

# Shaw Healthcare Limited

## Burleys Wood

### Inspection report

Furnace Drive  
Furnace Green  
Crawley  
West Sussex  
RH10 6JE  
Tel: 01293 554660  
Website: [www.shaw.co.uk](http://www.shaw.co.uk)

Date of inspection visit: 14 October 2015  
Date of publication: 04/12/2015

#### 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?

Requires improvement 

#### Overall summary

Burleys Wood is registered to accommodate up to 60 people who require nursing care or support which their personal care. At the time of the inspection there were 55 people using the service. The premises was purpose built and accommodation was provided in six units over two floors. Each unit comprised of 10 en-suite bedrooms, a communal lounge, dining room and kitchenette. There was level access throughout the service and grounds and a shaft lift to the first floor.

This comprehensive inspection was unannounced and took place on the 14 October 2015.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

# Summary of findings

and associated Regulations about how the service is run. The service was being managed on a day to day basis by an acting manager who was being supported by the area manager and senior management team.

The provider had systems in place to assess and monitor the quality of the services provided. However these had not been consistently followed. Therefore shortfalls had not always been identified and rectified. This is an area of practice that needs improvement.

People were positive about the service and were able to see their friends and families as they wanted. All the visitors we saw told us they were made welcome by management and staff. A relative told us “We’ve noticed that they don’t just look after the residents here, but they look after the families and relatives too, everything has always been to our expectations and (person’s name) has been very happy here”.

Everyone we spoke with liked the home cooked food and told us there was a choice of what and where to eat at meal times. One person told us “The food is very good”. Another person told us “I enjoy my meals, the food is excellent, we’re a bit spoilt really”. People who needed help to eat and drink were supported appropriately.

Staff knew the people they were supporting and were aware of their personal preferences, likes and dislikes. Care plans were in place detailing how people wished to be supported and people and / or their representatives were involved in making decisions about their care. Where people lacked the capacity to make specific decisions they were being supported to make decisions in their best interests. They were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

People and their visitors described staff as being kind, patient and considerate. One person told us “I know they really love me here and they’ll give me a kiss and a cuddle if I want one”. Another person told us “They’re very friendly (the staff), you can always have a laugh and they always seem to work well together”.

It was clear that people enjoyed the group activities on offer and the visits by entertainers. The activity staff spent

one to one time with people that did not want to join group activities. A reminiscence area had been initiated on the ground floor referred to as ‘the street’ specifically to help engage and stimulate people living with dementia.

There was enough staff with the right skills and experience to meet people’s needs. One person said “You ring your bell and they’re here like a rocket. Even if you accidentally knock it and it goes off, they don’t make you feel awkward”.

Systems for recruiting new staff included security and identity checks and at least one reference from a previous employer. Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to the acting manager or senior member of staff.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. They felt supported within their roles, describing an ‘open door’ management approach, where the acting manager and management team were available to discuss suggestions and address problems or concerns.

People were positive about the management of the service. One person told us “Our friends that come couldn’t believe how good it was here and we spoke to (acting manager) to tell her so”. People and relatives alike all said that they had no hesitation in raising concerns or complaints with the management and that they felt they were approachable and would be listened to. One person told us “You only have to mention something and if they can they’ll act upon it”.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed and emergency procedures were in place in the event of fire.

# 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.

Appropriate steps had been taken to protect people from the risk of harm and abuse.

The arrangements for the management and administration of medicines were safe.

Staff recruitment practices were safe. Appropriate numbers of staff with the right skills and experience were deployed to meet people's needs.

The provider had taken action to address concerns raised under their whistle blowing policy.

Good



### Is the service effective?

The service was effective.

People were supported to eat and drink according to their specific needs.

Staff supported people with their health care needs. They liaised with healthcare professionals as required.

Staff had the skills and knowledge to meet people's needs, including those who were living with dementia. Staff received regular training to ensure they had the competencies they needed to fulfil their roles and responsibilities.

Good



### Is the service caring?

The service was caring.

