the home we noted that the extractor vent in the upstairs bathroom was clogged with dust. This was fed back to the director at the time it was seen. After the inspection the director told us all vents had been cleaned and will now be checked on a monthly basis to ensure they are in good working order. A member of the management team completed a visual check of the whole home each day to ensure the service was safe. Servicing and maintenance contracts were in place for all equipment. The fire records showed that all weekly, monthly and quarterly checks had been completed. The provider had a fire risk assessment in place and this had last been reviewed on 9 June 2016. Personal emergency evacuation plans (referred to as PEEPs) had been prepared for each person, these were kept in their care files and also collectively with the fire records. Records showed that regular fire drills were undertaken to ensure the staff team knew what to do in the event of a fire.

The kitchen staff recorded fridge and freezer temperatures and hot food temperatures before serving meals. All food was stored correctly and the last visit by an environmental health officer in February 2015 had resulted in the service being awarded the full five stars. Catering staff had daily, weekly and monthly cleaning schedules to complete.

The service had a team of 25 care staff and nurses plus catering, domestic and a maintenance person (ancillary staff). Many of the staff had worked at the service for a long time. There was little use of agency staff and agency staff were only be used as a last resort. Any unfilled shifts were generally covered by the staff team. People were therefore looked after by staff who were familiar with their care and support needs.

At the time of our inspection there was one nurse on duty plus seven care staff. In addition the deputy manager was duty, one of the directors and ancillary staff. These staffing levels were based upon the collective care and support needs of the people in residence. The care staff and nurses rotated between day and night duty and none of the staff had set shifts. The provider told us there was currently a 3-9pm shift because of this being a key time when people were at risk of falls. This member of staff had key tasks to complete including a supervisory role in the communal lounge area. In the morning time, some staff started work at 7am whilst others started at 8am – this had been identified as another busy time of the day.

The arrangements in place for the management of medicines were safe. Medicines were handled and administered correctly. All medicines were stored in locked medicine trolleys or cupboards in the secure treatment room. Those medicines that required additional security were stored correctly and audited on a weekly basis. Records were kept of the room and fridge temperatures to ensure medicines were stored at the correct temperature. Medicines were administered by the qualified nurses who had completed medicines training and been assessed as competent.

Accurate records were kept of all medicines received in to the home and those returned to the chemist for disposal. Medicine administration records were signed after medicines had been administered and, nurses checked to ensure the records were completed properly at the end of each medicine round. The service was aware of the need to display appropriate warning signage if oxygen cylinders were stored in the home or people were in receipt of oxygen therapy. At the time of the inspection no person required their medicines to be concealed in food and drink but the nurse knew this would involve a best interest decision being made and recorded.



## Is the service effective?

### Our findings

People's care and support needs were assessed prior to admission to the service to ensure the staff team were able to effectively meet their needs. This meant people received the care and support they needed to meet their individual requirements. People said, "The staff do everything for me", "I get all the help I need", "I couldn't be better looked after" and, "The manager came and saw me in hospital before I came here". Those relatives we spoke with were satisfied with the way their loved one were looked after. One said, "When we knew Mum needed a nursing home we looked at several. The Heathers is not the smartest home however the staff make up for that, they are excellent. They made our minds up and we were right to choose this home".

Staff knew about the people they looked after and told us about some specific examples that a person liked. Each person had a keyworker. The aim of the keyworker role was to aid communication between the service and the family and enable the staff member to spend time with the person and 'get to know them better'.

Any new staff had an induction training programme to complete at the start of their employment. New staff were allocated a mentor and worked shadow shifts alongside an experienced member of care staff. Their competency was assessed before they were permitted to work alone and they then had a modular training programme to complete. The programme was in line with the Care Certificate. The Care Certificate was introduced for all health and social care providers on 1 April 2015 and consists of 15 modules to complete. New staff were well supported and well trained. There were five care staff who were currently working to complete the Care Certificate.

All staff had a programme of mandatory training to complete. This included fire safety, safeguarding adults, moving and handling, health and safety, equality and diversity, dementia care and the Mental Capacity Act 2005. The service did not use computer based training and all sessions were delivered 'in-house' as taught sessions. Training was delivered by the registered manager or the deputy manager and questionnaires had to be completed following the training to assess staff knowledge. Those staff we spoke with confirmed they received regular training. Both managers kept on eye on the staff training matrix to ensure all training was up to date.

