

Community Integrated Care Bankfield Road

Inspection report

2a Bankfield Road
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Date of inspection visit: 16/01/15
Date of publication: 28/08/2015

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?

Good 

Overall summary

The inspection took place on 16 January 2015. The service was last inspected in September 2013 when it was found to be meeting all the regulatory requirements which apply to this type of service.

Bankfield Road supports six adults with a learning disability and physical disability. The service is owned and managed by Community Integrated Care [CIC], which is a non-profit making organisation. Staff members are on duty twenty-four hours a day. The six people who live in the home have resided there for many years.

The service has 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 and associated Regulations about how the service is run.

We found that Bankfield Road provided a personalised service to the people who lived there. Staff provided people with support which was tailored to their individual needs.

The staff were well-trained and told us that "refresher" training was provided annually.

There were good systems in place to protect people from harm. Staff had a good knowledge of people's individual

Summary of findings

needs and of what people liked or disliked and of how they wished to live their life. Care plans were person-centred and staff told us that person centred thinking was as important as the planning. It meant that support staff held person-centred values, and a belief that a person must have control in areas such as who supports them, what they do with their day, being listened to, and making decisions about their lives.

We found the staff had clear understanding of supporting people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards and in the implementation of best interest decisions and capacity assessments.

Discussions with staff members identified that they felt happy and supported and worked well as a team. They told us that the manager was most supportive and she led by example. Comments included; “I have joined a good staff team. Everyone is supportive; we are encouraged to gain as many qualifications as we can. We work together as a family. We get quality supervision and always work together as a team.”

The service had a robust quality assurance system in place which used various checks and audit tools to monitor and review the practices within the home.

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The staff were well-trained and told us that “refresher” training was provided annually.

There were good systems in place to protect people from harm. Staff had a good knowledge of people’s individual needs and of what people liked or disliked and of how they wished to live their life. Care plans were person-centred and staff told us that person centred thinking was as important as the planning. It meant that support staff held person-centred values, and a belief that a person must have control in areas such as who supports them, what they do with their day, being listened to, and making decisions about their lives.

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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.

People who lived in the home and their relatives told us they felt safe and no one that we spoke with expressed any concern about this aspect.

Medicines and finances were properly looked after and people were protected from risks. Records were in place in respect of GP authorisation for covert medication management and medication charts were detailed and clear.

The provider took steps to make sure that the people employed in Bankfield Road were suitable to work in the home.

Good



Is the service effective?

The service was effective.

This was because the staff were reliable and provided consistent care and support. They understood that it was important that people consented to their care and knew what to do if there was any doubt about this.

The staff were well-trained. Other professionals told us that they found the service to be cooperative when they needed to work together with them.

People's health needs were monitored and they were able to access a wide range of mental and physical health care services.

Good



Is the service caring?

The service was caring.

People told us that staff really cared about them and they told us that they liked the staff because of this.

Staff took time to make sure that people's privacy and dignity was respected. They used person-centred planning. This means that support staff hold person-centred values, and a belief that a person must have control in areas such as who supports them, what they do with their day, being listened to, and making decisions about their lives.

Records were kept securely and people could be reassured that information about them was kept confidential.

Good



Is the service responsive?

The service was responsive.

There were detailed care plans which meant that the staff knew the best way in which they could provide support for each person as an individual. People's representatives were involved in planning the care and support of the people living at Bankfield Road and this was monitored and reviewed to ensure that any changes could be identified and met.

Good



Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to address them in accordance with the policy guidelines.

Is the service well-led?

The service was well-led.

There was a registered manager in post who made sure that there were systems to support staff, including supervision. There were good arrangements for communication between the different groups of staff who worked in the home.

There were management information systems in place which allowed the registered manager to monitor the standard of service. Areas of risk such as medicines and finances were audited weekly so that errors could be detected and corrective action taken quickly.

The home manager and staff talked with family members anytime they wished, to gain their opinion of the staff and services provided. This meant that information about the quality of service provided was gathered on a continuous and ongoing basis with direct feedback.

Good



Bankfield Road

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 checked 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 16 January 2015 and was unannounced. The inspection was undertaken by one adult social care inspector.

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 looked at any notifications received and reviewed any other information we hold prior to visiting. We also contacted the local authority commissioning team and they provided us with information about their contact with the home. They told us they had no current concerns about the home.

