Anchor Trust

Selkirk House

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

The inspection took place on the 19 & 20 May 2015 and was unannounced.

At our last inspection on the 1 February 2014 we found breaches of legal requirements in relation to the care and welfare of people who used services. We also found breaches in legal requirements relating to the management of medicines, staffing levels, staff support and the notification of incidents. At this inspection we found that improvements had been made in all these areas.

Selkirk House provides care and accommodation for up to 42 people. On the day of our inspection 40 people were living in the home. Selkirk House provides care for older people with physical and mental health needs, which could include people living with dementia.

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.

People, their relatives and other agencies spoke highly about the care delivered at Selkirk House. Comments included, "It's a lovely environment; I would be happy for my parents to be here. The atmosphere is home from home", and "The care is excellent".

People told us the staff were caring and they felt they mattered. They said staff listened to them and respected

Summary of findings

their wishes. Staff we spoke with were very clear about the importance of respecting people. They consistently spoke about people being individuals and treating people as they would like to be treated.

People felt safe in the home. The staff recognised people's rights to make choices about their lifestyles, and risks were managed well. "The registered manager said, "We use risk assessments to promote opportunities rather than use them as barriers". Recruitment practices were robust and staff were employed in sufficient number to meet people's needs and to keep them safe.

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were able to talk confidently about the action they would take if they identified potential abuse had taken place.

People had their medicines managed safely. People received their medicines on time and in a way they chose and preferred. People's health and well being was paramount, and systems were in place so staff could recognise changes in people's health and take prompt action when required. The food in the home was of a good quality and catered for people's specific dietary needs and preferences.

Care and support focused on each person's individual needs, their likes, dislikes and routines important to them. When people were unable to consent to their care or support discussion took place to ensure decisions were made in their best interests. When people's needs changed staff reacted promptly involving other social and healthcare professionals if needed.

A range of activities were available to meet people's needs and particular interests. Family and friends were welcomed to join in mealtimes and activities and links with the local community were considered important by people and the service.

Staff told us they were supported and encouraged to question practice. Comments included, "We are listened to and feel valued members of the team". Staff said they were aware of the values of the service and these were regularly discussed and promoted. Staff were inspired and motivated to provide a good quality service and had a clear understanding of their role and what was expected of them.

Since the last inspection a new registered manager had started work in the home and had worked hard to address issues raised at the previous inspection and to further improve the quality of the service. People, staff and relatives spoke highly of the management. Comments included, "Moral has improved over the past year, we give 100% we wouldn't want any people not to receive the care they need", and "The team and team leaders are very strong. We have a duty of care to ensure people are safe and happy".

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised had been used to help drive continuous improvement across the service.

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.

Procedures were in place to help ensure people were safely evacuated in the event of an emergency such as a fire.

People were supported to take everyday risks. When risks had been identified plans had been put in place to maintain people's safety and independence.

Safe recruitment practices were followed and there were sufficient numbers of staff to meet people's needs and to keep people safe.

Staff had a good understanding of how to recognise and report any signs of abuse or poor practice.

People were protected by safe and appropriate systems for handling and administering medicines.

Good

Is the service effective?
The service was effective. People received care and support by staff who were well trained and supported within their role.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to have their health and nutritional needs met.

Good

Is the service caring?
The service was caring. People received care and support from staff that promoted independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were kept informed and actively involved in decisions about their care.

Relatives were welcomed into the home without any restrictions on visits.

Good

Is the service responsive?
The service was responsive. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

Activities were meaningful and were planned in line with people's interests.

People were supported to maintain relationships with those who mattered to them and maintain community and social links.

Good

Is the service well-led?
The service was well-led.

People were actively involved in the developing the service and their views were valued.

Good

Summary of findings

Staff understood their roles and responsibilities and were supported by an open and inclusive management team.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Selkirk House

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.

The inspection took place on the 19 & 20 May 2015 and was unannounced. The inspection was undertaken by three adult social care inspectors.

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 reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 18 people who lived at Selkirk House, four relatives, the registered manager and 12 members of staff. We met and spoke to two senior managers within the organisation, including a regional support manager and care and dementia advisor. We spoke to a GP, a district nurse and a support worker from the local memory team who had supported people within the home.

We looked around the premises and observed how staff interacted with people throughout the day. We looked at records related to people's individual care needs, four staff recruitment files and records associated with the management of the service including quality audits and accident forms.

Good

Is the service safe?

