

# Sanctuary Care Limited

## Park View Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Park View Care Home is purpose built and registered to provide accommodation and personal care for up to 60 older people, some of whom are living with dementia. Accommodation is provided over two floors. A passenger lift is available and all areas of the home are accessible. All of the bedrooms are single and have en-suite toilets and showers. Each floor provides communal lounges and dining rooms. The home has an enclosed garden and a car park.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Park View Care Home took place on 27 June 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

# Summary of findings

This inspection took place on 9 February 2015 and was unannounced, which meant the service did not know we would be visiting. On the day of our inspection there were 54 people living at Park View Care Home.

People told us they were well cared for by staff that knew them well, and they felt safe. Every person spoken with told us they were 'happy' living at Park View Care Home.

Relatives told us they had no worries or concerns about the care provided.

We found systems were in place to make sure people received their medication safely.

Staff were provided with relevant induction and some training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. However, staff were not provided with training in this area and showed a lack of understanding regarding the MCA. This did not help to protect the rights of people who may not be able to make important decisions themselves.

Staff had not received supervision in line with the service's own procedure.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

Staff had training in safeguarding vulnerable adults and were aware of the procedures to follow to report abuse.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



### Is the service effective?

There were areas of the service that were not always effective.

Staff did not receive regular supervisions and all appropriate training for their development and support to ensure that people were supported by suitably skilled staff.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required.

Requires Improvement



### Is the service caring?

The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were positive and caring in their approach and interactions with people. They assisted people with patience and kindness.

People using the service and relatives spoke very highly of the care and support provided. Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

Good



### Is the service responsive?

The service was responsive.

People's care plans were kept under review and had been amended in response to changes in their needs.

Staff understood people's preferences and support needs. A varied activity programme took into account people's personal hobbies and interests.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The manager and staff told us they felt they had a good team. Staff said the manager and team leaders were approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



# Park View 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 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 9 February 2015. The inspection team consisted of three adult social care inspectors 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 expert had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We contacted commissioners of the service and seven external healthcare professionals who had knowledge of Park View Care Home. We received feedback from Sheffield local authority contracts officers, a GP, a specialist nurse, a district nurse manager and a dentist. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with 23 people living at the home, seven relatives, the registered manager, the area manager, the regional manager and seven members of staff which included care and ancillary staff. We also spoke with two healthcare professionals who visited the home on the day of our inspection to obtain their views.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included six people's care records, six staff records and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). 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

All of the people living at the home that we spoke with said that they felt safe. Their comments included, “I am very safe here. I feel very warm now I am here” and “The staff here are angels. Nothing is too much trouble for them.”

Relatives spoken with said that they had no worries or concerns about their loved ones safety. Their comments included, “It is just lovely here. We had a really good look round before [my relative] came and we got a good feeling about this place. They are marvellous with [my relative] and they involve us in everything” and “[Another relative] is on holiday at the moment and [they] can only go with peace of mind because we know that [relative] is alright. I feel part of a team here.” People told us that if they did have a worry about safety, or any other concern, they would tell any member of the care team and they were confident they would deal with the concern appropriately and involve the right people.

People living at the home and relatives we spoke with told us there was enough staff on duty to provide assistance and support. We saw that staff were visible in each area of the home and attended to people’s needs as required.

People told us they received their medicine on time and had not experienced any problems. Relatives said they had no worries about anything to do with their loved one’s medication.

Staff confirmed that they had been provided with safeguarding vulnerable adults training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire Joint Agency Safeguarding

Procedures were available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them.

The service had a policy and procedure on safeguarding people’s finances. The administrator explained that monies were kept for some people. We saw records of these that showed interest was paid to each individual. A cash float was kept in the home’s safe so people could access their money if they chose. We saw records that detailed transactions, balances and credits and debits. Receipts and invoices were retained. The administrator informed us that the financial systems were audited annually by the company’s accountant. This showed that procedures were followed to help protect people from financial abuse.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at six people’s care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found that risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw that risk assessments had been amended in response to people’s needs. For example, one record had been amended to show a person’s mobility had changed. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments.

Prior to our inspection a healthcare professional told us, “We support in Falls Risk Reduction. High falls rates were identified in a monitoring visit last year and the manager accepted input from the Care Homes Support Team. I feel that [people living at Park View] are at high risk of falling as

## Is the service safe?

they are residential status and most live with dementia. The home had training last autumn and in January 2015, at the manager's request, which was well organised and attended. The manager has a proactive approach to falls risk reduction and often prompts other staff to continue this. The manager will access [professional input] if she needs information or support. The company have a good reporting system and the manager found the analysis of falls very useful, and actioned many suggestions."

