

Avante Care and Support Limited

Hevercourt

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



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 was carried out on 7 and 8 April 2015 and was unannounced.

At the previous inspection in April 2014 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were in relation to the accuracy of records because not all risks associated with people's care had sufficient guidance for staff to follow and staff were not always receiving supervision. The provider sent us an action plan

telling us they would be meeting the regulations by 2 January 2015. At this inspection we found they were meeting the regulations and improvements had been made.

The service provided accommodation and personal care for older people some of whom may be living with dementia. The accommodation was adapted for people living with dementia and is arranged over three floors. There were 36 people living in the service when we inspected. A passenger lift is available to take people between floors.

Summary of findings

There was a registered manager employed at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

Appropriately trained staff were not always deployed to deliver care in a timely way which meant people did not receive their medicines at the times it had been prescribed.

We have made a recommendation about this.

People felt safe. Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Staff were trained to spot the signs of abuse in people living with dementia. The management team had access to and understood the safeguarding policies of the local authority.

Risks were assessed and management plans implemented by staff to protect people from harm. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

The registered manager and care staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Assessments and care plans were reviewed as people's needs changed or their dementia became more challenging.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. There were good links with

the district nursing team to promote people's health and wellbeing. Additional training and skills development was provided to staff so that they understood how to manage people with behaviours that may challenge.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff received training about dementia and knew people well. People had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. However we found one incident that had not been checked by the registered manager.

The registered manager ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff supported people to maintain their health by ensuring people had enough to eat and drink. All of the comments about the food were good.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with.

People felt that the service was well led. They told us that the management team were approachable and listened

Summary of findings

to their views. The registered manger and provider monitored health and safety within the service to prevent accidents. The care being delivered and the development of the service was focused on recognised best practice for people living with dementia.

We found a of breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken 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 not always safe.

There were sufficient staff to meet people's needs. However, they were not always deployed in the right numbers to administer medicines in a timely way.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely. The premises and equipment were maintained to protect people from harm and minimise the risk of accidents.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction, ongoing training and were supported to carry out their roles. The Mental Capacity Act and Deprivation of Liberty Safeguards was followed by staff.

Good



Is the service caring?

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

Managers took account of people's best interest and followed legislation to protect people's rights.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Good



Summary of findings

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Is the service well-led?

The service was well led.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day to day basis by leaders in the service.

Good



Hevercourt

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.

This inspection took place on 7 and 8 April 2015. The inspection team consisted of three inspectors and an expert by experience. The expert-by-experience had a good knowledge of services that provided care for older people living with dementia.

Prior to the inspection we looked at previous inspection reports and notifications of important events that had taken place at the service that the provider had a legal duty

to tell us about. We took account of information sent to us by the local authority contracts team. We asked the registered manager to send us information about independent quality audits that had been carried out. They sent this to us within 24 hours of the inspection.

We spoke with nine people and eight relatives about their experience of the service. We spoke with 11 staff including nine care workers, the deputy manager of the service to gain their views. We asked three health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our previous inspection on 29 April 2014, we identified one breach of regulations. We found that there was not enough detail recorded on people's risk assessments to protect people from the risk of harm. Also, clear guidance had not been issued to staff about managing risks. We asked the provider to make improvements. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 2 January 2015. At this inspection we found that the registered manager had made improvements.

At this inspection we found that staff assessed the risks of delivering care to keep people safe. Risks assessments showed staff what they needed to do to minimise risks. We saw that staff followed guidance about safe manual handling and were based on individual needs. Areas of risks in people's care notes were highlighted for staff. Staff understood how to prevent harm when they delivered care.