Our findings

At our last inspection on the 1 February 2014 we found that plans were not in place to help ensure people could be safely evacuated in the event of an emergency such as a fire. We also found that medicines were not being managed in a way that was appropriate and safe, and staffing levels were not always sufficient to meet people's needs and to keep them safe. The provider wrote to us and told us how they would address these concerns. We found at this inspection that improvements had been made. We saw that personal evacuation plans had been put in place, and medicines were being managed safely. Staff levels had been kept under review and there were sufficient in numbers to help ensure people's safety and to meet individual needs.

People's medicines were managed safely and given to people as prescribed. Medicines administration records (MAR) were all in place and had been correctly completed. People's care plans held detailed information regarding their prescribed medicines and how they chose and preferred these to be administered. For example one person who self-medicated had a completed risk assessment, a signed medicines agreement form and a capacity assessment held in their care plan. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this. Staff were knowledgeable with regards to people's individual needs related to medicines.

Designated senior staff had the responsibility of overseeing medicines and undertook regular audits and staff competency checks. Controlled drugs were appropriately stored. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Records showed appropriate action had been taken after recent medicine errors. This included providing additional training for staff and changing processes and procedures. This helped to ensure people received their medicines safely.

People's needs were met in an emergency such as a fire. People had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported in the correct way.

People told us there were enough staff to meet their needs and to keep them safe. Comments included, "I feel safe, if I have to live anywhere, it would always be Selkirk" and "There are always plenty of staff, they come right away if I need them". Staff confirmed there were sufficient numbers of staff on duty to support people. Comments from staff included, "The staffing levels are adequate, a million times better than a year ago, without a doubt a completely different place", and "There are enough staff to keep people safe". The registered manager told us staffing levels were regularly reviewed and were flexible to meet the needs of people. We observed that staff did not appear rushed during our inspection and were able to spend time sitting and chatting with people as well as supporting them with daily care needs. We saw staff were sufficient in number to undertake regular checks of people in their rooms as well as ensuring people were safe in the communal areas. For example, we saw one person liked to walk around the building but needed regular reassurance and checks to ensure their well-being and safety. Although staff were busy they were also fully aware of this person and regularly checked they were safe and happy. Staff told us "People require regular checks if they are in their room and we always have staff in the lounge and dining room to observe people are safe".

Staff recognised people's rights to make choices and to take everyday risks. Comments from staff included, "We are not a service that is risk averse, people go on holiday, get involved in the community, we promote it rather than looking at negatives." The registered manager said, "We use risk assessments to promote opportunities rather than use them as barriers", and "People have the right to take risks, bad decisions aren't necessarily wrong ones". Records confirmed that when risks had been identified management plans had been put in place to promote the person's well-being and independence whilst also keeping them safe. For example, one person had been admitted to the home in an emergency and had not been aware they could not smoke in their room. A risk assessment and management plan had been put in place to help ensure the choice and safety of all people in the home was taken into account and met. Risk assessments were in place to

Good

Is the service safe?

ensure that people were hoisted and assisted with mobility in a way that was appropriate and safe. A register of falls had been maintained and management plans were in place to reduce the risks of falls in the home. For example one person who had been identified as at risk of falls had a pressure mat in their bedroom to alert staff when this person was getting out of bed. Another person had a plan in place for increased staff observations during times when they had been assessed as being vulnerable to falling.

People were protected by staff who knew how to recognise signs of possible abuse. They told us people may experience financial, physical or emotional abuse and staff looked for changes in behaviour and mood or any unexplained bruises or marks. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were able to talk confidently about the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues were discussed regularly within team and handover meetings. They said they had no anxiety about raising concerns as the support was 'fantastic'. All staff undertook regular safeguarding training. This training was included as part of the induction of new staff as well as the on-going training programme. The registered manager said they had undertaken a recent audit of staff knowledge in relation to safeguarding. They said as a result of this they had concluded that some staff needed refresher training to further ensure they fully understood the reporting procedures should they witness or suspect an incident of abuse.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People we spoke to said they had the opportunity to be involved in the recruitment process. Two people said they had sat on the interview panel and been part of the decision making about whether applicants were suitable to work in the home. Comments from people included "They seem to just have the knack of employing the right people".

Good

Is the service effective?

Our findings

At our last inspection on the 1 February 2014 we found that staff did not always receive sufficient support and training to fulfil their role and to meet people's needs. The provider wrote to us and told us how they would address these concerns. At this inspection we found that improvements had been made. Staff told us they felt well supported and had opportunities for training and to develop their skills and knowledge about people they supported.