At the time of this visit 54 people were living at Park View Care Home. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We found that ten care staff, including seniors were provided in addition to office and ancillary staff. We looked at the home's staffing rota for the month prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their

training and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medication systems in February 2014 and recommendations made had been acted upon. We found that the manager had undertaken medication audits to make sure safe procedures were followed, including the storage and disposal of medicines. We found that systems were in place for the safe storage and administration of controlled drugs.

We observed staff administering some of the breakfast time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. Staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We saw staff offer people their prescribed PRN (as and when needed medication) and noted when this was not required.

We found that a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that the manager undertook monthly infection control audits, which showed that any issues were identified and acted upon. We found Park View Care Home to be very clean. Two domestic staff spoken with said that they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean.

# Is the service effective?

## Our findings

Staff we spoke with said that they received training and some supervisions for development and support. We looked at six staff files and the staff training records. We found the provider's supervision policy stated that staff should be provided with supervision six times each year. Of the six files checked, no staff had been provided with supervisions at this frequency. One staff member had been provided with one supervision and another staff with two supervisions within the last twelve months.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make all or some decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with had limited understanding of the principles of the MCA and DoLS and what these meant in practice. Training records checked showed staff had not been provided with training in MCA and DoLS. This meant that staff did not have relevant knowledge of procedures to follow in line with legislation.

During our inspection we were given assurances from the area manager that all staff would be allocated this training on the provider's computerised training plan.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "I see the doctor when I need to, they [staff] make sure you're looked after," "They [staff] are lovely, smashing. I've got a hearing aid now so life's much better. Really nothing is too much trouble" and "It's just marvellous here. The staff are angels. Last week, I had an upset stomach. I can't walk and the staff came every time. They were so gentle and kept reassuring me all the time. I don't know what I'd do without them."

We asked relatives about the health care support provided to their loved ones. They commented, "[My relative] is well looked after" and "We don't have any worries at all about the care given to [our relative]. All the staff treat them like they were their own."

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Records seen showed that staff were provided with an annual appraisal for development and support. Staff spoken with said they could talk to their managers at any time. One care staff told us, "I love it here. It's very rewarding. I had three days induction and I'm still shadowing people. There is a lot of training around dementia care and keeping people safe and the manager is really keen that I do everything properly."

The manager informed us that individual members of staff had been identified as Champions in Dementia Care so that they could share knowledge and updates with staff.

We looked at six people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions to make sure people could share what was important to them. We saw care plans contained consent forms for photographs and staff holding keys to their rooms to show that this had been agreed. However, none of the care plans checked included the signatures of people living at Park View, or their relatives to show their agreement.

The care plans showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified. We saw that care plans detailed people's nutrition and fluid intakes so that these could be monitored.

People told us they enjoyed the food provided. Comments included, "There's always a choice but if you want different you just ask," "They [staff] know that I don't like big meals and I don't get put off because they give me nice portions,"



## Is the service effective?

"I got a lovely cake for my birthday last week. They [staff] made a fuss of me. Mind you, the cake only had one candle on, it would have taken forever to blow them all out" and "The food is lovely."

During the morning we saw a person in their bedroom eating breakfast. They told us that this was their preference and commented, "I like my breakfast in here. I like to sit and look at my view while I eat my toast and bacon. It's my favourite. I join the others for dinner and tea, but I love to start my mornings like this." We saw one person was asleep in an armchair whilst breakfast was being served. A member of staff gently tried to wake them and was heard telling them that it was their favourite. The person did not want to wake so staff arranged to save their meal for later. They commented "[Name of person] loves their cooked breakfast and would have eaten it all. We'll offer it them again, we know they enjoy sausage and bacon."

We observed part of a lunchtime meal in one of the first floor dining rooms. We saw meals were nicely presented. There was a choice of drinks with water, fruit juices and hot drinks available. Three staff were present and we observed

them attending to individual's needs and being observant but unobtrusive. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. We observed one person becoming upset because they couldn't find their bag. A staff member went straight away to fetch it from their room and the person became relaxed and appeared happy. We observed one person coughing during lunch. A staff member went straight to them and encouraged them to leave their lunch for a minute until the coughing subsided. Staff offered water and reassured the person. One person asked for some bread and butter because they didn't want a hot lunch. This was brought very quickly. This showed a flexible approach to providing nutrition and showed staff had the skills to support people in the way they needed.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. We looked at the menu and this showed that a varied diet was provided and choices were available at all mealtimes.

# Is the service caring?

## Our findings

All of the people we spoke with said that they were well cared for. Their comments included, “If ever I’m worried about anything, I can talk to the staff. They are very good,” “I have made friends here and that makes a difference. The staff are lovely, nothing is too much trouble” and “I don’t think I could be any better off.”

One person pointed to a member of staff and told us “He is bloody wonderful. He is the best.”

