Care Quality Commission

Leyton Healthcare (No 1) Limited

Cambridge Park Care Home

Inspection report

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Ratings

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

Overall summary

Cambridge Park Care Home is registered to provide residential and personal care for up to 60 older people who may have dementia related conditions. Accommodation is provided over two floors with both stairs and lift access to the first floor. Accommodation for people living with dementia is located on the ground floor in the Courtyard Suite. The first floor residential accommodation is known as the Evergreen suite.

The service had a registered manager in post. 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.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 13 August 2013 and was found to be compliant with all of the regulations inspected.

People who used the service and their relatives told us they felt safe and were cared for in a clean environment. Comments included, "I feel she is safe here as there is always someone about. I like that the staff regularly check people" and "I call this my home."

Summary of findings

Staff were knowledgeable about the registered provider's policies and procedures in order to protect vulnerable people from harm or abuse.

Each person had a set of risk assessments which identified hazards they may face and provided guidance to staff to manage any risk of harm.

The 47 people who used the service were cared for by sufficient numbers of well trained staff who were recruited into their roles safely and had undergone appropriate checks before commencing their employment. Two activities staff provided 60 hours of activities each week, including alternate weekends.

Medicines were stored and administered safely. There was a reporting system in place for staff to follow in the event of errors occurring whilst administering medicines.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. When people had been assessed as being unable to make complex decisions, there were records of meetings with family and other professionals involved in their care. The meetings were held in order that any decisions made on the person's behalf were done so after consideration of what would be in their best interests.

The lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. The lunch was well presented and was served quickly so that it remained hot. Tables had tablecloths and napkins; fresh flowers were on each table.

The ground floor had been designed to accommodate people living with dementia. We saw bespoke dementia-friendly doors to people's bedrooms and dementia-friendly signage was used to identify bathrooms. The ground floor location for people living with dementia meant they could access the fresh air in the enclosed garden area.

Comments from people who used the service about the staff included, "They care about me more than I do about myself" and "The carers are very good. They make sure you feel at home." People told us staff understood their privacy and dignity needs. Staff knocked on people's doors before entering rooms and people were asked discreetly if they needed to go to the bathroom.

Members of staff were able to describe to us the individual needs of people in their care, including explanations of what gestures and expressions people would use to indicate their preferences, choices and wellbeing.

People's care plans were written round their individual needs and wishes. Care plans contained detailed information on people's health needs, preferences and personal history including people's interests and things that brought them pleasure.

A number of activities were organised throughout the week. A display board using pictures provided information of what was taking place each day.

Each of the 10 people we spoke with told us they had no cause to complain about the home but felt able to do so if necessary.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

Each member of staff had their competency assessed regularly. This included checks on their knowledge of people's care plans and personal histories.

The service had recently sent surveys to people who used the service and staff. The survey showed 100% of the people who used the service felt staff treated them well and it was meeting their needs. In addition, every person felt the activities were good, the food was nutritious and sufficient, and the staff were suitably trained.

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. There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

People said they felt safe. Risks to people and others were managed effectively.

People's medicines were stored securely and administered safely by appropriately trained staff.

Is the service effective?

Good

The service was effective. Staff had been well trained and supported through supervision and appraisal of their work.

People were supported to have a balanced diet.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Outstanding

The service was caring. People felt staff treated them with kindness and as an individual.

People's privacy and dignity were respected. Staff respected people's personal space and always asked permission to enter their rooms.

Is the service responsive?

Good

The service was responsive. Care plans contained up-to-date information on people's needs, preferences and risk management.

Two activity co-ordinators were employed to deliver a total of 60 hours of activities per week. People participated in a wide variety of activities, many of which were tailored to individual needs.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well led. There were systems in place to monitor the quality of the service.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The registered manager promoted a good team spirit and staff felt they were supported.

Cambridge Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 unannounced inspection took place on 23 and 25 February 2015 and was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The local authority safeguarding and contracts teams were contacted before the inspection to ask them for their views on the service and whether they had investigated any concerns. They told us they had no significant current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 10 people who used the service, five care workers, the registered manager, the deputy manager, the cook, two domestics, and five relatives.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Five people's care records were reviewed to track their care. Management records were also looked at. These included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts kept in folders in people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and were cared for in a clean environment. Comments included, "I feel she is safe here as there is always someone about. I like that the staff regularly check people", "I call this my home. If the staff see you stumble, they are always straight there to make sure you're OK", "I think the staff look after me really well and keep me as safe as I can be at my age", "Everything is kept lovely and clean. They even wash the walls down in my room" and "The cleaners are always at it."