People felt well supported by staff who were well trained and understood their needs. Comments included "The staff are excellent, they know just how to support me". A relative told us,

"The staff understand (…) needs and exactly how to support them".

Staff confirmed they undertook a thorough induction programme and on-going training to develop their knowledge and skills. Staff said they felt they had a good induction. They said there was a good buddy system in place, which meant they had support from a more experienced colleague when they first started working in the home. When staff changed their role within the home they completed a further induction to ensure they understood their new role and responsibilities. Comments from staff included "I felt very nervous when I started. Everyone I shadowed was really good, everyone was friendly and management was fine. I felt really confident after my induction". We saw records of staff induction programmes in each file we reviewed. Progress reviews had been completed at four, eight and twelve week intervals and these considered what had gone well, the focus for the next four weeks and any area which required improvement or additional training. The registered manager said this process recognised that staff learned in different ways and at a different pace and ensured that staff were competent before working unsupervised.

Staff felt encouraged by the organisation to undertake regular training. They felt they had enough training to fulfil their role and meet people's needs. When a new person moved into the home with a need or medical condition staff were unfamiliar with information would be put in the person's file and advice and training would be sought from specialist nurses or other healthcare professionals.

Staff felt well supported by their colleagues and management. They met regularly with a manager for formal supervision and were encouraged to develop and progress within the organisation. Staff also had an annual appraisal of their work, which encouraged them to discuss and reflect on their practice. We saw competency assessments had been completed for different areas of care such as pressure care and medicines management. These checks helped ensure that staff had the correct skills and up- to- date training to meet people's on-going and changing needs. Staff had the opportunity to discuss any incidents and reflect on their practice. For example, the registered manager had undertaken an additional supervision session to praise a staff member on their end of life care.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or who may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records and the provider information return (PIR) showed where DoLS applications had been made and evidenced the correct procedures had been followed. Staff were aware of any DoLS applications that had been authorised and the registered manager had a good knowledge of their responsibilities under the legislation.

Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA) Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff said it was important to get to know people and to explain things to them about their care in a way they would understand. For example staff described how one person would respond to their care needs dependent on their mood. The staff monitored this person's mood and behaviour and used this knowledge to time when they asked them if they wanted a bath or to partake in a certain activity. Daily records confirmed that people were supported to make everyday decisions about things such as when they wanted to get up, what they wanted to eat and drink. However, when it came to more complex decisions they explained that this would be discussed with management and if possible the

Good

Is the service effective?

person's family or other agencies involved in their care. For example one person had a plan in place following a best interest meeting in relation to their personal care. Care records evidenced correct procedures had been followed and the decisions about this person's care had been reviewed regularly.

People were involved in decisions about what they would like to eat and drink. People were told each day what would be on the menu and feedback from residents meetings was used to help create the menu for the home. Catering staff were knowledgeable about people's dietary needs, including those who required a diabetic diet, pureed or high calorie diet. One person said "The chef does everything to cater for my needs, always so good and patient. They tell me every morning what they are going to cook for me on that day". Each person had a Malnutrition Universal Screening Tool (MUST) score, a research based tool to identify if a person was malnourished or at risk of malnutrition. Advice had been sought from specialist services when required. For example, staff had noted that one person had difficulty swallowing due to symptoms of a medical condition. A menu plan had been put in place, and a referral to a dietician for advice.

People were supported by staff to enjoy their meals. Specialist equipment and one to one staffing had been provided when people required assistance. We saw that meals were well presented and served at an appropriate temperature. Comments included, "The food is excellent", and "We have a large choice of breakfast and main meals". We observed one person being assisted to eat their meal. The staff member supporting them was patient and unhurried. People we sat with told us the food was "Very good".

People were supported to maintain good health and when required had access to a range of healthcare professionals. Support plans included information about people's healthcare needs as well as the input from other agencies such as district nurses, continence advisors and mental health services. A record was kept of regular appointments and health checks. We observed that staff discussed people's health within shift handovers and identified any monitoring or appointments required. For example, it was noted that one person had presented as low in mood and this needed monitoring as well as additional one- to- one time to help address any concerns. Any reports by people who had felt unwell or who were experiencing any pain or discomfort were also discussed and possible action such as referral to the GP were considered. Staff had a good understanding of signs to look out for, which could indicate a person had or was at risk of an infection. Records confirmed that when required documentation had been put in place and completed to monitor people's food and fluid intake. Feedback from healthcare professionals involved with the service was positive, and confirmed that staff made relevant referrals and followed guidance when required.

