

Risedale Estates Limited

# Risedale at Abbey Meadow

## Inspection report

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Date of inspection visit: 8-9 July 2014

Date of publication: 14/11/2014

### 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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Risedale at Abbey Meadow provides accommodation for up to 70 people who require nursing and personal care. The home was purpose built as a care home and has a

range of features to meet people's needs and to promote their independence. Accommodation for people is arranged over two floors and there are passenger lifts to assist people to access the accommodation on the upper floor. Risedale at Abbey Meadow is set in its own grounds and people have access to safe, outdoor space. There are 70 single rooms in the home, all of which have their own toilet and bathing facilities. There were 67 people living at the home at the time of our inspection.

The service had two registered managers in post, each responsible for different areas of the home. A registered

# Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

This was an unannounced inspection, carried out over two days. During the inspection we spoke with 21 people who lived in the home, 17 visitors, 14 staff and one of the registered managers. We also spoke with the Director of Nursing and the Managing Director of the service. We observed care and support in communal areas, spoke to people in private and looked at the care records for 10 people. We also looked at records that related to how the home was managed.

We last inspected the home in January 2014. At that inspection we found the service was meeting all of the essential standards that we assessed.

People were safe and well cared for in this home. People told us that they, and their families, had been included in planning and agreeing to the care provided. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. The decisions people made were respected. People were supported to maintain their independence and control over their lives.

The registered managers followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

People were treated with kindness and respect. People we spoke with told us, “The staff are kind, thoughtful and

helpful”. We saw that most of the staff in the home took time to engage with the people they were supporting. However in two living areas we saw that some staff were focussed on the tasks they were carrying out and did not take the time to speak with the people they were assisting. Although people in these areas received the support they needed, this wasn’t always provided in a way which enhanced their wellbeing.

People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home.

People had a choice of meals and drinks, which they told us they enjoyed. People who needed support to eat and drink received this.

Safe systems were used when new staff were employed. All new staff completed thorough training before working in the home. The staff employed at Risedale at Abbey Meadow were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

The staff employed in the home were well trained and competent to carry out their duties.

Risedale at Abbey Meadow was purpose built as a care home. The home had a range of equipment to meet people’s diverse needs and to promote their independence. The home was well maintained and throughout our inspection we found that all areas were clean and free from odours.

# 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?

People were safe living at Risedale at Abbey Meadow. They made choices about their lives in the home and the decisions they made were respected.

Staff were recruited safely and trained to meet the needs of people who lived in the home. There were enough staff to provide the support people needed, at the time they required it. The staff knew how to recognise and report abuse. The registered managers of the home took appropriate action in response to concerns reported to them.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Good



### Is the service effective?

The service was effective. People were well cared and the staff in the home knew the individuals they were supporting and the care they needed. People received the support they required at the time they needed it. They had a choice of meals, drinks and snacks. People who required support to eat and drink received this in a patient and kind way.

People received the support they needed to maintain their health. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Staff were trained and competent to provide the support individuals required.

Good



### Is the service caring?

This service was caring. People were treated in a caring and kind way. Staff were friendly and patient when providing support to people.

In most areas of the home staff interacted with people in a positive way which enhanced their wellbeing.

People were treated with respect and their independence, privacy and dignity were protected and promoted. People and their families were included in making decisions about their care. The staff in the home were knowledgeable about the support people required and about their preferences about how they wanted their care to be provided.

Good



### Is the service responsive?

The service was responsive to the needs and preferences of people who lived there. People made choices about their lives and the staff in the home listened to people and acted in accordance to their wishes.

There were no restrictions on when people could visit the home. People chose when and where to see their visitors and they were made welcome by the staff in the home.

There was a good system to receive and handle complaints or concerns.

Good



# Summary of findings

## Is the service well-led?

The home was well managed. There were two registered managers employed in the home. The registered managers set high standards and took appropriate action if these were not met. People who lived in the home and their families knew the registered managers and were confident to raise any concerns with them.

The staff were well supported by the registered managers. There were good systems in place for staff to report concerns about other staff members. Where concerns were reported the registered managers took appropriate action.