Staff were patient and kind and respectful of people's privacy.

People's independence was promoted and people were involved in decisions about their care

Visitors were welcomed into the home and there were no restrictions on when people could visit.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans were in place outlining their care and support needs. Staff were knowledgeable about people's needs, interests and preferences and supported people to participate in activities that they enjoyed.

People knew who to speak to if they had a complaint. Complaints had been recorded and investigated appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

The provider had missed opportunities to improve the service, because they had not ensured their own quality assurance systems and processes were consistently followed.

Staff were supported by the acting manager. There was open communication within the staff team and staff felt comfortable raising concerns.

**Requires improvement**



# Burleys Wood

## 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 14 October 2015 and was unannounced.

The inspection was undertaken by a team including an expert-by-experience, who is a person who has personal experience of using or caring for someone who uses this type of care service, two specialist advisors who were qualified specialist nurses and two inspectors.

Before our inspection we received feedback about the service from the local authority safeguarding and contracts team and a healthcare professional involved in the delivery of care to people living at the service. We reviewed all the information we held about the service including notifications we had received about events affecting people living at the service sent to us by the provider. We also reviewed the provider information return. This is a

document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service.

At the inspection we used a range of methods to assess the quality of services provided. This included talking with six people, four visitors, the regional director, the area manager, the acting manager, a registered nurse, ten care workers, the activities organiser, five domestic staff and the maintenance person. We observed the delivery of care and interactions between people and staff throughout the day, observed the support people received during the lunch time period and observed the administration of medicines. We also reviewed records relating to the delivery of people's care including; five peoples care plans and care records, medication administration records, accident and incident records, and a sample of care records relating to people's fluid intake, repositioning charts, records of activities people had taken part in, accidents and incidents affecting people who lived at the service and records of complaints people had made. We looked at records relating to the management of the service including staff meeting minutes, five staff recruitment records, staff training records, an overview of the supervision staff had received, staff duty rota's, health and safety records, cleaning records and records relating to quality assurance audits completed by the provider.

# Is the service safe?

## Our findings

People and their visitors told us they felt safe and raised no concerns about their safety. It was evident people were comfortable in the company of staff and with each other. People told us they would speak to staff if they were worried or unhappy about anything and felt confident they would be listened to. One person said “I’d tell them if I needed to say anything, yes you’ve nothing to worry about”. Another person told us “No one makes me feel uncomfortable or uneasy”. A third person said “I feel safer if my doors propped open, so they always make sure it is”. Nursing and care staff felt confident people’s safety was protected and the cleanliness of the environment was maintained to a high standard.

Steps had been taken to minimise risks to people wherever possible without restricting their freedom. These included nutrition and hydration assessments to establish whether a person needed specialist equipment to eat and drink independently. Skin integrity assessments to assess the risk of a person developing pressure areas (pressure sores) were completed and preventative measures such as pressure relieving equipment was in place for people at risk. Moving and handling assessments to establish whether people needed support to move had been completed and identified equipment people needed to move as safely and independently as possible. We saw equipment being used to help some people to move. Staff were knowledgeable about this equipment and how to use it safely.

We observed staff explain to people what was happening when they were providing support to transfer them in a hoist, offering reassurance and guidance throughout the procedure. Pressure mats had been installed in some people’s rooms that were at risk of falls to alert staff if they got out of bed and each person had a call bell in their room they could use to alert staff if they needed assistance. People reported that staff answered their call bells promptly when they used them and our observations confirmed this. One person told us “You ring your bell and they’re here like a rocket. Even if you accidentally knock it and it goes off, they don’t make you feel awkward”.

Falls risk assessments had been completed for each person and details of how the risk of each person falling could be reduced were detailed. Staff supported people to keep them safe, for example we saw that staff walked to the side

of one person as they walked along the corridor. This person’s assessment stated they could walk with the aid of a walking frame, but did require supervision and encouragement. We saw people were assisted to the dining table at lunch time and provided with the equipment they needed to eat and drink safely and independently. Staff wore protective clothing and equipment when needed to protect people from the risk of infection and cross contamination.