Good

Is the service caring?

Our findings

People spoke highly about the quality of care they received. Comments included, “The staff are very kind, they have a good balance of supporting me and respecting my independence” and “The care of people is remarkable, if I had to live anywhere but my own home it would be Selkirk”. A visitor said “It’s a lovely environment; I would be happy for my parents to be here. The atmosphere is home from home”.

There was a welcoming and warm atmosphere in the home. Staff interacted with people in a caring and compassionate way. For example, staff spent time sitting with people and checked they were comfortable and happy. We observed staff spending time with people in the communal sitting room, and saw a staff member playing a table game with one person. It was a positive interaction with lots of communication between the person and staff member. Another person was encouraged to come into the lounge and sit down when they were standing at the door. They were asked where they would like to sit and if they would like to watch a film. A person in a wheelchair was brought into the lounge. When transferring from the wheelchair to a chair the staff member clearly explained to them what was happening and gently encouraged them to be as independent as possible.

We saw that staff showed concern for people’s well-being and responded promptly when people showed signs of becoming anxious or distressed. For example, staff understood the needs of a person with dementia who liked to talk about family members. All the staff understood this person’s needs and spoke to them in a way that they enjoyed and responded positively to. Another person had arrived at the home for a short respite stay. The staff spent time with the person and their family answering any questions and making sure they felt happy and relaxed. Staff told us about a person whose spouse had died and was very confused and at times tearful. They explained the person needed time and staff had ensured they sat with the person to comfort them and talk when needed.

People were supported by staff that had a good knowledge of them and knew them well. Staff were able to tell us about individuals likes and dislikes, which matched what people told us and was recorded in people’s care records. Staff told us they had time to get to know people and were able to sit and chat with people as well as attending to other care tasks. Comments from staff included, “Sitting and spending time with people is considered an important part of our role”. A family member told us that the staff at Selkirk had totally changed their relative’s life for the better. They said staff had alleviated all their initial concerns about living in a care home.

People told us they felt they mattered, that staff listened to them and took appropriate action to respect their wishes. Staff gave an example of a very independent person who wanted to manage their own personal care needs, but who they felt required some support. The member of staff told us “This was a very delicate situation because it would have been very easy to upset the person, it is all about how you go about it”. They explained how they talked to the person about how they could support them. They said this discussion resulted in a compromise so the person had some assistance on certain days whilst also retaining their privacy, dignity and independence.

People's privacy and dignity was respected. Comments included, “The staff are always respectful, they always knock on my door before entering” and “The staff know I have certain standards, there are things I don’t like and they know and respect it”. We observed staff talking to people in a kind and respectful manner. One person asked a number of times where they were. The staff answered them each time in a clear and gentle manner, which was clearly calming and reassuring to the person concerned. Staff we spoke with were very clear about the importance of respecting people. They consistently spoke about people being individuals and treating people as they would like to be treated.

Relatives and friends said they were welcomed in the home and able to visit without any restrictions. One relative said “The staff are always very kind, I am able to visit every day and made to feel like part of a family”.

Good

Is the service responsive?

Our findings

People were involved in planning their care and making decisions about how their needs were met. For example two people had a particular preference as to the type of room they required when they first moved in. They also wanted to remain as independent as possible, with opportunities to maintain their links with the local community. These specific requests had been documented and were being met by the service.

Care records contained detailed information about people's health and social care needs. Support plans included people's specific wishes and how they chose and preferred to be supported. For example the support plan for a person who had recently moved into the home described what they could do for themselves when getting washed and dressed and the areas where they would require some support. Another plan stated that the person liked to wear certain jewellery and to have their nails polished. We observed staff were aware of this person's wishes and spoke with enthusiasm about the jewellery they had chosen to wear that day. A support plan we looked at stated that the person liked to be checked by staff at the beginning and end of each shift. Records and discussions confirmed these checks were undertaken and staff recognised this person's wish for regular reassurance.

We saw that some people were supported to use communication aids to assist them to express their wishes and to make choices about their care. Staff supported one person to understand what was happening when they showered them. Staff would write things down and also use pictures familiar to the person concerned. One person told us that they had progressively lost their sight over the years. They said that the staff had gone on this journey with them and made the necessary adjustments to ensure their needs continued to be met.