The registered provider had good systems to monitor the quality of the service provided. People who lived in the home and their visitors were asked for their views of the service and their comments were acted on.

Good



# Risedale at Abbey Meadow

## Detailed findings

### Background to this inspection

We visited the home on 8 and 9 July 2014. Our visit on 8 July was unannounced and the inspection team consisted of a lead inspector, another inspector and an expert by experience who had experience of services that support people who had mental health needs. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Due to the size and complexity of the service, the inspectors arranged to return to the home on 9 July to follow up on some areas.

During our inspection we spoke with 21 people who lived in the home, 17 visitors, four nurses, seven care staff, three ancillary staff and one of the registered managers. We also spoke with the Director of Nursing and the Managing Director of Risedale Estates Limited, the registered provider for the service. We observed care and support in communal areas, spoke to people in private and looked at the care records for 10 people. We also looked at records that related to how the home was managed.

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. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

Before our inspection we reviewed the information we held about the home, including information we had asked the registered provider to send to us. We also contacted local commissioners of the service and health care professionals who supported some people who lived at Risedale at Abbey Meadow to obtain their views of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

Everyone we spoke with told us that people were safe living at the home. People who lived in the home said, “I feel totally safe here” and told us, “There are always staff around, I feel safer here than I did at home”.

Visitors to the home told us that they had never had any concerns about the safety or welfare of their relatives. They said they would be confident speaking to a member of staff or to one of the registered managers of the service if they had any concerns.

The staff we spoke with told us that they had completed training in recognising and reporting abuse. They said they had never witnessed any ill treatment of people in the home and would not tolerate this. All the staff said they would be confident reporting any concerns to a senior person in the service.

We observed people in communal areas of the home. We saw that people who could not easily tell us their views were comfortable and relaxed with the staff who were supporting them. We saw that the staff on duty treated people with respect.

Some people who lived at the home had complex needs and required support in managing their behaviour. We looked at the care records of two people whose behaviour could challenge the service. We saw that strategies had been identified to reduce the likelihood of their behaviour becoming challenging. The strategies had been discussed and agreed by appropriate health and social care professionals. We saw that the strategies were reviewed regularly to ensure they were appropriate and effective.

Staff who supported people with behaviours that challenged had completed training in safe ways to restrain people. The staff we spoke with, and the senior nurse, told us that restraint was only used if all other strategies had not worked. They said any restraint was used as a last resort and for the shortest time which was required in order to assist the individual in managing their behaviour.

People told us they made choices about their lives. They said the staff in the home advised them about maintaining their safety but did not stop them from following activities or lifestyles which they chose. Some people smoked cigarettes before they moved to the home. Two people told us that, although they had been given advice and support

to stop smoking, they had chosen to continue smoking. They said they had been advised where they were allowed to smoke and where this was not permitted in order to ensure the safety and comfort of other people who lived in the home.

We discussed the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards with one of the registered managers and senior staff in the home. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the Mental Capacity Act 2005 Code of Practice were used when assessing an individual's ability to make a particular decision.

The registered managers of the home were knowledgeable about when a Deprivation of Liberty Safeguard was required to protect an individual's rights. Deprivation of Liberty Safeguards had been agreed for two people who lived at the home. The staff we spoke with knew why a Deprivation of Liberty Safeguard had been required for each person. They showed that they also knew the conditions which had been agreed for each of the safeguards. The restrictions on each person's rights to make their own choices were agreed and recorded and we saw they had been reviewed regularly. We saw that the conditions focussed on keeping the individual safe in the home.

People who could tell us their views of the home said there were enough staff to provide the support they needed, when they needed it. One person told us, “When I use the call bell, the staff usually come quickly”, and another person said, “There are always plenty of staff around”.

The staff we spoke with said there were enough staff to provide people with the support they needed and to keep people safe. One staff member told us, “I love working here because I can give the care I want and we have the manpower and resources we need”.