Support staff were available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with six people who used the service and three of their relatives. We spoke with the deputy manager, four support workers and two area managers

We looked at all areas of the home including people's bedrooms with their permission. We looked at care records and associated risk assessments for three people living in the home and used them to track the way these plans were put into practice. We looked at other documents including policies and procedures and audit materials. We observed medication being administered and inspected two medicine administration records (MAR). We observed a breakfast and lunchtime period in the dining room and observed people being helped with their meals. We used the Short Observational Framework for Inspection (SOFI) because there were people living at the home who were living with a learning disability and/or physical disability. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Observations and discussion with people who lived in Bankfield Road identified that they felt safe and well cared for within the home. Comments from people living at the service included; “Staff are good” and “I love them.”

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included; “I bless the day when we found this place, it is a safe haven for X” and “This service is second to none. We feel so happy that Y is safe and happy and cared for by people who want to protect and nurture the people who live here.”

On the day we visited there was a deputy manager and three support workers on duty in the home. Staff told us they felt the staff numbers to be sufficient to meet the needs for different people’s conditions and the layout of the building. We checked the staff rotas for the home and noted that the pattern of staffing was consistent throughout the week. People’s relatives told us that staff were always available to provide care and support “whatever time of the day or night.”

During the inspection we were able to speak with staff and observed that they were always visible in the communal rooms throughout the visit. Staff told us that they had received training in protecting vulnerable adults and that their training was updated annually. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred and told us what their responsibilities were when caring for vulnerable adults. Staff were clear about the meaning of the term ‘whistle blowing’ and one staff member told us that the organisation who owned and managed the home were very keen to make sure that everybody was able to “whistle blow “ without fear of repercussions. Staff training records confirmed that all the staff had completed training in safeguarding. A system of notifications and referrals was in place which meant that staff at the home reported any untoward incidents to the local safeguarding team who might then make further investigations. The safeguarding team told us that they were satisfied that the home reported incidents appropriately and shared need to know information. Where appropriate the Care Quality Commission was informed of the outcome. This meant that people were safeguarded.

All of the people who live in the home required assistance with their finances and medicines. We saw that details of people’s finances were recorded and staff discussed the financial transactions with their representatives. Where staff handled money on behalf of people this was also recorded in detail and reconciliation completed so the money was properly accounted for. This meant that the likelihood of people suffering financial abuse was reduced.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. Records showed that Bankfield Road had done this appropriately when required.

There was a fire risk assessment in place and people had personal evacuation plans in their care files.

Care plans viewed identified risks to people’s health and wellbeing, such as falls, nutrition and mental health issues. We saw that the provider undertook monthly risk assessments to ensure the safety and well-being of the people who lived in the home. These were chosen according to each person’s individual situation and included bathing, medicines, social activity, mobility and nutrition. We found that these assessments were very detailed so that staff would be clear about what they had to do and that they had all been reviewed recently. This meant that care was provided in a way that would reduce these risks to the person concerned.

Staff told us that they held a staff handover at the end of each shift and the process involved the sharing of need to know information to ensure staff were aware of any issues or areas of concern and therefore could provide appropriate care and support. We observed this handover during our inspection and noted that staff going off shift shared information to include the daily routines and any areas of concern about any person living in the home.

Examination of staff files identified that effective recruitment procedures had been used which included undertaking appropriate checks to ensure the staff were suitable to work with vulnerable people. Staff members told us that when they applied to work there they had been required to complete an application form and provide two references before they were invited for interview. We saw that these documents were on file together with Disclosure and Barring Service checks and records showed they had been made prior to people being offered employment.

Is the service safe?

Staff said that after interview and subsequent appointment they had a period of induction before they were required to carry out their duties within the home. Records viewed confirmed this.

People's medicines were securely locked in a medicine cupboard within their own rooms. Staff assisted with the medication for all the people who lived at Bankfield Road. Most medicines were dispensed to people using a monitored dosage system. This meant that medicines were pre-packed by a pharmacist into the correct doses for each time of day and supplied to the people for whom they were prescribed in a sealed tray. This reduced the risk of too much medicine being taken or medicine being taken at the wrong time. We saw that regular audits helped to ensure

that medication was correctly managed. We looked at two medication record sheets for the month of December 2014 and January 2015 and noted that no errors had been made. This meant that people received the right medicines at the right time. We saw that the use of "homely remedies" was specifically sanctioned in writing by each person's GP. We saw that there were detailed instructions for the use of "as required" or PRN medicines on one of the care files we looked at. This meant that staff could be sure of when to administer medication within the home.

At the time of our visit the fabric of the home was good and it presented as well maintained and smelled fresh and clean.

Is the service effective?