People said "I feel very safe here". "I am never afraid because I know there is always someone near". Relatives said "I feel this home keeps my relative safe" and "I do not worry when I leave my relative as I know they are in good hands and are kept safe from harm without undue restriction"

People had not received their prescribed medicines to maintain their health and wellbeing in a timely way. On the day of the inspection there was one team leader administering medicines across all three floors of the service. The registered manager told us medicines would normally be administered by a team leader on each floor. Other trained staff were available but had not been asked to assist to administer medicines. Some people were not getting their morning medicines as prescribed or at the correct time. Others received their morning medicines an hour before their lunchtime medicines were due to be administered. This affected people's health and wellbeing as they had to miss their lunch time dose of medicines.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's operations guide set out how medicines should be administered safely by staff. The registered manager checked staff competence. They observed staff administering medicines ensuring staff followed the

medicines policy. Medicines were stored safely with lockable storage available for stocks medicines and access was restricted to trained staff. Medicine's in storage and ready for administration in the lockable medicine trolleys was accounted for and recorded. Staff administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the GP. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor.

Staffing levels were not always planned to meet people's needs. On the day of the inspection there were not enough staff administering medicines. However, We looked to see if there were enough staff available on other days so that people would not have to wait for their medicines. The registered manager had taken steps to ensure trained staff were available to cover gaps on the staff rota. They had also started to increase the number of staff trained to administer medicines .

We recommended that the registered manager reviews how trained staff are deployed.

In addition the registered manager and deputy manager during the day there were six staff available to deliver care and they were managed by one team leader. At night there were three staff delivering care managed by a team leader. During our inspection staff were easy to locate and on hand to meet people's needs. The registered manager told us that staffing levels were kept under review and adjusted according to the dependency levels of people who lived in the service. We saw that there was a system in place to do this. This demonstrated that people received the care they needed based on their individual circumstances.

Staff absences such as sickness were covered by other staff to reduce the impact on people's care. Back up staff were

Is the service safe?

drawn from a pool of trained staff who knew what their responsibilities would be. This ensured that whenever possible people were cared for by staff they knew and trusted.

Environmental risks were assessed and equipment was checked by staff before they used it. Accidents and incidents had happened in the service from time to time. Records were fully recorded by staff who had witnessed the event. The actions staff had taken, such as calling the GP or getting help from community nurses or paramedics was also recorded. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future.

People had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Staff understood the risks people living with dementia faced and made sure that they intervened when needed. People living with dementia who's behaviours were more challenging to others were observed by staff who were on hand to respond quickly to keep people safe. For example we observed staff calming a person who had become upset and aggressive towards others. Staff did this by speaking calmly to the person, re-directing their attention back to the activity they had been doing.

Staff we spoke with were committed to challenging poor practice and protecting people. They told us that if they witnessed any form of abuse, they would take immediate steps to prevent it occurring. Staff knew to record any incident, to take appropriate action such as calling the person's doctor and to report the incident to the senior on duty or the registered manager. However, on 8 March 2015

staff had recorded an incident where one person had hit another. Staff had completed a record of bruising appearing where the person was hit. Although the staff had made sure the person was safe at the time, this had not been investigated by the registered manager or reported to the persons care manager. Following up on these incidents helps to ensure that people are protected from potential harm. The registered manager contacted the persons care manager as soon as we raised the issue with them.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. Each person had an emergency evacuation plan written and practiced to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Is the service effective?

Our findings

At our previous inspection on 29 April 2014, we identified one breach of regulations. We found that the system in place for staff supervisions was not well managed. We asked the provider to make improvements. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 2 January 2015. At this inspection we found that the registered manager had made improvements.

At this inspection staff received supervisions in line with the provider's policy. Staff confirmed their supervisions were planned in advance and we saw these meetings were documented. This gave staff the opportunity to talk about their work and receive feedback on their performance. Supervisions are processes which offer support, assurances and learning to help staff development. After staff had attended training the manager discussed with them how the training had improved their performance at work. Once a year staff met the manager for a review of their years' work and to discuss their development opportunities for the year ahead. The staff continued to meet the standards of care set out in the provider's policies.

The registered manager had carried out individual assessments of people's needs and staff were provided with training to meet these needs. People's experience of the care they received was positive as was that of their relatives. Comments included, "Staff are excellent" and "They know how to look after me and how I like things done".

A relative said, "My mother wakes early and likes to have a cup of tea immediately". "Staff were aware of this and during the night they make up a flask of tea and leave it by her bed so she can have it when she wakes". This demonstrated staff following the care plan and encouraging people to drink enough as part of maintaining their health.