The accommodation was arranged into six living areas. Each of the living areas provided private bedrooms, communal areas, bathrooms and toilets for the people who lived there. One living area provided accommodation for people who were living with dementia. Three relatives who were visiting people who lived in this area told us that there were times when they felt there were not enough staff to

## Is the service safe?

support people. One person told us, “People’s needs have increased since they came here, and they need more staff” and another visitor said, “More people need help with eating now, it must be more work for the staff”.

We used the Short Observation Framework for Inspection to assess how people in this living area were supported by the staff on duty. We saw that people received the support that they needed to ensure their safety and to meet their needs. However, we saw that some of the staff were focussed on the tasks they were carrying out and did not

engage in a positive way with the people they were supporting. We also saw that other staff took the time to speak with people and we observed that this enhanced people’s wellbeing.

The registered provider for the service, had good systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of two staff who had been recruited before our inspection. We saw that all the checks and information required by law had been obtained before the staff were offered employment in the home.

# Is the service effective?

## Our findings

All of the people we spoke with told us they were well cared for in this home. They told us that they made decisions about their lives in the home and said the staff respected the choices they made. People told us the staff who supported them knew the care they needed and provided this at the time they required it.

One person told us “This is a great place, I like living here” and another person said, “The care here is excellent and the staff are excellent”.

We spoke with health care professionals who supported some people who lived in the home. They told us “The staff are professional and competent” and said, “The staff here are fantastic, we’re lucky to have this service here [in Barrow-in-Furness]”.

All the staff we spoke with told us that they had to complete a range of training to ensure they had the skills and knowledge to provide the support individuals required. One person said, “They, [Risedale Estates Limited], are brilliant at providing training, they make sure we are always up to date” and another member of staff said, “They are great to work for, I’ve never known such good training and support”.

We looked at the records around staff training. We saw that all new staff completed thorough induction training before working at the home. There was a staff training plan in place that identified training all staff had to complete and additional training for staff members relevant to their role and responsibilities. One staff member, who was involved in developing and updating care plans, told us, “We had training on the care plans when they were changed, so we know how to use them properly”.

The registered provider also had development programmes to invest in their staff and give them opportunities to develop within their careers. Care staff were supported to complete an appropriate qualification in Health and Social Care. Staff who wished to further their personal development were supported to complete qualifications including training to be an Assistant Practitioner and to complete a degree in nursing. This ensured the staff had the appropriate skills, knowledge and qualifications to support people who used the services.

All the staff we spoke with told us that they were well supported in the home. They said they had regular formal meetings with a senior staff member to discuss their practice and any areas for development. One staff member told us, “I’ve worked other places but never felt so well supported”.

We observed mealtimes in all of the living areas of the home. We saw that people who required support with eating received this in a patient and respectful way.

Some people required small items of equipment to assist them to eat independently. We saw that the staff knew the equipment people required and ensured this was provided. During our observations we saw that the staff offered people assistance but respected their independence.

People told us there was “always” a choice of meals available. One person said, “If I want something in particular, I ask the kitchen and they can usually arrange it for me”. During our observations we saw that people were offered a choice of meal.

A range of snacks and drinks were available on each living area. We saw that the staff on duty noted if an individual was not eating very much and offered them a snack after their meal.

Some people who lived in the home had complex needs and required specialist support to maintain adequate nutrition and hydration. We saw people were supported by appropriate health care professionals including dietitians and the Speech and Language Team. The staff we spoke with were able to describe to us the support individuals required and we saw this was included in their personal care records. Where people required special diets, such as softened food or thickened drinks, we saw that this was known to staff and provided. People who had complex needs received the support they required to eat and drink.

People who could speak to us about their lives told us that they received the support they required to maintain their health. One person said, “The staff get my doctor when I need, they ask me, then call them for me”. Another person told us “Usually the staff know if I’m not so good and need the doctor, they ask me and then call them”.

Some people required the support of specialist health care services in order to meet their needs. We looked at the care records of two people who had complex health care needs. We saw that appropriate health care services had been



## Is the service effective?

included in planning their support. The health care professionals we spoke with told us that the staff in the home were open to their advice and followed any guidance they gave.

