Care Quality Commission

Sycamore Care Limited

Dawood House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection carried out on 20 and 22 January 2015. We last inspected the service in November 2013 and found they were meeting the Regulations we looked at.

Dawood House is situated in the village of Bentley which is approximately three miles from the town of Doncaster. The home provides personal care for 40 older people, some of who may be living with dementia type conditions. Bedroom facilities are provided on the ground and first floor level of the building. Access to the first floor is by a lift. There are communal areas including two lounges, a conservatory and separate dining areas. The home stands in its own grounds and there is a car park at the front of the building. At the time of this inspection there were 39 people living at the home.

The service had a registered manager who has been registered with the Care Quality Commission since November 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living in Dawood House. One person said, "We are all safe, the staff look after us and are there when we need them, that's why I feel safe." There were local procedures to follow if staff had any concerns about the safety of people they supported. The premises were fit for purpose. However, we found some environmental improvements required to prevent trip hazards

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example we saw from records that people had received intervention from a speech and language therapist (SALT). This meant people with swallowing difficulties received food and fluids appropriate to their needs. People told us they could ask to see their GP and staff always responded to their wishes.

Medication procedures were robust and people received their medication as prescribed. One person said, "Staff handle the medication, the lady that issues the drugs does it all personally, one at a time, they don't just wheel a chest around."

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Relatives commented that "There always seems to be enough staff when they visited." Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access a wide range of activities including weekly visits from a volunteer and their support dog. Group activities and also one to one interactions were available. We observed people enjoying the support dog who went from person to person. One person told us that they had always had a dog and they enjoyed the visits very much.

We found the home had a friendly relaxed atmosphere, which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. One person said, "Staff treat us with respect, they are kind and considerate."

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received in the last 12 months. The manager had developed an easy read version of the service user guide which included how to make a complaint to help people to raise their concerns.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

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?

Good

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were satisfied with the care at the home. They found the registered manager approachable and always available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The registered manager had a good understanding of how to support people at the end of their life. The religious and spiritual needs of people were met through visiting clergy.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found that peoples' needs were thoroughly assessed prior to them moving in to this service. Some visitors told us they had been consulted about the care of their relative before their admission to Dawood House. However, some relatives said they had not had the opportunity to review their relatives care since admission

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this. Activities were planned by the co-ordinator and people responded positively to activities provided.

The service had a complaints procedure that was accessible to people who used the service and their relatives. However, some relatives and people who used the service told us that sometimes no action was taken when they raised concerns.

Is the service well-led?

Good

The service was well led.

There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Appropriate referrals were made to health care professionals.

Dawood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 22 January 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted Healthwatch Doncaster and looked on the NHS Choices web site to gather further information about the service. We spoke with the local council commissioners who had recently completed their monitoring of the service.

Prior to our visit we had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered and deputy manager, the activity co-ordinator, a senior care worker, three care staff, two domestic staff and the cook. We also spoke with ten people who used the service and 11 visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. They said there were enough staff and they gave assistance when needed. One person said, "I have lived here for a while now and I know staff will help me if I don't feel safe." A relative said, "My relative is safe here." However the relative went on to say sometimes they felt that staff were not always available in the lounges. They said they had mentioned it in one of the questionnaires about the service but had not received any feedback to their comments. We spoke with the registered manager about the relatives comments and she said she would look into the issue.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the senior or the registered manager. Staff also knew other agencies that they could contact outside of the organisation if required.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Prior to this inspection we looked at information received from the provider and found they reported accidents and incidents appropriately. This showed they were open and honest about their reporting. The manager told us that there was a culture of learning from mistakes. For example, there had been an incident which had been reported to the local authorities safeguarding team. This had led to an increase in the staffing numbers during the night to improve the safety of people who used the service.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage people's risk of falling. The risks were managed by making referrals to the falls team when required. Staff also obtained equipment to alert staff if the person got up out of bed, which may result in the person falling. Staff were also vigilant when observing people moving around the home. For example, we saw one person who liked to move around the home, but was at risk of falling. Staff guided the person to sit in a comfortable chair without restricting their movement or causing the person to become distressed.