We found that two married couples were living at the home. They had bedrooms together and each couple had one bedroom that had been converted to a private sitting room for them. A notice had been placed on the doors indicating that these were their sitting rooms. One couple were speaking with a visiting friend in their sitting room and they all told us that it was like being at home. They commented, ‘We’ve been married for 63 years and I can’t look after [my wife] anymore but being together like this in here makes a world of difference. It’s not home obviously but it’s the next best thing.’

Relatives spoken with said the staff were very caring. One relative told us it had been her relative’s hundredth birthday last year. They commented “He’s been a lifelong Sheffield United supporter so the staff helped us to arrange for a limousine to take him to the football match, then there was a dinner for him at the club with some of the old time footballers. It was just brilliant and the staff helped us with the organisation. They did a beautiful party for him here. All the family came and they did him a lovely cake. Staff joined in. It was just great. Another relative said, ‘I know [my relative] is better in here because they are safe. I come in and bring a brush and pan and a few cleaning things so that I can clean up in their room. I know it doesn’t really need doing but it makes me feel that I’m still looking after them and the staff don’t mind.’”

One professional contacted prior to our inspection, and two professions spoke with during our inspection commented, “It’s lovely, one of the best we go to” and “I’ve not been coming here long, but staff are welcoming and seem to know people [living at the home] well.”

There was a relaxed and happy atmosphere everywhere in the home. Throughout our inspection we saw examples of a caring and kind approach from staff. We saw some good humoured ‘banter’ and conversations being shared. Staff took time to acknowledge and talk to people.

We saw people were able to choose where they spent time and walked around the home where they were able to.

We saw that people’s privacy and dignity was promoted so that people felt respected. Staff were seen to knock on doors and wait for a response before entering. All personal care took place in private. We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

We saw that support was offered to people whilst maintain their independence. For example, we saw staff discreetly support a person to eat their food and take their medication; we saw staff walking slowly and patiently with people at their own pace so that their independence was respected.

We looked at six people’s care plans. These contained information about the person’s preferred name and identified how they would like their care and support to be delivered. The records included information about individuals’ specific needs and we saw examples where records had been reviewed and updated to reflect people’s wishes. Examples of these wishes included food choices and preferred routines. The plans showed that people and their relatives had been involved in developing their care plans so that their wishes and opinions could be respected.

This showed that important information was recorded in people’s plans so that staff were aware and could act on this.

We asked staff about end of life care. They told us end of life care was discussed in team meetings and supervisions. They could clearly describe how they would care for someone with dignity and commented, “It’s how you would want to be treated and about what that person wants” and “Having things near to them that are important.” The care plans checked contained information on the person’s preferences and wishes for end of life care so that these could be respected.

One staff told us, “100% would be happy with my Mum living here. I can’t say better than that.”

## Is the service caring?

People living at the home said they knew they had a care plan and staff talked to them about this. Some people spoken with also told us that they were not interested in their plan because they got the care they needed.

The training records seen showed that staff were provided with training in equality and diversity. When we asked staff

about this they told us, "It's about treating people how you would want your Mum and Dad to be treated." Staff told us that the issue of privacy, dignity and choice was discussed at training events. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

# Is the service responsive?

## Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, “They [staff] know that I like to spend time with [my friend] and what I like to join in. They’re good like that,” “They are always around and help when you need it” and “When I first came here, I was in a room without much of a view. I like to be able to see the road outside so that I can watch people going about their business. The staff were great. As soon as this room (the room overlooked the main road) was free, they moved me here.”

Relatives said that they could speak with staff and found them approachable and friendly. Comments included, “we get on well with them [staff]. We can talk to them and they listen” and “you can go to any staff and they would sort any worries” and “[my relative] is fiercely independent. Staff don’t intrude on them but they check if they need any help. They’ve lost a lot of weight so they put in an airflow mattress straight away. Every time we’ve asked for something, it’s done as quickly as they can if it’s possible.”

We found an activities worker was employed at the home. People told us a range of activities were provided, and they were free to join in as they chose. We saw an activities calendar on display which showed activities were varied and included trips to local shops, crafts and games. We saw a good selection of books and magazines were available and observed one person enjoying spending time carrying books between book cases and around the home.

We saw that one staff member had brought her small dog to work with them. They explained that the home was trying ‘pet therapy’ to see if people responded to and liked pets visiting. People clearly enjoyed having the dog around and spent time talking to and stroking the dog. One person spent time with the dog on their knee, and another person told us, “It makes my day seeing him [the dog]. I’ve always loved dogs.”

Park View had a café located on the ground floor. We observed people meeting and chatting together in the café, some with their visiting relatives. There was a CD playing

and a number of people were singing and clapping their hands. There were plates of biscuits on each table and homemade cakes were provided. People were clearly having a really good time.