# Is the service caring?

## Our findings

All of the people we spoke with made positive comments about the staff employed the home and about the quality of care they provided. People told us, “The care here is good, I feel listened to” and said, “The staff are kind, thoughtful and helpful”.

One person, who visited the home regularly, told us they had never had any concerns about the quality of care provided in the home. They told us, “The managers, staff, cleaners are all brilliant, I rate the care as excellent plus plus”.

Some people who lived at the home could not easily express their views about the care they received. The home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We saw that people were treated with respect and given the time they needed to communicate their wishes. People were treated in a caring and kind way. We saw that the staff were friendly and patient when providing support to people.

We spoke with four staff about the people who they supported. We found that the staff were knowledgeable about the care people required and the things that were important to them in their lives. People who used the service confirmed that the staff knew the support they needed and their preferences about their care. One person told us, “The staff ask me what I want. They know how I like to do things”.

People who could share their experience of the home with us said they were included in making all decisions about the care and support they received. One person told us, “The staff understand that I know what feels best for me, they listen and help me”. Another person said, “The staff ask me how I want to do something”. People were involved in making decisions about how their care was delivered.

We spoke with relatives of some people who could not easily tell us their views of the service. They all spoke very positively about the care provided at this home. They said they were included in supporting their relatives to make

decisions about their care. They told us the staff in the home were kind, caring and compassionate. One person said, “The staff here are exceptional, they are like family, they go above and beyond what you’d expect”.

In most of the areas of the home we saw that the staff engaged positively with people and we saw people enjoyed talking with the staff. We used the Short Observational Framework for inspection, (SOFI) to observe how people in two areas of the home were supported as they had their midday meal.

In one area we saw a lot of very positive interactions. The staff spent time talking with people and engaged with them in a meaningful way. We saw that this helped to make the mealtime a pleasant and sociable occasion. In the other area however, we saw that the staff were focussed on the tasks they needed to carry out and not on the people they were supporting. Although individuals received the support they required with their meal the staff did not spend time engaging with people. We observed many interactions that were task based and saw that these did not enhance individuals’ enjoyment of their meal.

All the staff we spoke with said they were confident that people were well cared for in this home. They said that they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

People who were visiting the home told us that they were able to see their relatives whenever they wanted. They told us there were no restrictions on the times they could visit them. One person said, “We come any time, the staff always make us welcome”.

Throughout our inspection we saw that the staff in the home protected people’s privacy and dignity. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. We also saw that they ensured people were appropriately dressed and that their clothing was arranged properly to promote their dignity.

People confirmed that the staff respected their privacy. One person told us, “The staff always knock and ask before coming in my room and they ask me if I want the door open or closing as they leave”. People said they were confident the staff kept private information about them confidential. One person told us, “The staff don’t talk about other people in front of me, so I don’t think that they talk about me in

## Is the service caring?

front of other people". The staff we spoke with showed they understood that it was important to respect people's confidentiality. They said that this was included in their training.

We saw that people were supported to be as independent as possible. People were supported and encouraged to do as much for themselves as they were able to. Some people had special equipment to maintain their independence. We saw that the staff were aware of the equipment people required and ensured this was provided.

The home had a range of equipment to meet people's diverse needs and to promote their independence. There

were passenger lifts to help people to access accommodation on the upper floor of the home and wide corridors and doorways which gave people space to walk or to mobilise independently with equipment they used. Some people who lived in the home were at risk if they left the home without the support of staff. There was an enclosed, secure garden which people could use on their own or with support.

The home was well maintained and throughout our inspection we found that all areas were clean and free from odours. This supported people's dignity.

# Is the service responsive?

## Our findings

All of the people that we spoke with told us that the service provided in the home was flexible to their needs and choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. People told us the staff in the home listened to them and respected the choices and decisions they made.

One person told us, “The staff ask me what I want, I just ask for what I want and they do it”. Another said, “I can refuse support if I want, it’s my choice, I decide, but I do listen to the staff”.