The registered provider had policies and procedures in place to protect vulnerable people from harm or abuse. Staff had received training in safeguarding vulnerable adults from abuse and they were able to describe the different types of abuse that may occur and how to report it. The five care workers we spoke with all expressed confidence that the management of the service and the registered provider would act appropriately to address any issues. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns. Telephone numbers of external agencies such as the local safeguarding team were displayed around the service.

The registered manager showed us records of referrals made to the clinical commissioning group's (CCG) safeguarding team and we saw the registered manager had worked with them to investigate concerns and address any shortcomings. At the time of our inspection visit the local safeguarding team was working with the registered manager to investigate one minor concern.

We reviewed the risk assessments within five care plans. We saw each person had a set of risk assessments which identified hazards they may face and provided guidance to staff to manage any risk of harm. Care plans contained risk assessments for: mobility, medication, bed rails, pressure care, falls, nutrition, continence, bathing, and behaviour which may challenge the service or others. These had been evaluated monthly or sooner if necessary. We saw evaluations were meaningful and detailed and described any changes in people's needs which may affect their level of exposure to risk. They also contained information about how people's independence should be promoted.

We reviewed the assessments for people identified as being at risk of developing pressure sores and saw they provided staff with detailed information on preventative measures, monitoring, and escalation procedures. For example, clear guidance was provided as to when intervention by external healthcare professionals should be sought. Where people were deemed at high risk of developing skin damage, we saw monitoring charts for re-positioning people at regular intervals had been completed. In addition, each person who used the service had a monitoring chart for monthly checks of parts of the body which may be at risk of developing pressure damage.

The 47 people who used the service were cared for by two senior care workers, five care workers and the deputy manager. The registered manager was supernumerary. In addition, one laundry assistant, four domestics, one cook, one kitchen assistant, one administrator, and a handyman were working on the day of our inspection visit. Two activities staff provided 60 hours of activities each week, including alternate weekends.

The registered manager told us they, the deputy manager and other senior staff were on call throughout the week if an emergency occurred out of hours. The registered manager showed us how the staffing levels were based on people's dependency and how this was monitored monthly through the use of a recognised dependency tool. We saw that at times staffing had been increased due to changes in people's needs.

Members of staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

Whilst information was available to accompany people to hospital in an emergency so that clinical staff were aware of the person's needs and their level of independence and understanding, we noted people's care plans did not contain information about how to safely evacuate the person if there should be a need, for example in the event of fire. The registered manager took immediate steps to rectify this.

We saw medicines were stored safely in two dedicated medication rooms. However, only one had a sink for staff to use for hand hygiene. The other room had a sign displayed on the door to advise staff to wash their hands. Medicines

Good

Is the service safe?

for daily use were stored in trollies, which were secured to the walls of the room. A locked controlled drugs cupboard was attached to the wall for medicines requiring tighter security. We completed a check of controlled medicines and found stock matched the register. The register records were found to be accurate and had been signed by two members of staff when they administered controlled medicines to people who used the service. We saw procedures were in place to dispose of medicines appropriately and safely.

Each person who used the service had been assessed for their ability to self-medicate. At the time of our inspection visit, no one was able or had chosen not to take medicines themselves. Where people regularly refused medication, records of GP advice was sought and recorded.

We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective ordering system was in place and all medicines were within their expiry dates. Open bottles of liquid medicines had the date of opening clearly recorded on the bottle in accordance with good practice guidance.

We reviewed the medicine administration records (MARs) for seven people who used the service and found they were completed accurately. There was a protocol in place for administering 'when required' (PRN) medicines and staff were required to complete separate MARs which were witnessed by a second member of staff in order to protect people from any potential overdose. We were told only the senior staff were permitted to administer medicines; records showed all the relevant staff had been trained in the safe handling and administration of medicines. People who used the service told us they were given their medicines as prescribed. One person said, "Staff are very patient with me when I've got a lot of tablets to take at the same time."

Records showed staff were assessed for their competency in the safe administration and handling of medicines at least twice a year. We saw there was a reporting system in place for staff to follow in the event of errors occurring whilst administering medicines. This was designed to keep people safe and had clear escalation procedures in place.