There were enough staff on duty to meet people’s needs. The atmosphere was friendly and relaxed and staff were able to attend to people’s needs in a timely manner. We were told and saw that communal lounges were supervised at all times. Staff were delegated to work in specific areas of the home each shift and collaborated with each other to make sure communal areas of the home were not left unsupervised. For example, when staff were needed to support people in their rooms with personal care or to eat their meal. We saw one person used the garden to smoke and was attended to periodically by staff and summoned them when needed by knocking on the window.

The arrangements in place for ordering, storage administration and disposal of medicines were safe. People told us their medicines were administered on time and that supplies didn’t run out. One person told us “As far as I can remember there have never been any problems with my tablets they’re very good at it all”. When asked if they received their medicines on time another person “Yes I have to have eye drops in too which they do for me”. The administration of people’s medicines was recorded on Medication Administration Records (MAR charts) which were accurate and complete. There was a clear and transparent system for recording inaccuracies with medication administration. When errors in the completion of the MAR charts had occurred the reason for this had been fully explored and investigated so that lessons could be learnt. There was a dedicated medicines room on each floor of the service where medicines were stored in lockable cupboards and trollies. Medicine fridges were maintained and kept at a recommended temperature for the medicines.

We observed staff administering medicines did so carefully, checking they administered the right medicine to the right person at the right time. They were considerate of people’s

## Is the service safe?

mood and responsiveness at the time of administration. One staff member delayed approaching one person with their medicines until the person was more amenable and their mood had improved.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home. Staff files confirmed that staff had completed an application form, references were obtained and forms of identification were present. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Nursing staff were registered with the Nursing Midwifery Council and had up to date pins. This showed us that the provider had checked that people had no record of misconduct or crimes that could affect their suitability to work with people.

People's rights were protected and steps had been taken to keep them safe from harm. Staff had received safeguarding training and were able to describe different types of abuse and what action they would take if they suspected abuse

had taken place. When safeguarding concerns had been identified referrals had been made to the local authority for them to consider under local safeguarding procedures. Staff told us and the records confirmed that concerns staff had raised with the provider under the whistle blowing policy had been taken seriously and acted on appropriately. It was evident that the provider had implemented their own disciplinary procedures when staff misconduct had been identified and had made referrals to the relevant professional bodies such as the Nursing Midwifery Council as necessary.

The provider had taken steps to make sure the environment and the home's equipment was safe for people. A personal evacuation plan was in place for each person in case of an emergency. Safety checks had been completed for the home's equipment which had also been serviced as needed. There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. Investigations into recorded accidents and incidents had taken place.



# Is the service effective?

## Our findings

People received effective care and support. People told us they got the help they needed and they were looked after well by the staff. They told us they felt staff were competent and skilled at their roles and they had confidence that staff knew what they were doing.

People's health care needs were monitored and support from relevant healthcare professionals was sought when needed. A health care professional confirmed that staff contacted them when needed and carried out any instructions they gave. Each person was registered with a GP and the GP from the local surgery visited every week. It was evident that staff contacted the GP surgery in advance to let them know who needed a visit and what their medical need was. Staff explained, and records confirmed they always recorded any advice and instructions given. A healthcare professional involved in caring for people at the service confirmed they had no concerns about the delivery of care and that they felt people's health care needs were being met. One person told us "The medical treatment is superb, everything's just over there in that building. It's quicker than if you're at home". A relative told us "(person's name) has glaucoma and there are regular appointments to check it". People also spoke of being visited by a chiropodist. One person told us "My feet get seen to regularly". It was evident that people also received dental checks, eye and hearing tests when needed. In relation to health care one person told us "Anything like all that, you get sorted for you, I had my glasses checked recently too". Another person told us "The dental treatment is easy, just outside over the way".