Staff were aware of people's likes, dislikes, history and particular interests. Staff said getting to know people was very much encouraged and seen as an important part of their job. Comments included, "We always do a life story; what people tell us is recorded. We are always told to do this when people start". The registered manager said they were developing the way people's life story information was documented to ensure they had sufficient information about the person and to support person centred care.

People's needs were reviewed on a regular basis to help ensure information remained accurate and up to date. We saw that each person was discussed at the start of each shift changeover and any concerns or changes in need were noted and acted on when required. For example one person had been observed low in mood. The shift hand over meeting agreed that the person would be given additional one- to- one time from staff as well as increased checks during the day and night. People's support plans were reviewed on a monthly basis or more frequently if required. The registered manager said these reviews would involve the person and their keyworker as well as relatives and other agencies when appropriate. Following the review amendments were made to the person's support plan with any future actions documented.

People were supported to participate in a range of social and leisure activities inside and outside the home. Comments included "There is always something happening, we can choose what we want to do". A weekly activities plan was in place and this was displayed clearly on the homes notice board. The plan showed a picture of the activity, as well as when and where it would take place. Planned activities included, bingo, knitting, film afternoons, walks to the local shops and visiting entertainers. Staff said "People love the film afternoon, we have a proper screen and make it just like going to the movies". The size and layout of the home meant people could choose whether or not to join in an activity without it affecting where they sat or what they chose to do. We saw some people being supported to read the morning papers in one of the communal lounges. One person told us they didn't have time to stop and chat as they really enjoyed this activity and didn't want to miss it. Another person told us they had also enjoyed reading and due to their progressive loss of sight had been supported to order newspapers in disc form from a local specialist service. One person was happy to show us cards that they had made and sold to raise money for a chosen charity. They said that lots of people including the staff liked to get involved with the card making and it was clearly a popular activity in the home. During the afternoon of our inspection people enjoyed a visit from a local choir. Chairs were set out so people could sit and listen to the music in comfort as well as song sheets distributed so that people could participate if they wished.

People were given the care and support they needed in terms of their race, religion and beliefs. A number of people told us they went to church each week and staff supported

Good

Is the service responsive?

them with any arrangements needed. Staff were very clear about the importance of supporting people to follow their religious and cultural beliefs. They gave an example of a person who had followed a particular faith and diet all of their life and although they suffered memory loss due to living with dementia staff continued to ensure the person's diet was followed.

People were supported by staff to maintain links with people who mattered to them. Comments from people included "My family and friends are very important to me, the staff know that and welcome them into the home at any time" and "Visitors and relatives are welcomed with a cup of tea from the staff, they are a part of the home" We heard staff chatting to one person about a relative who was important to them. This conversation clearly provided comfort to the person, which they showed by smiling and laughing with the staff supporting them. Staff said "Families are involved throughout the person's care".

The provider had a policy and procedure in place for dealing with concerns or complaints. This was available to people, family, friends and other agencies. The policy was clearly displayed in the hallway and an easy read document was on the main notice board. People knew who to contact if they had a concern or a complaint. Comments included "I can always speak to the staff or the manager if I have a problem" and "Yes, I feel confident any issues would get sorted straight away". Information was placed around the home to remind people about what they needed to do if they had any concerns. For example the name of each person's keyworker had been put on the inside of bedroom doors as a reminder of who they could speak to if needed. Information in the PIR confirmed that the provider responded appropriately to complaints received and made changes as a result of issues raised. For example, following one complaint changes were made to the meal time plan to ensure people's requests for alternative meal choices could be met promptly.

Good

Is the service well-led?

Our findings

At our last inspection on the 1 February 2014 we found that the provider had not met their legal obligation to notify CQC of all incidents and accidents that had affected the wellbeing of people living in the home. The provider wrote to us and told us how they would address these concerns. At this inspection we found that improvements had been made in relation to the notification of incidents.

We saw that the provider had followed legal requirements and notified CQC and other relevant agencies of any incidents affecting the health or well-being of people who used the service.

Since the last inspection a new registered manager had started work in the home and had worked hard to address issues raised at the previous inspection and to further improve the quality of the service. The Inspectors noted that the atmosphere in the home was well balanced with a feeling of homeliness as well as professionalism led by a competent and confident staff team. Comments from people included, "The management and staff are excellent" and "The new manager has made huge improvements". Staff said "Moral has improved over the past year, we give 100% we wouldn't want any people not to receive the care they need", and "We try to go a bit further; I feel we are the best.The team and team leaders are very strong. We have a duty of care to ensure people are safe and happy".