During our inspection visits we noted the service was clean, tidy and the building was free from mal odour. The domestic supervisor showed us records of daily and weekly cleaning schedules as well as those for carpets, curtains and linen. We noted people's rooms received a deep clean at least once a month. We saw all bathrooms contained paper towels and appropriate hand gels. On entering the kitchen we were asked to wear disposable personal protective equipment (PPE). We saw records of regular checks on staff hand hygiene. This meant the service followed good practice in order to effectively manage the risk of infection.

We found equipment used in the service, such as that for moving and handling, for catering purposes, hot and cold water outlets, fire safety, call bells and the lift was checked and maintained.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us the service was effective. Comments included, "They always get the Doctor if you're not well", "There's a good variety of food; it's the sort I like", "Yes, I think the staff certainly know what they are doing", "I think they (the staff) are trained quite well actually", "The staff certainly seem to have a good understanding of tasks", "I think the food he gets is really good; it is all home cooked and looks tasty", "The staff have such a good understanding about XXX's needs and how to deal with it so their training must be top notch" and "We have been invited to a best interests meeting before and I think the home is on top of all that."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed all staff had received recent training in the principles of MCA. Our observations showed staff took steps to gain people's verbal consent prior to care and treatment.

When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Records also showed advocates had been involved in supporting people where necessary. Each person's had individual capacity assessments for each specific decision, the ability to understand their needs around medicines for example.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. We saw paperwork confirming eight DoLS had been applied for, four of which had been approved thus far.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the front of the care file. If a person lacked capacity to make this decision for themselves, we saw records of best interests meetings with families and appropriate clinicians.

Staff told us they received regular training and felt well supported by the registered manager and registered provider at the service. One member staff said, "The manager's door is always open and since it's at the front of the building they are always available for you. They will work a shift as well if anyone is off sick and no one will cover." Staff told us they received regular supervision sessions with their line manager which took place every two months. We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included: moving and handling, health and safety, safeguarding vulnerable adults from abuse, fire, infection prevention and control, dignity, medicines management, dementia care, MCA 2005, behaviours which may challenge the service and others, and basic food hygiene. In addition, the senior staff had received advanced training in safeguarding vulnerable adults from abuse and MCA.

Records confirmed 89.9% of the care staff had achieved or were working towards a nationally recognised qualification in care and 90% of the non care staff had undertaken nationally recognised qualifications appropriate to their roles. The registered manager told us all staff working on the dementia unit were required to undertake advanced training in dementia care.

Staff who spoke with us were able to describe how elements of their training were embedded within their work. For example, staff were able to describe the ways in which they should seek people's consent, used infection control measures in their day-to-day work, and how to communicate effectively with people who lived with dementia.

Good

Is the service effective?

We saw a monthly nutritional risk assessment was carried out for each person. People who had experienced sustained weight loss or were at risk of malnutrition were placed on a food intake chart designed to monitor how much they had eaten. We spoke with the cook who was able to describe people's preferences and specialised dietary needs. Information on the various types of textured diets as recommended by the Speech and Language Therapy team (SALT) was clearly displayed in the kitchen so that all kitchen staff were aware. The cook told us the meals were largely home cooked and the menu was created by talking to people who used the service about their preferences whilst balancing their nutritional requirements.

We observed the lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. The lunch was well presented and was served quickly so that it remained hot. Tables had tablecloths and napkins; fresh flowers were on each table. We saw people were offered a choice of meal either verbally or by staff showing them the choice of two meals. Staff told us specially adapted plates and bowls with high ridges were made available to people who needed assistance to remain independent rather than plate guards. They said this was part of the registered provider's 'dignified dining' programme. People were offered a choice of drink at the table and a choice of a different meal if they did not like the one they had chosen.

People who took longer to eat than others were afforded the time to do so. We observed several people being assisted to eat in the dining room or in their rooms in a respectful, patient and sensitive manner. This meant people's dignity was maintained.

The ground floor had been designed to accommodate people living with dementia. We saw bespoke dementia-friendly doors to people's rooms and dementia-friendly signage was used to identify bathrooms. Sensory pictures were displayed on the walls of bright and colourful corridors and communal areas, specifically decorated to stimulate people. Toilet seats, however, were not of a contrasting colour to the toilets which may make it difficult for people living with dementia to distinguish the seat from the toilet. We also saw the service had grab rails in toilets, hand rails in corridors and specialist sit-in baths. The ground floor location for people living with dementia meant they could access the fresh air in the enclosed garden area.