People's general health was routinely monitored. People's temperature, pulse, respiration, blood pressure and weight were recorded on a monthly basis or more often if needed. We saw daily records detailed how people were feeling and any changes to health were noted and acted on. Referrals had been made and input sought from a range of health care professionals, such as the falls prevention team, a Speech and Language Therapist, a Tissue Viability Nurse (TVN) and a Community Psychiatric Nurse (CPN) when needed. There was clear documentation of engagement with visiting professionals and good working relationships

had been formed with them. We saw records detailed people's relatives had been consulted on matters relating to their health care needs and that where relevant, meetings had been held to discuss people's options.

People's emotional wellbeing was monitored. One person who was living with dementia was being observed by staff at 30 minute intervals and records were made as to their whereabouts and the activity they were engaged in. Staff explained and records confirmed this person had been involved in several incidents whereby they had become aggressive towards other people. They told us monitoring this person helped them to identify changes in the person's mood and demeanour. This helped them to pre-empt incidents by intervening and offering relevant support when the person became anxious or aggressive.

People were very complimentary about the food and felt they always had enough to eat and drink. One person told us "The food is very good". Another person told us "I enjoy my meals, the food is excellent, and we're a bit spoilt really". Each person's nutrition and hydration needs assessment was available to staff and to the cooks, who were aware of people's special dietary needs and preferences. For example, people who required a diabetic diet and those who needed soft or puréed food and thickened drinks were catered for.

We heard people being offered the choice of eating their lunch at a dining table, at a portable table or in their rooms. There was also a choice of meals and drinks available. One person told us "We get a menu to look at but if you don't like what's on it you can just say". People were provided with the assistance they needed and there was lots of interaction between people and staff. One person told us "They have to feed me and it's a really sociable time, I enjoy that time with them". The majority of people were able to eat and drink independently. The people who needed help or encouragement to eat and drink received the support they needed from staff or their visiting relatives.

Hot drinks were provided at set times throughout the day as well as when requested. There was a jug of water or squash in each person's room and in the communal areas of the home for people to help themselves to. Staff told us people's views on the food provided were sought on an ongoing basis through general discussion and at residents meetings. People were asked if they would like to try different foods or make suggestions to add to the menu. Staff meeting minutes confirmed that staff had been asked



## Is the service effective?

to make sure all comments about the menu and food provided, good or bad, were to be recorded in a 'food comments book' so that the kitchen staff were aware of any problems and take the necessary action to rectify them.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. They went through an effective induction programme which allowed new members of staff to be introduced to the people living there whilst working alongside experienced staff. The manager said new members of staff including agency staff, didn't work unsupervised; until they were competent and felt confident to do so. The provider had obtained verification of the qualifications and experience of agency staff before they were deployed to work.

Staff told us they felt supported in their role and could speak with their line manager to request training or to have a private discussion about their own welfare and personal development. They told us they had attended group supervision sessions whereby information was passed to the staff team in relation to specific topics for example, record keeping and the application and recording of topical creams. They added these sessions had been useful, and one member of staff who had missed one of the group supervision sessions told us the information from the session was passed onto them individually. They said "Paperwork is a lot better now as a result of the group supervisions". Staff told us the frequency of staff meetings had recently increased and were now held monthly. One staff member told us "They are two-way meetings. We all group together now and work as a team, it wasn't like this before."

Staff completed the training they needed to support people safely and effectively. Staff felt the training they completed

was good and equipped them to meet people's needs and deal with situations as they arose. The majority of staff including the activities organiser and the maintenance person had completed training in supporting people living with dementia. Staff explained this had helped them to understand how to tailor their approach when supporting people with dementia, for example by making sure they were at eye level with the person and that they spoke clearly.

Staff understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made decisions that may place them at risk. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used.

Management and staff had a good understanding of the MCA, DoLS and what may constitute a deprivation of liberty. People had their mental capacity assessed when needed and where necessary the manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully. Staff demonstrated they followed the MCA code of practice and told us they had either received, or would be completing training on the MCA and DoLS. They were aware of the DoLS that were in place for people and that they could find out more by looking in people's care plans.