Our findings

Relatives of the people who lived in the home told us they were happy with the layout and facilities provided within Bankfield Road. Comments included; “The place is always warm and comfortable with top class care being provided by top class staff”, “I don’t know how the staff manage to provide such perfect care. They deserve an award for being such caring and capable people”, “Have you seen X bedroom? The staff have made it into a most beautiful place and we know X loves it to bits.” and “The food provided is excellent and when we visit we are always provided with great hospitality and plenty of warm drinks.”

We noted that communal rooms were comfortable and staff told us they had done their best to make the premises homely.

Bedrooms were personalised with the use of people’s own furniture and personal items and we noted most rooms held items which were a reflection of their interests and life style.

The accommodation was provided within a bungalow setting and there was signage to help people with a sensory or cognitive impairment find their way around the building. The home had used different features such as pictorial aids, hand rails and wide doors to assist those people who were living with a learning disability/ physical disability. This meant that the environment was adapted to suit everyone who lived there.

Relatives of the people who lived at Bankfield Road told us that people were well cared for by staff who had the skills to look after them. Comments included, “The staff are just amazing”, “We don’t know how they manage to provide this high standard of care” and “The staff and services provided here are outstanding.”

Staff told us that because of its relatively small size the manager and staff members were able to react quickly to any issues that arose. These could include support or care needs, medication

Issues, falls or any problems with the facilities. Staff said that the current staff group had worked together for many years and worked well together as team. We observed staff going about the duties in a calm and pleasant manner and saw excellent rapport between them and the people living in the home.

Staff records showed that staff received support, induction, supervision and appraisal. Supervision records showed that supervision took place approximately every six weeks. Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this may include discussion of on-going training needs.

All the staff spoken with told us that they received structured supervision and regular training to update and enhance their skills. Training records viewed confirmed that staff training was on-going and included moving and handling, medication management and food hygiene. One member of staff was asked how her training and development needs had been identified and whether this was done within the context of her supervision. She replied that, “I think supervision is good for my own development and the good of the people we look after.” Staff told us that they sometime had to deal with behaviour which can be experienced as challenging either because it is unexpected or unusual for a person. We saw that staff had been trained in how to respond to this. In some of the care plans we looked at we saw that there were clear plans for dealing with these situations and that these were written from the point of view of how these situations could be avoided or detected early on and prevented and what would be most helpful to the person in that situation. Staff told us that they were able to build relationships with people who used the service and increase understanding of their needs due to the fact that the staff team were small and the same staff group had been supporting the people who lived in the home for several years.

We found that Bankfield Road had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person’s best interests. We looked at the records of three people who were subject to Deprivation of Liberty Safeguards (DoLS) applications, which showed that the registered provider had a clear understanding of the DoLS process. We noted that records evidenced that the home had made a referral to the relevant local authority and had arranged a meeting to discuss what was in the best

Is the service effective?

interests of the person. Issues included medication, security and health and safety. The care files contained comprehensive details identifying the reasons why the best interest meetings had been requested.

People's relatives told us they felt people's health needs were met. Comments included; "If they need the doctor staff will get them here as soon as possible", " The district nurses come here when they are needed and they are good" and "The manager is so very approachable and good at what she does, she sorts it all out for us if Z needs any medical care."

Staff told us they tried to ensure that the food was good and tasty. Comments from relatives of the people who lived in the home included; "The home is good with food", "There is a variety of food provided and staff use prompt picture cards to ensure that people get what they want."

When asked about the availability of snacks and drinks when people wanted them staff said that people could have what they wanted at whatever time they wanted it, within reason. We noted that drinks and snacks were provided throughout the period of our inspection.

We observed a lunchtime period using SOFI. All the people needed some assistance with eating and drinking and the members of staff assisting were able to provide assistance without compromising people's dignity.

Staff told us that choices were always available and special diets such as gluten free and diabetic meals were provided if needed. Staff told us that there was a menu in place and a variety of alternatives available on request. Discussions with staff identified that they knew the food preferences of the people who lived in the home. They told us that pictorial menus and food cards were used to enable people to identify their preferred food choice for each meal.

We saw that staff monitored people's weights as part of the overall planning process and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk.

We asked staff what they would do if a person was not eating and drinking adequately and they told us "we put them on a three day food and fluid chart and monitor them closely". When asked what they would do if the person lost any weight they said "we will ask for nutritional advice."

We saw from people's care plans that the service had contacted health professionals when people required additional support with nutrition. For example three people had received advice from the Speech and Language Therapist (SALT) and another person who had some weight loss had been seen by the dietician and a plan put in place to help to help maintain their weight.

Is the service caring?

Our findings

The people who lived in Bankfield Road were unable to discuss their care plan or pre admission assessment. However their relatives told us that they had been involved with the care plan and felt very much a part of the care planning process. Comments included, "We have been involved from the very start of this placement and we feel that the staff understand the care needs of X much more than we do. They know what X wants and how to best provide it."