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. We saw records of referrals made to the Speech and Language Therapy team (SALT) and dietetic services. Records showed people were supported to attend GP and outpatient appointments.

Outstanding ☆

Is the service caring?

Our findings

People who used the service and their relatives told us staff were caring. Comments included, "They care about me more than I do about myself", "The carers are very good. They make sure you feel at home", "Even though she'd not been here for long, they have got to know her as a person. That's put our mind at rest, we know she's OK", "We are told we can visit anytime which is really good; they really involve us if that's what we want" and "We felt this was the best home we looked at and we are all satisfied and surprised how quickly she's settled." One person said the staff helped them with bathing and felt the staff had been, "Very tactful" and, "I give them top marks for that."

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people's doors before entering rooms and people were asked discreetly if they needed to go to the bathroom. People's rooms were personalised with pictures of their families and other personal items. Many people had their own ensuite facilities; this meant that personal care could be given in private.

The service had a number of nominated members of staff to act as 'dignity champions' and we saw a notice board in the main reception area displaying information for staff, relatives and people who used the service. Staff told us dignity and privacy was always discussed in both team and general staff meetings where practical demonstrations had taken place with staff in order for them to gain a feeling for what it would be like for people who were not treated with respect. For example, we were told a staff member was taken in a wheelchair to another part of the room without any explanation and left there for a period. The staff member then talked about their feelings of isolation and confusion as well as the disrespect shown by the staff member. We found many similar examples were staff had been asked to consider how they would feel if their dignity had not been respected. The cook told us how they went to great lengths to make sure all purified diets were displayed as individual portions of foods rather than all being liquidised together. The cook had taken time to consider how the person would feel if their meal was presented very differently from other people's.

We were shown records of the monthly dignity observations carried out by the deputy manager each month. The observations were based on the feelings of the person who used the service and checked and commented on the way in which staff communicated as well as their respect for people's choices, wishes and particular needs. We were told individual members of staff were spoken to about any improvements they could make. In addition, the deputy manager carried out a dignity audit each month which assessed any improvements that were needed in order to provide a dignified and respectful care. This audit assessed the environment, communication, promotion of individual needs, and staff knowledge and training.

Members of staff were able to describe to us the individual needs of people in their care, including explanations of what gestures and expressions people would use to indicate their preferences, choices and wellbeing. This meant staff had developed a good understanding of how to interact and communicate with people, ensuring their needs were met. They looked directly into people's faces when asking questions and talking to them.

On the dementia unit we observed staff spoke patiently to people who had limited communication and understanding. People were given time to respond to questions. We saw care plans for people with limited communication had clearly set out the ways of communicating with them.

The registered manager showed us the monthly assessment of the registered provider's 'Dementia Care Standard'. This assessed whether staff interacted with people living with dementia in a positive way and whether staff ensured people's feelings mattered most.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. The service adopted a philosophy of 'natural wakening' so that people could wake up when they wanted to. This meant people's care was not driven by specific tasks at specific times. This included staff not taking people to the toilet at specific times, but when they felt they needed to go. We saw care plans provided staff with detailed information about people's preferences about daily and night time routines.

People who used the service and their relatives told us they felt involved in the care and were asked to attend reviews annually. Minutes of these meetings were available in people's care plans. We saw changes to care plans had been made as a result of these reviews. This meant when people's needs had changed, their care plans had been

Outstanding ☆

Is the service caring?

discussed and updated to reflect this and their care needs were met. One relative told us, “The staff telephone me regularly to keep me updated, particularly if anything happens. Having said that, we do meet and discuss the care given and what is needed.”

We saw there was a planned schedule of meetings for people who used the service and their relatives. The minutes from the meetings showed issues such as the food, amenities, activities and the general levels of care were discussed. Following the meetings we saw the registered manager had created an action plan in order to implement ideas they had discussed.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive. Comments included, "There's quite a bit to do", "Mum gets involved in quite a few things", "The sing songs are good, we get to do all the oldies", "I think the staff are quite good at getting people involved with things", "Yes, I know how to complain, I don't need to but at least I know", "There is information in the handbook about how to complain but to be honest, the manager is always available anyway", "I know XXX goes to the local social club and the carers take them there" and "Whatever it is that people need, they seem to get it."