People were complimentary about the food they were offered. Lunch time was a real social affair with people and staff chatting together. The activity team lent a hand at lunch time, all staff were present in the dining room enabling the meal to be served quickly and then they were able to help and encourage people with their lunch. There was a choice of soup, sandwiches and light dessert which

people said they enjoyed. People had a choice of foods for their main evening meal. Menu choices were based on providing people with a balanced diet and encouraged people to eat well.

People could request anything for breakfast and this was prepared by two members of staff who come into the service just to prepare and serve breakfast. This gave other staff the time to care for people who needed help with washing and dressing. If people needed assistance from staff to eat the staff approached this sensitively and with a calm attitude. They spoke to people about the food to make sure they were enjoying it. People could change their minds about what they had chosen and were offered other choices.

Each person had access to healthcare professionals when they needed one. People had clear information about the times and dates the doctor would be in the service so that they could ask to see them. The staff had recorded the outcome of GP visit and what action was taken. This included recordings of people's blood pressure and weight. People received care from community/district nurses and this was also recorded. Wounds, such as pressure injuries were being monitored and staff made checks to see how these were healing. District nurses were called back if staff were concerned about wounds not healing. Care plans showed when dressings needed changing and staff kept to the schedule for this. This reduced the risk of people's wounds becoming worse and affecting their health.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). There was an up to date policy in place covering mental capacity. This protected people from unlawful decisions being made on their behalf and gave people the opportunity to change decisions they may have made before.

Applications had been made to the DoLS supervisory body when appropriate for any restrictions that would enable people to keep safe, but without unlawfully restricting their human rights. Physical restraint was avoided as staff had been trained to care for people who had behaviours that challenged appropriately.

One person was observed to become quite aggressive, but two members of staff were excellent in their approach to diffuse the situation, preventing it becoming an issue. People told us that staff were good at calming people's

Is the service effective?

behaviour when they were upset. This showed that staff understood how to respond to people who may harm themselves or others by implementing the training they had received to good effect.

Staff had received appropriate training and guidance on how to protect people's rights to make decisions. Staff gained consent from people before care was delivered. We observed staff delivering care and they asked people if it was okay before proceeding. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People were supported to review these decisions with a health and social care professional. People had been supported to make decisions now about treatments they may need in the future. For example if they lost the ability to make decisions for themselves and wanted to refuse treatment.

Additional training to equip staff with the skills they needed to deliver care to people living with dementia was in place. Staff spoke about the Eden Alternative training and ethos provided to them which was a care philosophy dedicated

to making life worth living for people in care/dementia settings. People benefited from the care delivered by staff who had an understanding of dementia and how this affected people. This was evident from the observations we made of staff delivering care to people. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for.

Staff had a mentor who took them through their first few weeks by shadowing them and observing the care being delivered. People were protected from unsafe care as new staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

A member of the management team met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. They also discussed the staff member's performance. This promoted good staff practice.

Is the service caring?

Our findings

People described to us how important it was for them to be as independent as possible and how staff supported this. One person said, “When I came here I told them I like to make my bed myself because I have always done it, and they let me do it”.

A relative told us how staff put them at ease when they visited their wife, they said, “I find it quite hard visiting my wife. She has dementia and does not communicate with me but the staff are very supportive of me as well”. This demonstrated that staff were compassionate and understood the wider impact dementia could have on families.

A care manager who had visited the service often commented that people were well cared for at Hevercourt.

People told us they could make their minds up about things like whether they bathed or showered or where they wanted to eat or sit in the service on a daily basis. At lunch time people chose where they wanted to sit and eat, with others choosing to eat in their bedrooms or the other lounges. People living with dementia could use pictures to help them communicate their choices to staff. Staff told us that they respected the choices people made.

People felt they experienced care from staff with the right attitude and caring nature. Staff observed communicated well with people, chatting and talking in a friendly manner. People told us that they liked the conversations they had with staff.

People described that staff were attentive to their needs. We observed staff speaking to people with a soft tone, they

did not to rush people. For example, one person was confused about where their room was when staff walked past them in the hall. Staff reassured them and walked with them, showing them where they needed to go.