We could see that care and support plans had been written and reviewed by staff and the signatures on the plan showed that the people living in the home or their representative had been involved in planning their care.

Personal life history documents were completed for people who lived in the home. Staff told us that this helped them to know people's history which enabled staff to encourage and motivate people with hobbies and interests and various other aspects of their lives as they settled into the home. Care plan subsections covered many areas and included moving and handling, weight, psychological and emotional support, drug therapy and medication. Although the care records were comprehensive it took some time to work through them to find the required information. The introduction of a more concise streamlined Care Plan would enable all staff, especially new staff, to quickly follow them more easily.

During our inspection we found that the people living at Bankfield Road looked well cared for and were dressed appropriately for the weather on the day. We saw that attention had been paid to people's appearance, for example, we noted that people were wearing colour co-ordinated clothing. One person who lived in the home told us that staff had assisted her to have her hair styled to her liking and "she loved it." We spoke with people's relatives. Comments included; "This is a perfect place for Y to live we just love it", "It is X home and we know it is the perfect place to live", "It is a lovely place, the staff are so kind and caring and I can sleep at night now knowing the high level of care and support that is provided here" and "Staff really do understand X needs, in fact far more than we do. They work very hard to make sure that X is happy and well and treat X with great dignity and respect-wonderful people."

Staff told us that they spent their time interacting with people and we saw clear examples of all staff engaging appropriately with the people who lived in the home and having very good trusting relationships with them. Staff interactions with the people who lived in the home were warm and friendly and showed mutual respect and rapport. We observed staff carrying out their care practices and noted that they fully engaged with each individual to ensure that they understood and were in agreement with whatever task was needed. Examples included staff using various methods of communication verbal and non-verbal to ensure that people understood and agreed to any care provision including taking their medication.

Discussions with staff identified that they knew the likes and dislikes of all the people who lived at Bankfield Road and had clear understanding of their individual needs. Staff told us that they enjoyed working at the home and "loved the people who lived there". Comments included; "We have worked together for a long time and all care about what we do. The people who live here are all special and are treated like family", "I love working here as it is such a friendly place and we know the people who live here are treated well and are happy" and "it is my pleasure to look after such nice people."

Personal information about people who lived in the home was securely stored in a locked cabinet to ensure that confidentiality was maintained.

We toured the premises and with staff and peoples permission we viewed their bedrooms. They presented as being homely, personalised and comfortable. Peoples relatives told us that they were very happy with the accommodation provided for their loved ones and knew they felt very much "at home and at peace within them."

We carried out a Short Observational Framework for Inspection (SOFI) and found interactions between staff and people living at the home were positive. We were able to discreetly observe the interactions between staff and people who lived in the home. We noted there was a pleasant atmosphere and the interactions were ones of mutual trust, understanding and rapport. Relatives of the people who lived in the home told us that staff were kind and caring and comments included; "Staff are kind and helpful and the manager's door is always open, she has a good relationship with everyone", "I love Y being here, I

Is the service caring?

have never needed to complain, I am very happy with this home” and “Everyone is excellent we have seen a great difference since X has been here, it’s a marvellous place. Staff treat us well too.”

A service user guide was available for anyone moving into the home which gave detailed information about how the

home was run. This information included daily life within the home, social contact, services provided, care and treatment, fees, health and safety issues and how to make a complaint. We noted that a copy of the service user guide was available at the entrance to the building.

Is the service responsive?

Our findings

We looked at care documentation for the people who lived in Bankfield Road to see how the registered provider planned care to meet their needs. Each person had a care file which was maintained within the home. The files were divided into sections including “This is me” and “My life in focus”. On the basis of this information care plans were then devised covering areas such as health needs, communication, medication, mobility, responding to any behavioural issues, choice and decision-making.

Records showed that people who wished to live at Bankfield Road had undertaken a pre admission assessment to ascertain if their needs could be met. These assessments had been completed for all the people who lived at the home prior to them being offered a placement. We looked at the completed pre-admission paperwork which included contributions from people’s families, social workers, health care workers and any other professional involved. This enabled staff of Bankfield Road to gain insight into the background and current needs of the person who wished to move into the home and to make a decision as to the suitability of the home to meet all assessed needs.

Records showed that a care plan was written from the information gathered during the pre-admission assessment. We looked at three care plans in detail and found that they had been written to give guidance for staff to be able to support the people in their care. The reviews were up to date so staff would know what changes, if any, had been made.

