Care Quality Commission

Catholic Care (Diocese of Leeds)

Craven House Oakdene

Inspection report

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Ratings

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

Overall summary

This inspection took place on 27 February 2016 and was unannounced. There were no breaches of regulation at the last inspection on 24 September 2014.

Craven House Oakdene provides care and support for up to 4 people who have a learning disability. The home is situated in a single story building with disabled access. All bedrooms are single and two have en-suite facilities. The lounge and dining room are spacious and comfortable and within easy access of the all the bedrooms.

The home has a registered manager in place. 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 and associated Regulations about how the service is run.

We found people were cared for and supported by sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support

Summary of findings

required to meet people's needs. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff ensured that people were supported to make decisions about their care. People were cared for in line with current legislation and they were consulted about choices as much as possible.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Relatives we spoke with also told us they thought people were safe at the home. There were systems and processes in place to protect people from the risk of harm. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

People's care plans contained sufficient and relevant information to provide consistent care and support. People's mealtime experience was good with ample assistance available for those who required one to one help with their meal. People received good support which ensured their health care needs were met. Staff respected people's privacy and dignity.

People were supported to take part in activities and daily occupations which they found both meaningful and fulfilling. Relatives told us that they appreciated how staff had thought of new ways to make sure people could join in daily routines and events they could enjoy. Staff had also been responsible for encouraging and supporting people with new interests which they had benefited from. The home made a particular effort to communicate with relatives and other interested parties to make sure that people were 'given a voice' despite their complex needs.

We observed throughout our visit, and were told by relatives, that people were treated with kindness and compassion. We saw people smiling and engaging with staff. Staff knew how best to communicate with people. This included the use of gestures, touch and key phrases, which the person understood. Staff responded quickly to people's changing needs and knew people well enough to know when a subtle facial expression or a sound indicated they needed assistance or support. Needs were regularly monitored through staff updates and staff meetings. We saw staff had a good rapport with people and worked together as a team.

The home was regularly cleaned and staff were trained in infection control.

People's needs in relation to food and drink were met. People enjoyed the meals and their suggestions had been incorporated into menus. We observed that the dining experience was pleasant and that people had choice and variety in their diet.

The service had good management and leadership in place. People had opportunities to comment on the quality of service and influence service delivery. Effective monitoring systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately. The registered manager worked alongside the team, supporting the staff to ensure people received the care and support they needed. People told us they got on with the registered manager and that they were approachable and listened to them.

There were quality assurance systems in place which were used to make improvements to the service. We sampled a range of safety audits and looked at the results of a recent quality survey sent out to relatives, healthcare professionals, including social workers.

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?

Good

The service was safe. People were protected from the risks of acquiring infection because the home was kept clean and tidy and staff knew about infection control. Risks to people's safety were assessed and acted on. Risk assessments were in place where needed and included details about how to minimise risk.

People were protected by sufficient staff, who were safely recruited and had the skills and experience to provide appropriate care. People were protected by the way the service handled medicines.

Is the service effective?

Good

The service was effective.

Relatives told us they thought people were cared for properly and that staff understood their care needs really well.

Staff were supported in their role through training, supervision and appraisal. This gave them the skills to provide good care.

The service met people's health care needs, including their needs in relation to food and drink.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring.

Relatives told us that staff were dedicated, caring and devoted to the people living at the home. We observed this throughout our visit. We also found staff were compassionate and patient and guided people through their day at their own pace.

Staff were enthusiastic about their work and clearly took a pride in the care they provided.

Staff respected people's privacy and dignity and had developed positive relationships with the people living at the home.

Is the service responsive?

Good

The service was responsive to people's needs, some of which were complex.

People received particularly individualised and personalised care, which had been discussed and planned with them and those with significant involvement such as relatives and other agencies. Staff provided a support which met each individual's needs and preferences.

Staff worked very hard to ensure people's lives were as fulfilling as possible. People's views were listened to and acted upon by staff. The registered manager, along with the staff team were keen to 'get it right' for everyone at the home and worked tirelessly to make a difference to people's lives.

Is the service well-led?

Good

The service was well led.

Summary of findings

There was a registered manager in place. Leadership was visible and there was a quality assurance system in place so that the registered manager could monitor the service and plan improvements.

Communication between management and staff was regular, effective, inclusive and informative.

The culture was supportive not only of the people who lived at Craven House but also their families. People close to those living at the home were consulted about their views and their wishes were acted upon.

Craven House Oakdene

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 27 February 2016 and was carried out by one adult social care inspector. The inspection was unannounced.