We reviewed five care plans and found they were written around the individual needs and wishes of people who used the service. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information on people's health needs and about their preferences and personal history, including people's interests and things that brought them pleasure. Each care file included individual care plans for: personal hygiene, mobility, communication, health, continence, infection control, pressure care, and nutrition.

People's care plans were reviewed monthly; this ensured their choices and views were recorded and remained relevant to the needs of the person. Some people told us they were included in these discussions. One member of staff told us some people's limited communication meant they would be unable to understand such a discussion although they would try to engage with them in other non-verbal ways. Some care plan reviews stated 'no amendments' or 'no change' at each entry. We talked to the registered manager about this and they told us they would speak to the staff about writing more meaningful entries.

We reviewed the daily notes for seven people who used the service. We found these were written clearly and concisely and provided a good description about people's wellbeing that day.

Staff we spoke with were able to describe in some detail people's life histories, preferences and personalities. We saw care plans were reviewed and updated each month. People who used the service or their representative had signed their care plan to indicate they agreed its content and had been involved in its planning.

The service produced a monthly newsletter for people who used the service and their relatives. This contained information about group activities such as visiting entertainers, church services, and people's birthdays.

People told us there were a number of activities organised throughout the week. A display board using pictures provided people who used the service with information of what was taking place each day. We spoke with the activities co-ordinator who told us they would spend part of each day talking with people who did not wish to participate in any group activity and other people who wished to stay in their rooms to ensure people were not becoming socially isolated. The co-ordinator told us they would sit and talk with them or read to them.

The activities co-ordinator told us they had received training in the development of meaningful activities for people living with dementia and that they held reminiscence sessions as well as encouraging people to keep their minds active with things they enjoyed. People's participation in activities was recorded to ensure people were not becoming isolated. The co-ordinator told us they were an active member of a group involved in the provision of activities in the local community from which they received support and advice.

During the first day of our inspection visit, the activities co-ordinator had arranged for people to take part in playing table-top cricket, an activity provided by an external organisation. All the people who used the service were encouraged to take part, regardless of the level of individual need. We observed they all had smiles on their faces and there was lots of laughter.

One person who used the service told us their spouse lived in a neighbouring care home and that whenever they wished to go and see them, the care staff would arrange for them to be taken.

Each of the 10 people we spoke with told us they had no cause to complain about the home but felt able to do so if necessary. They told us they knew about the complaints policy and would be certain any issues would be dealt with by the registered manager or deputy manager. Copies of the complaints policy were displayed throughout the home and were made available in an easy to read format.

Good

Is the service responsive?

There was evidence that actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy. This showed the complaints system at the service was effective.

Good

Is the service well-led?

Our findings

Members of staff told us the management of the service was good. Comments included, "You couldn't get better people to work for", "We (the staff) have a good relationship with the manager, not many of us leave", "We are a good team here, we care about people and I think the managers care about us", "The manager is very hands on so she knows everyone really" and "Communication, that's the important thing we have here." Comments from people who used the service included, "I wouldn't change anything, I get on with all the staff" and "The managers here are very kind and understanding."

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

We reviewed monthly audits for infection prevention and control (IPC), care plans, medicines management, infection rates, falls, pressure care, the environment, and training. Action plans had been created to address any shortfalls identified from the audits. Records showed the registered manager audited at least 10% of care plans each month. Staff files were also audited to confirm they contained appropriate and up to date information.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to the Care Quality Commission as required by registration regulations.

We saw the registered provider required the home to be audited monthly by the regional manager to identify any shortcomings in care, the environment or the overall management of the home. We noted action plans from these audits had been created and followed up.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

We saw the registered manager carried out regular checks on staff competency. Each member of staff would have their competency assessed regularly and included checks on their knowledge of people's care plans and personal histories as well as the service's safeguarding procedures. We saw when shortfalls had been identified a time limited action plan had been put in place.

We reviewed the results from a recent survey sent to people who used the service and staff. The survey showed 100% of the people who used the service felt staff treated them well and the service was meeting their needs. In addition, every person felt the activities were good, the food was nutritious and sufficient, and the staff were suitably trained. 100% of relatives said their relations were well cared for and safe. 100% of the staff said they understood their role and accountabilities. All of the staff felt they understood the needs of the people who used the service.