We saw that all these plans were written from the point of view of the person concerned rather than from the needs of the service. We saw that care plans had been reviewed monthly and updated as required. Staff told us that the plans had all been discussed with the people who used the service and their representatives. Because of the way they were written the care plans reflected the views of the people who used the service and were written from their perspective. We could see that where appropriate people’s families had been involved in these discussions as well as the people themselves. The plans also held detail of when and with whom the discussions were held.

All care plans viewed were person centred and fully reflected the needs of each individual. This meant that

support staff held person-centred values and a belief that a person must have control in areas such as who supports them, what they do with their day, being listened to, and making decisions about their lives. They were written in a style which would enable the person reading it to understand what help and support people needed and when it was required. Plans were well maintained and up to date and held need to know information to include visits and actions from visiting professionals such as GPs and district nurses.

Staff told us that the plans helped them to work with people who might not be able to communicate verbally and so included information about how to tell if people were happy or sad judging by their non-verbal signs such as expression. We saw the support workers interacting with people who used the service and saw that they were kind, friendly, knowledgeable and patient. Staff were enthusiastic about their work and said “I love being here with such wonderful people”.

Staff worked on a key worker system. This meant that one staff member held responsibility for ensuring that the social care needs for one individual living in the home were met. Staff explained that their key worker role was to help plan and organise social activities both on a communal or individual basis.

We noted that the daily records gave detailed information about how people had spent their day and staff told us that activities were arranged around the wishes, choices and capabilities of each individual. During the inspection we noted that one person was playing a game, three people were watching the television, one person was enjoying a pampering session whilst another was playing a Cliff Richard video. All people presented as being content and at ease within the home. Staff told us that all activities and outings were arranged to suit the choices of the people they supported. They told us that they used verbal and non verbal communication systems to identify what people wanted to do and when they wanted to do it. Staff said that this ensured that the people they supported were assisted to live a life of their choice wherever possible.

People could also make complaints or comments about the service. We saw that there was a service user guide that explained the service and that there was a document with a pictorial guide of who to complain to if a person was unhappy with the service provided. This included named people within the service as well as the Care Quality

Is the service responsive?

Commission (CQC) We did not see that any complaints had been registered by people using the service, none had been received by CQC and none of those people or relatives we spoke with said that they had any to make.

We talked with one relative who told us about how when a person had experienced reduced mobility staff had ensured that suitable equipment was quickly provided.

We noted that the home had received a number of thank you letters from the families of people who lived in the home. Comments from these included; “brilliant care, caring staff, staff look after our needs as well as the people who live here.”

Feedback from visiting professionals included “Staff always liaise and work well with us”, “Staff provide excellent care” and “Great service, staff are always alert to any changing need.”

Is the service well-led?

Our findings

During our inspection we saw that there were positive relationships between the staff working in the home and their managers and that together the whole staff group focussed their work around providing support to the people who used the service. Staff and relatives of the people who lived in the home spoke highly of the registered manager. They said she was an excellent role model and led by example.

People told us that the registered manager and the support workers talked with family members on a regular basis. People said that the registered manager was available in the home over weekends and evenings to ensure she could speak with family members who could not visit during weekdays. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback.

We found that the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on the support plans, risk assessments and medication. All essential service checks were in place to include lighting, electricity and fire.

The registered manager told us that she also sent out questionnaires annually to the families of the people who lived in Bankfield Road. The family members we spoke with confirmed this. We looked at a sample of the returned questionnaires which all held positive remarks about the staff and services provided.

Records showed the home had a system of named supervisors for supervision and staff told us that they were comfortable with the system. Staff confirmed that they

received supervision and appraisal and one member of staff told us “I get good supervision. She listens to what we have to say and is always there for us and helps us with any problems”.

We checked the records of supervision and saw that this had taken place and included medicines competency checks, direct observation of practice including how staff related to people and discussion about any training and development needs.

Staff members we spoke with said they did understand their responsibilities and they would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the manager.

Relatives of people who lived in the home told us they were included in all discussions about the home and felt very much involved in the way the home was run. Comments included; “We are consulted as to what activity should be provided for the people who live here and we are also consulted about the menus and any changes that may be necessary to the running of the home.”

One relative told us that the home was exceptional. They said “I would recommend this place to anyone. It is well led and staffed by people who really do care about the people who live there and their families. I know that X looks upon them as family and is very content with the care provided.”

Records showed that the manager worked in partnership with social and health care agencies to include local authority social workers and GP’s. Feedback from these agencies has identified that the manager and staff of the home were transparent in respect of the sharing of ‘need to know information’ and worked in partnership to ensure that the people in the home were cared for, respected and happy.