People who used the service had complex needs and were unable to share their views about their experiences. We therefore used observations throughout the day to see how people were in their surroundings. We also saw how staff interacted with people and how people's needs were being met. As part of the inspection we took time to contact relatives either by telephone or by visiting them at home, to seek their views.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authorities who were responsible for placements. Before the 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 gathered information we required during the inspection visit.

We spoke with the relatives of two people who lived at the home, five members of staff and the registered manager. We also met everyone living at Craven House and spent time with them in the communal areas.

We looked at all areas of the home, including people's bedrooms, with their permission where this was possible. We looked at the kitchen, laundry, bathrooms, toilets and all communal areas. We spent time looking at two care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas. We looked at the recruitment records for three members of staff. We also observed the lunchtime experience and interactions between staff and people living at the home.

Good

Is the service safe?

Our findings

We looked round the home and found the premises were clean and tidy. Staff told us it was regularly cleaned. The premises were suitable for the people accommodated. There were opportunities for people to spend time in their own rooms and there was ample seating and space for everyone in all communal areas.

Staff told us that they had received training in the control of infection during their induction and had received regular updates. Staff correctly described how to minimise the risk of infection. They spoke of the correct use of aprons and gloves and also told us that they washed their hands frequently, and always between offering care to people. The service had an infection control policy which staff told us they followed. This included details of how to manage outbreaks of infection. The laundry room, domestic in style and layout, had a suitable washing machine and dryer.

Relatives we spoke with told us they thought people were kept safe and secure at the home by the way the staff team looked after them. One relative told us, "They care about them all and know what people need. I have no concerns about that." One relative described to us how well they had got to know the staff team and that they felt included in the care provided. This, they said, meant they were kept informed of all aspects of their relative's wellbeing and they were notified if there were any changes in their condition. This gave them confidence and trust in what the staff were doing.

Staff we spoke with were able to identify different types of abuse and could describe the signs they would look for which might indicate a person was being abused. Staff told us they would report any concerns about abuse to the registered manager. They felt confident their concerns would be listened to, but also said they could pass on details to the Care Quality Commission. The staff training records showed staff had received safeguarding training and some had completed this during induction.

The home had policies and procedures for safeguarding adults and we saw that these and relevant contact telephone numbers were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

The registered manager had kept CQC informed about safeguarding incidents which had taken place in the home. The recording of safeguarding incidents clearly explained the registered manager's involvement and the actions taken. This showed to us that they had handled these in a way which protected people. Staff were aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was four. The staffing levels agreed within the home were being maintained, and this included the skill mix of staff. At the time of our visit there was a night duty vacancy, however, this had been filled and the registered manager was waiting for the necessary pre-employment checks to be made before the newly appointed member of staff started work. In the meantime existing staff and regular bank staff were being used to cover any short fall in hours. The home does not use agency staff and the registered manager praised the staff team for the way they would work flexibly to make sure people at the service received consistent care from regular, permanent staff.

We looked at the recruitment records for three staff which showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and that two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

We looked at two care plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, we saw people were being risk assessed for falls, moving and handling, choking and road safety. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. None of the people we

Good

Is the service safe?

met during our visit had been assessed as safe to go out unaccompanied. However, this was managed effectively and staff were brought in especially to support people to access community facilities.

We observed staff assisting people to move around the home and saw this was calmly done. Staff let the person know where they were going and what was going to happen next. The staff member provided quiet reassurance for the person throughout the process. The home was in a generally good decorative state and was suitable for people with limited mobility as there was level access throughout the grounds and premises. People were provided with equipment to help reduce the risk of harm and keep people safe. The home had detailed records of when falls or incidents occurred.

Staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We looked at the records for fire safety and saw evidence of weekly fire checks taking place. Fire extinguishers and other fire prevention equipment were also checked on a regular basis. Staff we spoke with were able to confidently describe the action they would take if the fire alarm sounded. We found regular maintenance checks were carried out which included routine room checks, emergency lighting and water temperatures. Where staff had identified maintenance issues in the home they recorded this in a log which then resulted in prompt action being taken to carry out the necessary repairs.

Medicines were stored safely in a locked cupboard. This included secure storage of controlled drugs. Medicines were supplied to the home in a Monitored Dosing System (MDS). MDS is a medication storage device designed to simplify the administration of solid oral dose medication. We found appropriate arrangements were in place for the ordering and disposal of all medicines. We observed a member of staff while they were dispensing medicines. They did so safely and according to the homes policy and procedure. The member of staff told us they made regular checks on stocks and recording to ensure people received their medicines safely and at the time they needed them. We saw the results of these medicines audits which showed that necessary action was taken to address any issues, for example missing signatures. This oversight of medicines reduced the risk of error. Staff told us that they received regular medicine training updates and records confirmed this. This meant that people benefitted from staff who were trained in best practice around medicine handling.