Care staff were expected to achieve diplomas in health and social care. At the time of our inspection six care staff members had achieved a level two diploma or the equivalent (National Vocational Qualification (NVQ)) and one staff member had level three. Two care staff were currently working towards their level three.

Staff received regular supervision from a senior member of staff. The role of supervisor was shared by the registered manager and deputy, the nurses and senior care assistants. Supervision was used to discuss welfare, work performance issues and any training needs. This ensured staff were well supported and able to meet people's needs effectively. Staff we spoke with said they were well supported.

We checked to see that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and

the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for people who lacked the capacity to consent to treatment or care. The legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of people who live in a care home to ensure that the restrictions placed upon their freedom and liberty, were appropriately authorised and were in their best interests. We found that the service was meeting the requirements.

All staff completed MCA and DoLS training and the registered manager was the lead for the service. The senior staff we spoke with during the inspection understood the legislation and how it affected their day to day work and care staff were clear about obtaining consent from people before delivering care and support.

The provider and registered manager knew which people had a DoLS authorisation in place, when the authorisation was due to expire and who the person's representative was. At the time of our inspection there were four DOLS authorisations in place and a number of others that had been submitted to the local authority but not processed by them as yet.

People were provided with food and drink that met their individual requirements. They said, "We are having roast chicken today, my favourite meal", "We get a choice and there is always something I like to eat" and, "The best part of the day, dinner time. I really look forward to my meals". One relative said, "Mum was quite underweight when she came to live here and is eating very well now. They are always being served tea and cold drinks and have homemade cakes each afternoon".

As part of the overall assessment of people's care needs their specific nutritional requirements were identified. People were asked about their likes and dislikes and this information was relayed to the kitchen staff. The kitchen staff were advised if a person's body weight decreased and fortified foods were supplied. Where needed, people would be provided with a diabetic diet, soft foods or pureed diets.

There was a three week rolling menu plan in place and people were asked what they would like for lunch during that morning. People were visited by the kitchen staff and were asked for feedback about the meals they were served. They told us one person had recently said the pork casserole was "too runny" so they would ensure next time this meal was served it would be at the right thickness.

We observed the meal time in the main lounge area. The service does not have a dining room and the majority of people were served their meals on a small table in front of their armchair. People were provided with a clothes protector or a plastic apron. Those people who required support to eat their meals were given help at a pace set by the person. The staff member conversed with the person they were supporting throughout the meal. People were asked if they wanted their meat to be cut up rather than the staff assuming they wanted them to do this. There were cold drinks available during the meal time and a hot drink was served after the meal.

People were supported to remain well hydrated and where necessary the staff monitored how much people had eaten or drunk each day. This meant they could take action if the risks of malnutrition or dehydration increased.

People were supported to access the health care services they needed. They were registered with a local GP and a weekly visit was made by a doctor on a Monday or a Tuesday. The surgery was also contacted by the nurses when people needed a medical review or were unwell. Two healthcare professional told us they had

no concerns regarding the care provided for their patients and the nurses and deputy communicated well with them and were always available when they visited. They added that the surgery was always contacted when needed and in a timely manner. Any instructions they gave were carried out. Examples of other healthcare professionals involved in people's care included the dentist, opticians, audiology, foot care specialists, speech and language therapists, occupational therapists and physiotherapists, the care home liaison team and the frailty team.

## Is the service caring?

### Our findings

People said, "I like it here", "Everyone is very kind to me", "We are all good friends here" and, "The staff are friendly, kind and gentle with me". One relative told us when they were looking for a nursing home placement for their loved one, the welcome from the staff team and the managers had made them choose The Heathers. The healthcare professional's who contacted us after the inspection told us their patients were very well looked after at The Heathers. They said, "I have no concerns".

The service shared with us six of the recent complimentary letters they had received. These had the following comments, "The Heathers is a wonderful place where those who are in need of care really do get cared for", "The care and affection you showed her was always there", "We would like to express our gratitude for the wonderful treatment of (named person) whilst in your care" and, "You not only looked after mum but you also gave us support. We are so glad mum was able to spend her last years in such a lovely place".

From our observations throughout the inspection it was evident staff treated people with dignity and respect. Staff were seen to interact with people in a kind and compassionate manner. After lunch when the morning staff were going off duty one of the care staff entered the lounge and said to everybody, "I am finishing work now so I have come to say goodbye. I will see you all on Sunday".