People’s rooms were personalised to them, they could bring their own furniture or use the furniture provided. People felt that staff treated them well and relatives felt welcome. Relatives told us they could visit people at any time, take people out and they are always offered refreshments. Comments included, ‘The staff at this service are kind, caring and compassionate’. Staff knew everyone by their preferred name and were well acquainted with their needs.

People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with. Others were encouraged to eat independently.

Staff respected people’s choices to be independent, even though it may have been easier not to. These were recorded. Some people wanted to eat their meals themselves without staff assistance. This was made difficult by their condition; however staff would rather clean up afterwards than stop the person doing what they wanted to. People were offered aprons and their dignity was considered.

People told us that staff were good at respecting their privacy and dignity. We observed staff making sure that a person being lifted by hoist in the lounge was covered so that their dignity was maintained.

Is the service responsive?

Our findings

Relatives confirmed that if they have any issues they raised them with the registered manager who deals with them immediately. Relatives said, “They are so good here there really isn’t much to complain about”. And others commented ‘Managers and staff take note of suggestions we make, as our loved one finds it difficult to make some decisions for themselves’.

The registered manager made changes to improve people’s experience of the service. A relative said, “Since Mum moved downstairs she has slept well and does not wake in the night and during the day can move about freely on her own in spite of her advanced dementia. As a family, we are so grateful for this”. This demonstrated that the registered manager responded to people’s concerns and needs.

People’s needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person’s needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received.

People’s preferences about the gender of the staff who provided personal care were recorded and respected. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative’s needs. Changes in people’s needs were recorded and the care plans had been updated. This meant that the care people received met their most up to date needs.

Hospital outpatient and discharge letters were in people’s care plans. The registered manager sought advice from health and social care professionals when people’s needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence nurses and District Nurses. These gave guidance to staff in response to changes in people’s health or treatment plans. This meant that there was continuity in the way people’s health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people’s health and wellbeing. Staff had arranged

an appointment with GP’s when people were unwell. People with long term health conditions like diabetes had regular health checks with their GP. In one case the GP had recommended an earlier follow-up blood test as they had concerns about the person’s health. Staff had ensured that the blood test was arranged quickly and had supported this to happen. The staff had a good understanding of the importance of people managing long term health conditions to keep them well. Staff continued to monitor the person’s weight and knew how to respond if they had concerns. For example, if they needed to refer to the dietician or GP. This showed that staff were responsive to maintain people’s health and wellbeing.

In response to people at risk of falling there were specific individual manual handling plans to instruct staff. One person had a cut on their head. We checked to see what actions staff had taken about this. We found that this was from a recent fall and that it was fully recorded and that staff had sought medical assistance.

A care manager told us they had been involved in care plan reviews. The care plans records demonstrated that they were updated on a regular basis. People’s care was changed if they were exposed to any risk. For example, if people could not use the nurse call bells to let staff know they needed assistance, things like pressure mats or alarms that alerted staff that people were out of bed at night were provided. This showed that risk to people’s health and wellbeing were flexible to individual needs. Also, where people’s needs had changed or where health care professionals such as a GP or community nurse had made recommendations, this was highlighted in people’s daily notes within their care plans. This ensured that staff were aware of people’s most up to date needs.

Looking at one person’s care plan we saw that a GP had recommended a change in the medicine’s dose for glicazide, which is a medicine used in the management of diabetes. In response to this the registered manager had ensued that the medicines dose had been changed and that the person’s records were updated so that staff would be aware of the changes. This meant that the registered manager and staff responded quickly to changes in people’s needs. People’s care records provided clear information for staff about how they should deliver needs led care.

The activities being offered were well advertised in the service. This included individual and group activities as

Is the service responsive?

well as spending time talking with people on an individual basis. Staff who organised the activities were enthusiastic. They kept people occupied and came up with ideas that people might like to get involved in. Funds were raised by the 'Friends of Hevercourt' to buy things for people to enjoy such as items for the garden or places people could use they may be familiar with, like a garden shed. Other activities included jam making, icing cakes, make Christmas puddings and volunteer groups attend to entertain people. If people did not want to join in any activities their choice was respected.