We looked at the Medication Administration Records (MAR) for all four people. The MARs were well completed and medicines were signed for, which indicated people were receiving their medicines as prescribed. Any refusals or errors were documented and where necessary this was discussed with the person's own doctor to review medication use.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there was no-one subject to a DoLS authorisation at the time of our visit. However, they were in consultation with individual social workers regarding this and had a series of meetings planned with the local authority to discuss this further and where necessary apply for a DoLS. The training records showed that all staff had completed training in this topic.

The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. One relative told us, "The staff are very good, all of them. They make it easy for me to help with the decisions being made. They ask me questions and we decide what is best."

We looked at staff training records which showed staff had completed a range of training sessions, which were either through an e-learning method (on the computer) or conducted face to face. These included emergency procedures, food safety, infection control, moving and handling, dementia care and diabetes. The registered manager told us they had a mechanism for monitoring what training had been completed and what still needed to be completed by members of staff. We saw available training from March 2016 included induction for new staff, end of life care and safeguarding adults.

Staff told us the majority of their training was provided online, although moving and handling training and emergency first aid was delivered as a practical session. Staff undertook a competency test at the end of each e-learning topic to check their understanding.

We were told by the registered manager that new staff completed an induction programme which included orientation of the home, policies and procedure and training. They also said each new staff member was allocated a mentor and given a workbook to complete. At the time of our inspection there were no new starters. Staff at the home had been employed for between 10 months and 12 years.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. When we looked in staff files we were able to see evidence that some staff had received individual supervision and an annual appraisal. However, due to the size of the service and the relatively small number of staff, supervisions were generally of a more informal nature and because the registered manager worked alongside staff the need for formal supervisions was regarded as less of a priority. However, all staff were appraised annually. If there were concerns about performance or practices which needed addressing then structured supervisions were programmed to take place. Staff told us they found this approach suitable and that they were able to discuss practices openly with the manager and each other.

During the morning we saw staff supporting people with their breakfast. Staff were seen giving people different choices of cereals and toast or crumpets along with a hot drink. Staff took the time to ask people what they wanted and knew by their responses if they were providing what they liked. We also observed the lunchtime meal being served. Again people were supported with their meals and could either sit at the dining table or in the lounge area. Those who needed additional assistance or supervision during their meal were supported appropriately. In some instances staff used a 'hand over hand' technique to assist with putting food onto a spoon and then guiding the spoon for the person eating. This was carried out in a professional and encouraging manner with the member of staff assisting with, rather than taking away, the person's independence. Everyone seemed to enjoy their lunch and were given time to eat at their own pace.

Good

Is the service effective?

Staff told us they knew what people liked to eat and that if there was a meal they did not like they would provide an alternative. The home provided a main meal at lunch time and a cold snack at tea time apart from Sunday's, when the roast dinner was preferred at tea time. People also varied their dining experience with trips out to local cafes for meals, takeaways and snacks, accompanied by staff when appropriate.

We found records concerning people's dietary requirements were well managed and these were detailed enough so that staff knew how to best support someone. We saw snacks and drinks were available throughout the day and staff regularly checked if people wanted a drink.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included doctors, community psychiatric nurses, district nurses and dieticians. Needs around clinical care were recorded. For example we saw plans around nutrition management. People were regularly weighed to identify anyone who may be at risk of losing weight or malnourishment. Nutrition and fluid charts were used when necessary. This gave evidence that staff monitored people's health to maintain and improve their physical wellbeing.

Relatives told us that the staff were very knowledgeable about people's care needs and that they had no doubt about their needs being met in full. One relative told us, "They were quick to pick up any changes. As soon as something happens, they deal with it." Another relative told us the home was good at keeping them informed if there had been a hospital appointment or a change in condition. One relative had attended an outpatient appointment with the staff and had found it useful for their own understanding of the person's condition.

Good

Is the service caring?

Our findings

People were very comfortable in their home and decided where to spend their time. We saw some people sitting in one lounge area watching television while some people spent time in their bedroom. People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which demonstrated good standards of care.

Relatives told us that staff were dedicated, caring and devoted to the people living at the home. We found that staff were compassionate and patient and guided people through their day at their own pace. One relative told us, "They are a very friendly team of staff." One member of staff told us they loved their work and that the home was their 'second home' and that they ran it like you would a 'family' environment.