# Is the service caring?

## Our findings

People and visiting relatives were all extremely positive about the service. One person told us “Everyone’s good to me”. Another person said “I consider myself very lucky to be here.” Several people and their visitors commented on how homely Burleys Wood was. One person told us “They try to make it like your home for you”. A visitor told us “It has a really nice family-like atmosphere”. Another visitor commented “As soon as you get through the door they offer you a cup of tea”.

People told us they were able to maintain relationships with those who mattered to them and visitors were welcome at any time. One visitor told us their relative was reaching the end of their life. They explained the manager and staff had encouraged them to spend as much time as they wanted with their loved one. Staff had said to them this meant they were welcome to come in and join them at any time of day. The relatives said this had meant a lot to them and they felt that the staff genuinely cared about the people that lived there. One of these relatives told us “We’ve noticed that they don’t just look after the residents here, but they look after the families and relatives too, everything has always been to our expectations and (person’s name) has been very happy here”. Staff were seen meeting with people’s visitors throughout the day, providing emotional support and talking through any changes to people’s health and wellbeing. Relatives told us they felt involved in their loved one’s care and were kept informed of any changes.

People told us and we saw that staff were caring and friendly. One person told us “I know they really love me here and they’ll give me a kiss and a cuddle if I want one”. Another person told us “I’m very well looked after”. A third person told us “They’re very friendly, you can always have a laugh and they always seem to work well together”. A further person told us “The person that gives me a bath I just love her. She encourages me and I was really frightened at first, but I’m not now, she told me she would look after me and she has such patience. It’s always calm and lovely. Ooh and I just soak there relaxed. She’d do anything for me she’s very special and we sing together too”.

The staff were supportive and caring and knew people well. We observed that staff interacted with people in a meaningful way and had a rapport with people which they enjoyed and responded to. We observed one person

became tearful and distressed and said “I’ve had enough of it”. Staff were on hand immediately to give them verbal reassurance and give them a cuddle to which the person responded positively. One person told us “(Person’s name) the maintenance man, he’s a nice chap. We get on well”. Another person told us “The staff are very nice, wonderful and the managers too”. A further person told us “I love to have a chat with (staff member’s name) she’s so lovely”. When asked about their relationship with staff one person told us “I can’t think of anything exactly just at this moment, but it’s the little things they do each day, like just calling hello as they go past your door, that sort of thing”.

Staff were respectful and treated people with dignity. People told us and we heard staff using people’s preferred names when addressing them, knocked on doors before entering their rooms, closed doors and curtains when delivering personal care and that conversation about their care took place in private. One person told us “They don’t just talk over you like you’re not here either, they involve you”. Another person said “It’s not like when you’re in hospital and they all stand round talking about you as though you’re not there”. A further person told us “They knock on my door even if it’s open”.

We observed the care delivered to one person who was in bed, was confused and required nursing care. We saw staff made sure the door was kept closed when attending to this person’s needs. They told us staff covered them with a sheet whilst washing them. Throughout the day we observed staff talking to people whilst they were supporting them explaining what was happening even though people were unable to respond.

People were treated as individuals and were able to do what they wished, making their own decisions supported by staff where needed. For example when to get up or go to bed, what to wear and what to eat. We heard one member of staff ask a person “Where would you like to sit, it’s your choice”. Staff routinely checked people were comfortable throughout the day for example we heard one staff member asking someone “Are you alright there? Would you like to put your feet up?” They then supported to the person to put their feet up and asked “Is that better?” We heard another member of staff ask someone else “Can I help you? Let me know if you want anything”.

People’s rooms were personalised with their belongings and memorabilia to help them feel at home. People were supported to maintain their appearance as they wished. A

## Is the service caring?

laundry assistant explained it was practice to make sure all clothes were marked with people's names, including those who were staying at the service for respite care. Families were encouraged to name items prior to items being left in

the home, but if proved difficult staff helped to do this. People told us they regularly used the hairdresser that visited the home. One person told us "I had my hair shampooed and set only yesterday".