People were asked by what name they liked to be called and were generally referred to by their first names. They were encouraged to have a say about how they wanted to be looked after. We heard staff speaking with people politely, with good tone to their voice and offering them assistance. People looked well cared for, they were clean and tidy and their clothes were well laundered. Staff knocked on people's bedroom doors and waited for a response before entering the room. Bathroom, toilet and bedroom doors were closed when personal care was being delivered. We heard staff seeking consent before any intervention and waiting for a response before proceeding.

We asked staff if they would want a family member or a friend to live at The Heathers and they said yes. Comments they made included, "This is a very homely home", "The staff team get on well", "It is our job to make people happy and have fun" and, "There is an expectation that everyone gets the best care".

Staff knew the importance of forming good working relationships with the people they looked after. One said, "If my nan was in a nursing home I would want the staff to be kind and caring to them. X (named person) is someone's nan therefore that is how I treat them". Staff spoke about the people they were looking after respectfully. They received equality and diversity training and provided people with person centred care. Staff clearly knew the people they were caring for and, were able to describe in detail their likes, dislikes and preferences.

We heard people being offered choices in respect of activities, food and drink and staff respected the decisions they made. People were treated with kindness and were responded to promptly. We heard one person calling out for help in the lounge area during the lunch time period. They were heard by a member

of care staff who was supporting another person with their meal. They asked one of their colleagues to attend to the person and this was done promptly.

The service looked after people with palliative and end of life care needs. They often admitted people who were eligible for continuing health care funding (CHC) and had life limiting illnesses. In 2015 the service had notified us of significantly more deaths in that year than in the previous three years. The director and deputy manager explained they looked after a lot more CHC funded people in 2015 hence the rise in expected deaths. All but one of the nurses were syringe driver trained and therefore able to administer pain relief to aid a person's comfort.

As part of the care information held on record regarding each person, 'do not resuscitate decisions', (DNAR) were recorded on the appropriate documentation for the majority of people. The forms were on the whole signed by the person's GP and evidenced the person's family had been involved in the discussions. The forms also indicated where the person themselves had been consulted. One of the DNAR forms had been completed by a hospital consultant when the person was under their care and needed to be reviewed by the person's GP. Appropriate nursing equipment was available to maintain a person's comfort and skin integrity when they became bedbound due to the progression of their illness.

## Is the service responsive?

### Our findings

People told us, "I get the help I need", "The staff are very attentive", "You only have to ask for help and they are there" and, "Couldn't be looked after any better". Some people were unable to tell us whether the staff were responsive to their needs so we spent a period of time watching what was going on. The staff were attentive to people needs, offered help at people's request and were always around. Staffing levels ensured there was always a staff presence in the main lounge where the majority of people spent their day.

Each person had a care plan in place that set out their care and support needs and how they wanted their needs met. It was evident that people were involved in the care planning process where possible, along with family. The service was in the process of introducing a set of new care planning documentation. The assessment and care planning documents recorded a holistic view of the 'whole person' and enabled the staff to write a person centred care plan. The plans were well written and provided clear instructions for the care staff to follow. Plans provided details about people's personal care needs, their mobility, the support they needed with eating and drinking and where appropriate managing continence. People's wishes and preferences were included in the plans. The plans were kept under review and plans were amended to reflect any changes in the person's care and support needs.

When we spoke with staff they were knowledgeable about the people they looked at and the things that were important to them. For example one person liked to write the day and date on their hand and had apparently done this for years. They told us about one person who they were closely monitoring to determine which foods made them cough to ensure they reduced the risk of the person choking.

The staff kept records on a daily basis regarding the care and support provided to each person. We noted that a lot of the records referred to people 'refusing' something. This would be better recorded as 'declined' as this infers the person has made a choice. Records were kept of all contacts with health and social care professionals and family communications. When nurses and care staff started a new shift they received a handover report and were informed of any changes in people's needs.

The service employed one activity co-ordinator who arranged a programme of different activities throughout the week. On the day of our inspection three people went out in the minibus to a local garden centre. The coordinator told us there had been recent trips out to the seaside and the local steam railway and they were supported by two volunteers who visit the home. Some people liked to go out for a wheelchair walk to Chipping Sodbury high street for coffee and cake. The coordinator organised group activities mainly but would spend time with individuals on a one to one basis. In the summer the service had a fete and family day and raised money for the 'resident's fund'. An example of things the fund had purchased was a computer tablet. This was used for music, to share photographs and to record visits by external entertainers.