One person told us, “We do this every Monday, Wednesday and Saturday mornings. We love it. [The person pointed and said], they are my best friend. We made friends as soon as we met each other here and we always sit together. We like to join in everything we can and the staff are lovely. They help us to do that.”

Another person said, “I am really comfortable here. I used to do a lot of knitting but I’d forgotten how to. The staff have helped me to start knitting again. Me and [name of other person] both knit things for the children in Africa and their son takes them over for us. We really enjoy doing it.”

We saw items hand made by people living at Park View, such as crochet blankets and knitted hats, were on display in the entrance area.

We observed some further interactions that showed staff were responsive to people’s needs. We saw one person tell another that they needed the toilet. Staff overheard and immediately went to the person to help them. We found that some people liked to do housework so the home kept two old fashioned vacuum cleaners so that they could do their ‘cleaning.’ Staff supported another person to change pillow cases as they liked to change bedding and this made them happy.

One person told us “I must get on because I’ve got my work to do.” The person then started moving the dining chairs. We observed a staff member watch them and they told us “They [the person moving chairs] have always done their own housework at home and they like to move the chairs to ‘clean’ underneath them. I won’t let them get hurt but I’m not going to stop them because it’s what they want to do.”

People’s care records included an individual care plan. The care plans seen contained details of people’s identified needs and the actions required of staff to meet these needs. The plans contained information on people’s life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people’s support needs had been identified, along with the actions required of staff to meet identified needs.

## Is the service responsive?

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television or if they would like to listen to music.

Some people were living with dementia. We spent time observing people and the staff interacting with them. We saw that staff took time to talk with people and were attentive to their needs. People were content and smiling.

One person told us some specific information about their family which was important to them. We looked in this person's care plan and found clear details regarding this were recorded. Another person told us about something

that was very important to them. We checked their care plan and found details of this were recorded so that staff could support them to live their life how they chose. This showed that important information was recorded in people's plans so that staff were aware and could act on this. The care plans seen had been reviewed on a regular basis to make sure they contained up to date information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure. A copy of the service user guide was on display in the entrance area which contained details of how to complain. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

# Is the service well-led?

## Our findings

The manager had been in post since January 2014 and was registered with CQC.

During our visit we found the atmosphere in the home was relaxed and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were well supported by the manager.

Staff told us, "It's good here, people are well looked after," "The manager is really good," "The manager is brilliant. She has been very supportive and everyone I work with reassures me" and "If I had any concerns about a colleague, which I don't, I would have no hesitation in talking to the manager. I know she would deal with any issues because she is proud of this home."

We observed the registered manager around the home and it was clear that they knew the people living at the home very well. We saw that people living at the home and staff freely approached the manager to speak with them.

Relatives told us that staff were approachable, friendly and supportive. One relative commented, "It's lovely here and I wouldn't want [my relative] to be anywhere else but I think they have had some problems; there are a lot of new staff and faces have changed quite a bit. Don't get me wrong, everybody is lovely but it just makes me wonder why there is such a high turnover."

We asked staff if there was a high turnover of staff and they commented, "Not really. It's just that we have had a few new starters recently."

We found that the home's deputy had not been available to support the running of the home for some months and had left the company. The area manager visited the home to support the registered manager, but this did not equate to a full time deputy being available. We discussed this with the regional manager who informed us that plans had been put in place for another person within the organisation to be based at the home for three days each week to support the registered manager. The registered manager was moving to other employment and leaving the home in March 2015. The regional manager gave assurances that both the managers and deputy posts were currently being recruited to.

We found that 'resident meetings' took place. We looked at the minutes of the most recent 'residents meeting' which had taken place on 27 August 2014. We saw that a range of topics had been discussed including plans for social activities and the planning of meal choices. These showed systems were in place to seek people's views and include them in the day to day running of the home.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw that the area manager undertook monthly compliance visits to check procedures in the home and we saw records of these.

We saw that checks and audits had been made by the manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

People who used the service, relatives and healthcare professionals were asked for their views about their care and support and these were acted on. We saw that surveys had been sent to people living at the home and their relatives in 2014 to formally obtain their views. We saw that the returned surveys had been audited and the results were available in the entrance area for people to read. The manager told us that any specific concerns highlighted from the surveys would be dealt with on an individual level to respect confidentiality.

Staff spoken with said staff meetings took place so that important information could be shared. Staff told us they were always updated about any changes and new information they needed to know. Records showed that six staff meetings had taken place during 2014; the most recent meeting had taken place in September 2014. The manager told us that staff meetings had not taken place as frequently in recent months and had provided staff with a newsletter to share some information until the next staff meeting took place. We saw the newsletter which was dated January 2015.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant

## Is the service well-led?

changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
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Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met: Arrangements were not in place to ensure staff received appropriate training and supervision in relation to their role and in order that people's care and treatment was delivered safely and to an appropriate standard. Reg.18 2(a)