# Is the service responsive?

## Our findings

Each person had their needs assessed before they moved into the service. Pre-admission assessments were then used in the formation of the person's care plan. Care plans included the support people needed for their physical, emotional and social well-being needs to be met and were personalised to the individual. Where known, information was readily available on people's life history, their daily routine and important facts about them. This included people's food likes and dislikes, what remained important to them and daily routines such as their preferred times for getting up and going to bed and whether they liked to listen to the radio or watch television. Staff explained they continued to work with people and their relatives to document people's personal histories and preferences.

People and their relatives were involved in planning their care. One person told us "If there's anything to do differently they deal with it on the day as it crops up really". A relative told us "There's no one sit down get together, but they always keep us informed". Another relative told us "The communication is excellent they ring and discuss everything with me". A further relative felt they had been very involved in their relatives care and told us "(Person's name) speaks French Creole and they've even learnt some words to help her, things like pain or thirsty, the main words they asked us to write down". We saw this information had been transferred into this person's care plan and that care staff knew where to find this information. Senior care staff confirmed they were responsible for overseeing the monthly review of the care plans for specific individuals and were required to report the completion of this to the acting manager on a monthly basis.

The majority of people on the ground floor were happy with the arrangements for activities and social interaction. Some people from the first floor felt because they often chose to stay in their rooms they weren't always informed of the activities available or asked if they would like to join in. One person told us "They don't ask me each day, as they know I usually prefer to stay in my bed, but sometimes I do feel like a change, but I don't like to ask or put on them even though I know I can ask". Another person told us "I think they do have something going on here and I quite like to attend organised things, but I don't know what's happening or when". A further person told us "I know things do go on, but it's not well publicised". Information about

activities was displayed on notice boards and on wipe boards throughout the service. The acting manager told us information about activities on offer had been communicated to everyone who used the service, but they would take action to make sure people were reminded about them each day and asked if they would like to participate.

An activity organiser told us they worked on a one to one basis with each person at least once a month under the providers 'My Day' scheme. This scheme involves activity workers working on a one to one basis with people in relation to their preferred activities, including setting up trips out into the community. They described how they had worked with one person who spends time in their room and dislikes socialising. They told us they had acquired a recording of the songs of a singer the person enjoyed listening to and worked with the person to compile a scrap book about this singer. They added "We try to get around people in their own rooms, see if they would like a newspaper or anything."

Some care staff were proactive in supporting people with activities and an activity organiser told us "Quite a few (care workers) love getting involved and would do more if they had the opportunity." They told us care staff facilitated 'I remember when' sessions where people had the opportunity to reminisce and also gave people manicures. A newsletter informed people of a recent event whereby local motor bike owners had visited the service with their bikes. This event had been instigated by a member of the care staff team following a conversation with a person who had told them how much they had enjoyed motor bikes when they were younger. The person had been able to have a ride in the side car of the motor bike and many other people had photographs of themselves taken sitting on the bikes. We were told that another member of staff had brought in some apples which people had peeled and enjoyed prepared for cooking by the kitchen staff.

There was a varied programme of activities on offer that the people enjoyed. They included group activities such as; exercises, bingo and reminiscence. We saw people enjoyed and were enthusiastic about a music and movement session in the morning and thought had been given to make sure it was delivered at a pitch appropriate for the level of understanding and physical ability of the people who attended. There were life size dolls and push chairs on the ground floor which we saw being used and enjoyed by

## Is the service responsive?

some people living with dementia. The main corridor on the ground floor was referred to as 'The street'; there were several 'shop window fronts' which had been dressed with a seasonal theme. We saw people looking at these displays with interest. There was also a range of hats available for people to wear if they chose and other items of interest to people that staff used when engaging in conversations with them. We saw a copy of the latest newsletter which gave details of up and coming events and names and dates of the entertainers visiting the home over the next month.