During our visit we saw that staff members responded quickly to any requests for assistance, including subtle changes in a person's demeanour indicating they needed support or help. We observed staff interacting with people in a positive and respectful way. Staff were patient and clearly knew how best to communicate and support people. Staff told us they had time to spend with people and they were able to help them do the things they enjoyed. They were also given time to get to know people and knew how to approach them and help them feel comfortable.

People's privacy and dignity were respected. Staff members told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example their social involvement and their choice of meals and food. Care plans contained good assessment information that helped staff understand what people's preferences were and how they wanted their personal care to be provided for them. The care plan highlighted what was important to each person showing information about what they liked and disliked and information 'About Me.' For example, 'I don't like to be rushed' or 'I like someone to put cream on my feet daily.' There was also information in care plans about how people communicated how they were feeling and what behaviours showed this. For example, subtle non-verbal signs were listed which were crucial for staff to understand so they knew how to support someone effectively and in accordance with their wishes.

Staff told us that they had completed in house equality and diversity training. This covered how to treat people with respect in relation to gender, disability, race or cultural belief. Staff could tell us how this was important when offering person centred care, which respected people's individuality.

Staff told us that they always put people first and considered what the experience of care was like for each person they supported. One member of staff said, "We want to make a difference to someone's life. That is so rewarding." Another member of staff agreed with this and told us, "I look forward to coming to work." All the staff we spoke with told us they were proud of the work they did, that they provided a good level of care and that people were well looked after by the whole staff team.

People were supported to maintain relationships with their families and friends. This included supporting people to visit those they cared about and welcoming visitors into the home.

The service respected the confidentiality of people living at Craven House. Staff members told us they did not share confidential information inappropriately. Confidential information was securely stored in the office and not left out for other people to see.

Good

Is the service responsive?

Our findings

Relatives told us that the service involved them at every step of people's care. They felt people lived an interesting and fulfilled life. One relative told us, "They know [Name] really well. They have known them a long time and that makes a big difference." Another relative told us, "They see things from my point of view as well, I feel very included in [Name's] life and that is how we like it." Another relative told us, "When we have voiced our opinions they have acted straight away." One relative described the difficultly in making the decision about care provision for relative person and how with the support from the service things had worked out alright. They told us they were very satisfied with the care and treatment provided and that staff had, "A lot to be respected for." One relative told us, "The staff have bent over backwards for us."

We found that staff gave care in a highly personalised way. In the PIR the registered manger told us: "The organisation has connections to the following: Dementia Pledge, Investors in People, Investor in Diversity Ladder to the Moon, Dignity in Care Skills for Care. These organisations are able to provide us with up to date and current care information. Some of these groups provide excellent information about learning disabilities and training information. They are a great source of skills knowledge and expertise. We also consult on a regular basis with our Local Team for Learning Disabilities and Social Care Assessors." This is an example of how the provider and staff team enhanced their skills and knowledge to prompt good practice.

Relatives told us that they had been involved, along with the registered manager and staff team to draw up care plans. Daily notes and activities records were very detailed and provided information about care which was responsive to individual needs and showed the extent of staff support provided. Relatives and other significant people were also consulted to assist staff to build a picture of each person across the whole of their lives. Staff were clear to point out that the care plans were not just about the past but were a document about the present and future plans too.

Staff were responsive to people's expressed wishes. Specific goals had been identified in agreement with people and these were recorded. For example, one person had restarted horse riding after it had been identified that this was something they had enjoyed previously. Also a holiday had been planned around a specific event one person enjoyed and their relative told us they had been impressed at the way this had been done, demonstrating to them that they 'really did care' about the people living at Craven House.

It was clear from speaking to relatives, reviewing written evidence and observing the interactions from staff on the day of our inspection that people were supported to live fulfilling lives which were appropriate and relevant to them. People had complex conditions and despite the challenges this can present, staff were prepared to make strenuous efforts to make sure people could engage in social activities and daily events which they knew people would enjoy and benefit from.

Staff and relatives told us that plans were regularly reviewed and we saw that care plans reflected people's preferences and life goals.

Staff responded to people's changing needs. For example, one person had a recent diagnosis of a cognitive impairment, and this had been well managed by staff. Staff had received specialist training to make sure they could address any side effects of the condition and 'be ahead of the game' with regard to the persons care needs. The relative of this person told us about the staff involving them, and that they were learning new ways of dealing with it alongside staff so that they were all following the same methods. This they said had been very beneficial to them and helped them understand what staff were doing and why.