People felt listened to and were able to voice their concerns about the service. Comments included, "We have residents'meetings to discuss any issues and the manager always tells us anything that is happening". Minutes of residents' meetings confirmed people were kept informed about issues relating to the service and their views taken into account. For example, people had been updated on recent staff changes and plans to landscape the garden in time for the summer. People had been asked their views on these changes and on the day of the inspection some people were spending time with maintenance staff considering plans for the garden and adding their suggestions. People said they were involved in the recruitment process for new staff, "We are part of the interview panel and our views are taken into account".

Staff meetings were held to provide an opportunity for open communication. The registered manager said a range of dates were available so all staff had the opportunity to attend. Staff said in addition to staff meetings and because some staff found it difficult to speak out in a group the manager encouraged staff to write any concerns on a piece of paper. All concerns were responded to. "We can raise concerns and these are taken on board". Thorough hand overs took place between shifts and this helped ensure that any issues about a person's care or well- being was communicated and understood by all the staff team.

Staff were supported and encouraged to question practice. Comments included, "We are listened to and feel valued members of the team". Staff were aware of the values of the service and these were regularly discussed and promoted. They told us core values were shared at staff and head of department meetings. Comments from staff included, "The person is valued, their safety, health and stability in life are all important" and "Honesty, reliability, openness and trustworthiness, these values have to be present in a dementia friendly home".

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Comments from staff included, "I can go to the manager who listens and takes action; they have an open door policy, definitely. It is a much stronger place now with good leadership" and "There are clear lines of accountability we report to team leaders and team leaders report to the care manager".

Staff were inspired and motivated to provide a good quality service. Staff had a clear understanding of their role and what was expected of them. The quality lead for the organisation said they met regularly with staff to discuss areas of their work and to help them understand and believe in what they are doing.This support and guidance helped staff take ownership of their work. For example, one coaching session looked at the reasons for good incident report writing and why quality in this area would ultimately impact positively on people in the home. A plan was also in place to improve the quality of staff skills in relation to the care of people living with dementia. Although this training had not started at the time of the inspection we were told national trainers would support staff in the home and dementia champions would be identified within the staff team to further develop the quality of care in this area. A plan was in place with guidelines for staff about how to deal with emergency situations such as a fire or flooding.

Good

Is the service well-led?

This plan had clear information for staff about the action to take and emergency contacts to help ensure the on-going quality of the service. The quality lead for the organisation gave examples of when incidents had been dealt with using this information with minimal disruption or anxiety to people in the service.

There were strong links with the local community. Staff had worked hard to develop good working relationships with GPs and other health services. Health professionals spoke positively about the service and said the home made the needs of people their main priority. One person told us about a project in the home called 'Reach out to the elderly". This involved volunteer drivers collecting elderly people who lived in the local community and taking them for afternoon tea at Selkirk House. They said this was an important way of helping others and was enjoyed by people in the community and the home.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included a section for staff to consider any learning or practice issues. For example one incident form had noted that additional training was required to support staff in relation to a person's particular health condition. The training had been sought from external health professionals and delivered to all the staff team.

There was an effective quality assurance system in place to drive continuous improvement within the service. Senior staff completed daily spot checks of the environment as well as asking each person if they were comfortable or had any concerns. Regular audits were undertaken of medicines and people's personal finances. A number of environmental checks were completed on a weekly and monthly basis including, checks of fire equipment, temperature controls and call bells. Team leaders undertook a monthly audit of all care records and any gaps would be discussed within team meetings or one- to- one supervision. The registered manager had completed an audit of falls. This had concluded people were at higher risk of falling in the morning when they were first getting up. As a result of this falls analysis a plan had been put in place for team leaders to check and reassure each person at the beginning of the morning shift. The registered manager said this action had resulted in a significant reduction in the number of falls taking place at this time.

A new excellence tool had been introduced in line with CQCs inspection methodology and regulations. The registered manager said they were required to provide evidence that they met the regulations and provided a safe, effective, caring, responsive and well-led service. An action plan would be produced if any areas were non-compliant with a deadline to address any issues. The quality lead for the organisation said this was another way of ensuring quality and continuous improvement across the service.

Senior managers within the organisation undertook regular unannounced checks of the service and also provided support and guidance to staff and management in relation to quality and practice issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.