We noted that people's recorded preferences for activities they liked to do themselves was respected. This was recorded in people's social histories, for example one

person had always liked to do puzzles. It was recorded in this person daily notes that staff had ensured this person still did their puzzles. This meant that people had activities that interested them and kept them occupied.

Meetings were attended by people and their relatives where they could express their views about the service. There was a policy about dealing with complaints that the staff and registered manager followed. There had been four complaint made since the last inspection and they had all been responded to. For example, additional staff were now provided at night following a complaint. This influenced decisions made about the service by the registered manager or the provider. Also, people were asked their views at care plan reviews and by questionnaires. This ensured that people could feed back their experiences of care to the registered manager.

Is the service well-led?

Our findings

A relative said “I needed someone to help with Mum and all the carers were busy. The registered manager came and did what was needed. She is always willing to roll up her sleeves and get on with the job”.

The registered manager was well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. We found that the registered manager was very experienced and was passionate about the people they care for. Senior staff and the registered manager were hands on, they stepped in to provide care if needed. This meant they knew people well, they spoke with enthusiasm and knowledge about people and their needs.

The registered manager carried out research into specialist areas in dementia and was aware of the national strategy published by the department of health. This promoted better outcomes for people living with dementia.

Care managers told us that the staff in the service and the registered manager reviewed risk for individual people and that they responded to request for information or to carry out assessments for people quickly. One said “I find Hevercourt a good home, able to provide for residents with complex dementia needs at a high standard”. Also, they told us that the registered manager had shown a willingness to learn from safeguarding issues by working with all organisations involved. This showed there was a learning culture to make improvements for people.

People and visitors could see how the registered manager and the provider approached the care they would provide for them and the standards they set out to achieve. They made people aware of this by displaying large posters about their philosophy and there was a customer charter. This set out what people could expect and what people should do if they felt these standards had not been met. An example of the person centred approach the provider had was they had stopped staff wearing red tabards asking people ‘not to disturb them’ when they were administering medicines. The registered manager told us this had happened because people had felt uncomfortable when staff wore the tabards. It made staff less approachable and

gave an unfriendly impression. This was an important consideration and demonstrated the people’s views and feelings were respected by the registered manager and provider.

There was information available about national best practice in caring for people living with dementia issued by the department of health in England. The registered manager and provider took account of this when planning the care provided to people in the service.

Staff we spoke with told us they enjoyed their jobs. Staff felt they were part of a good team. They were positive about the management team in the service. They spoke about the importance of customer care and how they wanted people to experience a good service. One said, “I would not move to another provider as I like working here”. Staff told us that the registered manager was approachable. Staff confirmed that the registered manager was available if they wished to speak to her and they felt supported with further training. Staff went about their work cheerfully, with smiles on their faces. One staff member said “I love working here – it’s a happy ship”. This meant that staff were motivated to do well by the management culture in the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was open about what people experienced in the service. An independent organisation was used to ask people for their feedback more formally by questionnaire. The results showed that the service had improved its performance. In the survey for 2014, improvements in people’s experiences had been shown in areas such as staff care, home comforts, choice and quality of life. This meant that people’s experiences if the service were taken into account and the registered manager was working to increase people’s satisfaction. People’s comments underpinned the longer term positive experience people had of the service.

The registered manager carried out audits within the service. For example, they had audited five people’s care plans a week to ensure they were up to date. The provider had their own pharmacist who completed medicine audits

Is the service well-led?

within the service. Other audits were carried out by the Director of Quality and Governance and the providers Health and Safety surveyor. The audits were recorded. All of the areas of risk in the service were covered.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health, safety and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. These were logged onto a system that could be checked by a senior manager or Director. There were systems in place to escalate serious complaints and incidents to the highest levels with the organisation so that they were dealt with to people's satisfaction.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was in breach of regulation 12 (1) (a) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered manager was not ensuring that medicines were administered accurately in accordance with the prescriber's instructions and at suitable times to make sure that people who use the service are not placed at risk.</p>