People told us the staff in the home knew the care they needed and provided this as they required. We spoke with the staff on duty during our inspection and they showed they were knowledgeable about the individuals they supported and the things that were important to them in their lives.

We observed people being supported in communal areas of the home. We saw that people were treated with respect and given choices about their lives in a way that they understood. We saw people were given the time and support they needed to make decisions about their lives and their care.

We observed the midday meal being served on one living area and saw that there was a choice of two main meals and people were asked which of the alternatives they wanted. Two people requested to have both of the choices which were available and we saw that the staff provided this as they requested. Another person told a staff member that they wanted something else to eat after their dessert and we saw the staff member gave them a choice of snacks. We saw that people were given choices about their meals and that their wishes were respected by the staff supporting them.

Everyone we spoke with told us their families and friends could visit them at any time in the home. The visitors we spoke with confirmed this. They told us the staff made them feel welcome.

We saw that people chose where to see their visitors. Some people saw their visitors in their rooms or in the communal

space in the living areas and other people chose to sit in the garden or the spacious reception area. The facilities in the home meant that people could see their visitors in private away from their bedrooms if they wished.

People told us they enjoyed going into the local community supported by a staff member or by their families. During the inspection we saw that some people went out to local shops with a staff member and one person had been to the cinema with a member of staff. One person told us, “I enjoy going out for a meal with my family” and another person said, “I go out in my wheelchair for a walk with a member of staff, I like to get some fresh air”.

During our inspection we saw that there were no activities provided for people who were living with dementia. The registered manager told us the activities coordinator was off sick and the planned activities had been cancelled. They had developed plans to cover this sickness and to ensure that appropriate activities were provided.

We looked at the care records for 10 people. We saw that each person’s needs had been assessed before they were offered accommodation at in the home. The needs assessments had been reviewed regularly to ensure they remained up to date and gave staff accurate information about the support each person required. The needs assessments had been used to develop detailed care plans which had information for staff about how to support the individual to meet the identified needs. We saw that people who lived in the home and their families had been included in developing the care plans. The care plans included information about the person’s life, likes and dislikes. This meant the staff had information about the person, not just their care needs.

Some people who lived at the home were not able to make important decisions about their care or lives due to living with dementia or mental health needs. Senior staff in the home were knowledgeable about the Mental Capacity Act 2005 and their responsibility to protect people’s rights. Where people needed to be supported in making major decisions about their lives this was recorded in their care plans. We saw clear records which showed that the individual’s ability to make the decision had been assessed. The records showed the steps which had been taken to ensure appropriate people had been consulted to represent their views and to ensure decisions were made in their best interests.

## Is the service responsive?

Everyone we spoke with told us they would be confident speaking to one of the registered managers or a member of staff if they had any complaints or concerns about the care provided at Risedale at Abbey Meadow. One person told us they had raised a concern with one of the registered managers of the home. They told us that action had been taken immediately in response to the concern they raised. They told us, "I know how to complain and have done about a carer. The manager sorted it out." This showed that the registered managers took appropriate action in response to concerns they received.

The registered provider had a formal procedure for receiving and handling concerns. Complaints could be made to the registered managers of the service or to the Director of Nursing. This meant people could raise their concerns with an appropriately senior person within the organisation.

# Is the service well-led?

## Our findings

Everyone we spoke with told us that this service was well managed. There were two registered managers in post, each responsible for different areas of the home. People who lived in the home and their visitors said they knew the registered managers of the service and would be confident speaking to them if they had any concerns about the care provided. One person told us, “I see the manager all the time”. Another person said, “I can pop in to see the manager anytime, but usually I speak to the nurse on the unit, they can usually sort out any niggles we have”.

The home had been extended in September 2013 and a second registered manager had been employed to share the responsibility for overseeing the service. We spoke with the Managing Director of Risedale Estates Limited, the registered provider for the home. They told us that the directors of the company had made a positive decision to employ two registered managers in order to give each the time to ensure the quality of the service provided. The Managing Director told us, “Quality is key”.