Examples of activities that regularly took place include quizzes, music and movement, bingo, film afternoons and reminiscence work. The computer tablet was also used to help one person maintain contact with family members who lived abroad via a video link.

The service produced a monthly newsletter and copies of this were left in the reception area. The newsletter was used to feedback to people and their families the outcomes of any meetings and quality assurance questionnaires

People were provided with an information booklet about the service. This gave details about the daily life in the home and included details about the complaints procedure if people were not satisfied with aspects of their stay and care.

People said they would raise any concerns they had with the nurse in charge, the registered manager or the director. One relative said they had raised concerns informally regarding their mother being placed in a chair in the lounge where she couldn't see the television. They added they had needed to raise the concern on three occasions and, were not happy that it occasionally happened again. There was a regular schedule of meetings including 'residents' meetings and family forums and people and their families were encouraged to raise any comments, concerns or complaints they had, as well as during care plan review meetings.

The service had received written compliments via email and letter and all comments were shared with the staff team. There was a complaints policy in place and this was reviewed on a yearly basis. The policy referred to what would happen if a complaint was received. Any complaint would be acknowledged and responded to within 28 days. The service had received no complaints in the last year and CQC had not received any complaints about the service either.

The provider explained they would use any information of concern or a complaint to reflect upon their practice and where necessary, to make changes in order to do things better.

## Is the service well-led?

### Our findings

One person told us, "The boss is on holiday this week but the other managers are here". The registered manager was on leave but the deputy and director were available for the inspection and providing leadership and management for the staff team. Relatives said the registered manager, the deputy and the director were accessible, approachable and very supportive of them. They said, "We can ask to see the manager anytime", "We are regularly asked to express our views about mums care" and, "The staff are always around and are very helpful".

Staff said the registered manager, the deputy and the director were good managers and were each very much involved in the day to day running of the home. Whilst the registered manager was away, the deputy had management hours as well as care shift hours.

The Heathers had a clear purpose and vision which was understood by the staff team. This was that people would be provided with quality care that was person-centred and involved them in decision making. The service was clear of the need for full occupancy and good staff retention and the importance of the links between these two aims.

The management of the service was overseen by two experienced managers, the registered manager and the deputy. They worked closely together alongside the director and made day to day decisions in partnership. Their office was based in the main part of the home and the door was always left open. This enabled staff, people, families and other professionals to see one of the managers at any time.

There were a range of meetings scheduled throughout the year to aid two-way communication between the managers and the staff team. One health care professional said, "The managers and nurses communicated very well with the surgery. The Heathers is a well-run home". Separate staff meetings were held with the qualified nurses, the care staff and the senior care staff, the catering team and the domestic staff. All staff were encouraged to express their views. One staff member told us they had suggested the movement to music session be arranged for late morning rather than after lunch when people were more tired. During these meetings they looked at current issues and agreed any actions to be implemented. There was also a schedule of 'resident' and relatives forum meetings. People's views and also the views of relatives were discussed in these meetings.

The registered manager attended board meetings with other registered managers from care services run by the same provider. This meant they were able to share ideas and keep abreast of good practice.

The provider used a range of different measures to monitor the quality of the service provided. They issued survey questionnaires to people who used the service and their families and also to health and social care professionals on a yearly basis. They used the feedback to make any improvements and acted on the comments made. Respondents were asked to score the service out of 10 and those completed forms we looked at recorded nine out of 10. The provider had plans in place to complete a quality assurance questionnaire with the staff team to gain feedback from them. They planned to arrange a team building day



for the staff team with the aim of showing them they appreciated their hard work and to encourage teamwork throughout the whole team.

There was a programme of audits to be completed on a monthly, three monthly and six monthly basis. These covered the management of medicines, any complaints or concerns received, infection control and prevention procedures, checks on the premises and equipment and the kitchen area. On a monthly basis a report was compiled in respect of accidents and incidents, any safeguarding events, weight loss, any falls, pressure ulcers and outcomes of GP visits. Where these audits identified any shortfalls remedial action and improvements were made. Following our inspection the service changed the monthly audit spread sheet to align to the new key lines of enquiry and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager or director generally attended the local authority care home providers forum but had missed the last one. They were also linked with the care and support west group. The service was signed up to a social care commitment with the aim of encouraging and practicing good care. The service had recently obtained accreditation to the Investors in People kite mark. The service had also signed up to the local dementia action alliance. Even though the service was not a specialist dementia care service, they had recognised the need to be dementia aware and to follow best practice for the care of people living with dementia.