Complaints had been documented and responded to. People told us they felt able to raise concerns with the staff and management and felt they were listened to. A copy of the complaints policy was provided to people when they moved into the service and copy of the policy was also on display. The complaints file showed complaints had been thoroughly investigated in line with the provider's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainants.

# Is the service well-led?

## Our findings

The previous registered manager had not worked at the service since the end of June 2015. An acting manager had been recruited on a secondment basis from one of the providers other services and the provider was actively recruiting a permanent manager for the service. People, relatives and staff were positive about the acting manager and their leadership. An open and inclusive culture was promoted by the provider and acting manager, who had made themselves known to people and spent time engaging with people and staff on a daily basis. Everyone we spoke with told us they would be happy to recommend the service. One person said “Our friends that come couldn’t believe how good it was here and we spoke to (acting manager) to tell her so”. People and relatives alike all said that they had no hesitation in raising concerns or complaints with the management and that they felt they were approachable and would be listened to.

There were various systems in place to monitor and analyse the quality of the service provided in order to drive continuous improvement. However between April 2015 and September 2015 these had not been followed. It was the provider’s policy that regular audits were carried out in the service including health and safety, environment, and care documentation. The provider required staff to note any shortfalls identified as part of the audits and complete a plan of action to rectify them. During the period when these audits had not been completed, shortfalls such as the monthly review of care plans had not taken place and staff had not received supervision on a regular basis had not been identified and the shortfalls had continued. In addition to this there were no records to indicate whether shortfalls identified on previous audits had been rectified. Management were open and transparent about this issue. They acknowledged there had been a lack of oversight of the quality assurance processes during this timeframe and told us they were now back on track for the audits to be regularly completed. This is an area of practice that needs improvement.

People, their relatives and the staff had the opportunity to be involved in developing and improving the service at meetings which were held throughout the year. These provided people with the forum to discuss any concerns, queries or make any suggestion. One person told us “You only have to mention something and if they can they’ll act

upon it”. Satisfaction surveys were also distributed to people and their relatives, professionals involved in people’s care and staff that worked at the home to obtain their feedback. Feedback from relatives on the last survey completed in June 2015 included concerns about the provision of activities in the service which the provider was acting on. Staff felt empowered to make suggestions and implement changes. For example care staff had actively become involved in instigating meaningful activities for people, and a cleaner who had identified shortfalls in the providers cleaning schedule had researched current infection control good practice guidance and incorporated this into the daily cleaning routines.

There was a clear management structure in place. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and described an ‘open door’ management approach. The acting manager and area manager were seen as approachable and supportive, taking an active role in the running of the home. Staff showed enthusiasm and interest in their work. They clearly understood the value of having fun at work was an appropriate balance to the sometimes more demanding elements of their role. All the staff including the acting manager told us people came first and it was apparent from our observations this philosophy governed the day to day delivery of care.

The provider recognised the importance of staff continuing to learn and develop and how this improved the quality and delivery of care and outcomes for people. Management told us they actively encouraged staff to progress to more senior roles within the company and for staff to complete training in areas that interested them. Two members of staff confirmed they had been successful in securing a more senior position within the service. There was a staff training and development plan in place for the next 12 months which identified all the training that the provider required staff to complete.

There were systems in place to ensure management received supervision and had the opportunity to develop and keep up to date with good practice. The acting manager and deputy manager had started a year-long course which included looking at the support people living with dementia need throughout each stage. They told us they had learnt a lot from the course already and

## Is the service well-led?

disseminated their learning from to other staff. They gave us an example of how this had led to changes being made in relation to the activities provided, to make sure they met the needs of people living with dementia.

Incidents and accidents were monitored for any emerging trends, themes or patterns. Each month, the provider

calculated how many falls there had been, incidents which resulted in an injury and non-injury. This enabled the provider to monitor how many falls and injuries were taking place. Documentation enabled the provider to monitor the times of people falling, if it was the same people and ascertain what action to take.