Staff employed in the home told us that they felt well supported by the registered managers and registered provider. One person said, “The manager is on the ball”, another staff member commented, “The manager’s door is always open if you need support. She works with us and really rolls her sleeves up”. One staff member said, “The management here really care about the residents, it’s not just about the business or making money”.

The staff we spoke with told us that the registered managers in the service listened to their views about how the service could be further improved. One staff member told us that they had suggested improving access from one living area to the garden, to make it easier for people to go outside on their own. They told us this improvement had been made.

Health care professionals who supported people who lived in the home told us they had positive, professional relationships with the registered managers and nursing staff employed there. A visiting health care professional said, “This is a really good nursing home. The staff are open to new ways of working and welcome our feedback. They’re not defensive and I would feel able to raise any concerns”. Health care professionals we contacted before

our inspection said, “The staff are professional and competent. They ask for advice and follow it if required” and told us “I have found staff to be receptive to advice given to them”.

All the staff we spoke with said that they would be confident to speak to a senior person in the organisation if they had any concerns about another staff member. One person told us that they had raised a concern with one of the registered managers of the home and said they were happy that action had been taken in response to their comments.

During our inspection we found the atmosphere in the home was relaxed and friendly. We saw many positive interactions between the staff on duty and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. One staff said “I love coming to work here and, having worked elsewhere, this is what I know nursing to be about I go home satisfied that I have done what I can”. All the staff we spoke with said they felt well supported by the registered managers and senior staff in the home. “They, [the registered managers], set very high standards. They tell me if I need to improve and praise me when I do something well”.

The registered managers of Risedale at Abbey Meadow were supported by the directors of the organisation, senior managers and an administrative and training team. Senior managers, who were trained and qualified in areas including health and safety, training and staff employment, were available to advise them and to support them to ensure the quality of the service provided in the home.

The organisation had its own training centre and qualified training staff. This meant the registered managers could arrange for their staff to be provided with the training they required to carry out their duties. All the staff we spoke with told us that the organisation provided high quality training. The organisation showed that it was committed to ensuring staff were well trained and to the development of the staff it employed. It had innovative staff development processes to ensure the staff had the skills to provide a high standard of care. These included supporting staff to qualify as Assistant Practitioners and to complete nursing degrees.

The Director of Nursing for the organisation was the Vice Chairperson of Skills for Care North West. Skills for Care is the body responsible for workforce development in adult

## Is the service well-led?

social care. It aims to raise quality and standards across the social care sector by working with employers and sharing best practice. The Director of Nursing's involvement with Skills for Care meant the registered provider stayed up to date with developments in workforce training. It could also share its own best practice with other employers and had access to the good practice from other organisations.

The registered provider had systems in place to ensure management support was always available to staff working in the homes it operated. When the registered manager of a service was not on duty a senior staff member was responsible for overseeing each home. The senior staff were supported by the registered provider's "on call" system which ensured a senior manager was available to support staff. We saw records of some of the issues that the on call managers had dealt with in the weeks before our inspection. These ranged from arranging cover for staff absence to visiting homes to deal with concerns. We saw that, where appropriate, issues dealt with by the on call manager had been shared with all the registered managers employed by the organisation to share learning from the issues raised.

The registered provider for the home had systems in place to oversee the quality of the services it provided. The organisation employed two quality managers, who were

not directly employed in any of its services, to carry out their own assessment of the quality of care. The directors and senior managers from the organisation also carried out unannounced visits each month to all of its homes to monitor the quality of the care and facilities provided. Following the visits a report was provided to each home manager, detailing any good practice observed and any areas for development.

We looked at some of the reports from the senior managers' quality monitoring visits. We saw that during the visits the senior managers had spoken with people in the home, staff on duty and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns or to make suggestions about the development of the services to a senior person within the organisation.

At the end of our inspection we shared an overview of our findings with the Director of Nursing. Following the inspection the registered managers of the home provided us with reports which detailed the actions they had taken to address the areas that we had identified which could be improved. This showed that the registered provider was open to feedback to develop the service and supported their registered managers to further improve the service provided.