The home operated a key worker system for the people who used the service. When asked, the care staff explained the role mainly involved ensuring a person's personal care and effects were appropriate and in order as well as liaising with their relatives and health professionals. People and/or their family members we spoke with told us they were involved in developing their care and care plan.

The home regularly asked for the views of relatives and other visitors and these were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these.

The home had a varied and interesting programme of activity and entertainment on offer. This included individual events and group participation. We noted that people had been involved in dance classes, exercise, church visits, attending social clubs, day services and

Good

Is the service responsive?

theatre trips. There were also individual outings to local cafes and a public house. People have access to a house vehicle which is used to take people out on events or to carry out routine shopping trips or attend medical appointments. Everyone at the home had contact with relatives. Contact was regular and was either by telephone or visits to their family homes. The home encouraged visitors, and staff supported people to maintain their relationships with people who were important to them.

The registered manager told us they explored the potential benefits of each activity and then evaluated them with suggestions for improvement, from either the staff member supporting the person or their relative. People's feedback was used to help with future planning. We saw photographs of people on outings and engaged in interesting pastimes. Staff were proactive in researching appropriate activities for people and were sensitive to their individual needs. Some activities were arranged in house and were tailored to each person's preferences. Additional staff were also provided where necessary to make sure activities went ahead without disruption or cancellation.

Relatives told us they were encouraged to express any concerns or complaints they might have and people told us of times when they had discussed some area of concern to have it resolved quickly and politely. Staff used a variety of methods to support people to communicate if they were unhappy or not. This included information which was supplied in a pictorial format. Staff also made regular contact with people's relatives and other agencies who knew people well, to make sure they had all the right information to satisfy themselves that they were providing a service which people were happy with.

Good

Is the service well-led?

Our findings

Relatives told us they thought the service was well managed, with clear leadership for staff and a real team work ethos. One relative told us, "The manager is very good, her heart's in the right place." This opinion was echoed by the staff and others we spoke with. Another relative told us, "The staff are great, they know how to deal with people properly. There is a good atmosphere when I visit." We gained the view from staff that they were a dedicated and committed team who worked well together for the benefit of people living at Craven House. It was evident that it mattered to the staff that they 'got it right' and that people living at the home deserved to be treated well and respected.

The management team respected, supported and listened to staff to improve the quality of service. The staff members we met and spoke with during our inspection spoke enthusiastically about their responsibilities and were proactive in their actions to improve the quality of service. Communication at all levels was clear and encouraged mutual respect. The registered manager understood the home's strengths and was keen to make continual improvements.

During our inspection we observed that the registered manager promoted a positive, person centred culture through their respectful interactions with people and the staff.

The registered manager had been employed by the organisation for three years. The main staff team had been employed at the home for between 10 months and 12 years. Some staff had known people living in the service for a considerable length of time, having met them previously in other services owned by the organisation. This provided stability and consistency for people who lived at Craven House.

Staff told us that they focused on providing good quality care and that they had an open and honest relationship with relatives and other agencies. They told us they felt supported in their role by the registered manager and senior managers in the organisation. We noted from what we saw that the culture was inclusive and that staff put people at the heart of their work. Staff told us they were encouraged to offer suggestions about care and that the registered manager acted on them where possible. Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that any incidents were acknowledged and acted on in an atmosphere of support.

Staff meetings took place periodically and staff told us that these were used to discuss any changes for individuals and discuss any significant events or developments within the home or organisation.

The registered manager told us that they consulted with staff informally on a one to one basis and more formally through supervision meetings. Staff confirmed that this was the case. The registered manager explained how they had made improvements to people's care based on consultation with staff and other agencies. This included changes to the menu and activities within the home in the local community.

The registered manager worked well in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. Daily notes and monthly updates contained detailed information about how advice was to be incorporated into care practice.

Notifications had been sent to the Care Quality Commission by the service and to other agencies as required. There were systems and procedures in place to monitor and assess the quality of the service. For example we saw records of medicine, infection control and health and safety audits. Staff told us that the registered manager discussed the results of audits with them regularly. We saw that when shortfalls had been identified, staff could tell us what was in place to improve practice. Records also showed that improvements had been made across a range of audited areas.

Quality assurance surveys had been sent out in 2014 and again in 2015. However, the results of the latest survey were at the provider head office for analysis and the registered manager was waiting to see if there were any improvements needed as a result of the responses. A staff survey had been completed in December 2015 and the results were available at the home for us to review. Ten members of staff had responded and overall comments

Good

Is the service well-led?

and outcomes had been positive. Some comments included, "Great place to work; a lovely environment for resident's; there is great job satisfaction and Catholic Care is a good evolving organisation to work for."