We looked at the records held in relation to falls and saw that the registered manager completed a monthly analysis of all falls. This was reported to the provider and showed actions taken to reduce further risks to people who used the service. We noted particular people's records identified a number of falls had occurred. The registered manager told us that their GP had been consulted and urine and blood tests had been obtained to eliminate any infections. They had also been referred to the falls team by their GP. When speaking with three relative's about safety in the home they commented that certain 'residents' seemed to have frequent falls. They told us that at teatime when staff are busy with teas that "People appeared to be more vulnerable." They said, "This was because staff were busy with other things." This was discussed with the registered manager who agreed to undertake some observations around those times.

The same relatives said they found the environment to be safe but commented that the blinds in the conservatory were in poor repair. They said, "Been like that for some time." We brought this to the attention of the registered manager and she agreed to speak to the provider about repairing or replacing the blinds.

There were appropriate arrangements in place to ensure that people's medicines were safely managed. Our observations showed that these arrangements were being adhered to. Medication was securely stored. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

Good

Is the service safe?

Medication was only handled by staff who had received training in relation to medication. We saw that staff had competency checks to ensure they could continue to administer medicines safely. The senior care staff had responsibility for checking stock, signing for the receipt of medication, overseeing the disposal of any medication no longer required and administering medication to people.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw that staff used the 'Abbey pain scale' to ensure people who used the service were not in unnecessary pain. The pain scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

Medication was audited regularly by the senior care staff, this included checking stock and ensuring records were accurately kept. We asked the senior about the systems in place for managing and handling medication and they gave us a clear, knowledgeable account of this. Appropriate arrangements were also in place for storing and recording controlled drugs. These are medicines which are subject to regulation and separate recording.

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

We found there was sufficient experienced staff with the right skills and competencies to meet the needs of people who used the service. We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters. This confirmed the number was correct with the staffing levels the provider had determined. The registered manager told us they had a flexible approach to ensure sufficient staff were on duty to meet people's needs. They told us they would listen to staff if they raised any concerns about not being able to meet people's needs. They also used a dependency tool before considering any changes to the number of staff on each shift. People who used the service and their relatives raised no concerns about staffing levels. One relative said, "There always seems to be sufficient staff on duty." However they commented that more staff were needed at particular times (mealtimes) to ensure people were not at risk of falling.

Good

Is the service effective?

Our findings

People received care and support that was appropriate to their needs. We observed staff interacting with people in a way that ensured their consent was gained before any interventions took place. People we spoke with were positive about their care. They said staff always asked them about how they wanted to be supported with their care. We saw staff approaching one person to ask about how they were feeling, as the person had not been very well when the staff member last worked a shift at the home. One person was asked if they needed to see the doctor because they had been coughing and saying they did not feel well.

Relatives told us that staff managed people's health needs very well. One relative said, "They have got a doctor two or three times when my relative was not well and they rang me and I came round." Another relative said, "They get the doctor if needed, tell us straight away. They ring and tell us if our relative goes to hospital and send someone with them until we get there." People we spoke with told us they could access opticians, chiropodists and dentists. One person said, "I asked to see an optician which the staff arranged. They recommended that I have eye drops and staff saw to this for me. My eyes are much better now."

We observed staff interacting with people throughout the two days of this inspection. Most staff communicated appropriately with people, speaking softly while encouraging people to answer questions about their care needs. However, a relative commented that, "Some staff seems to think that everyone is deaf. Some raise their voices when speaking to my relative but they are not deaf." Another relative said, "A couple of them (staff) think if they shout louder and louder they'll understand, there's no need, they are all not deaf, they just forget." A person who used the service said, "They talk loud but I hear quite well." We raised this with the registered manager who agreed to discuss this with staff at handovers and staff meetings.

We talked with people about the meals that they were offered and observed the lunch service in the two dining areas. People were positive about the food and told us about choices which they were given each day. One person said, "We have nice dinners, a choice every day, nice breakfast bacon and egg." Other comments from people were "It's alright, I enjoy it." "Food's good, you have a choice, Sunday lunch is gorgeous." A visitor said of their relative, "She doesn't leave much, there's always a good choice and they will ask if they don't like something, and will get them something else."

We saw people were assisted to the dining rooms in a calm, kind way and several members of staff assisted people with their meals, asking first if assistance was wanted. We observed a care staff serve a person with a meal and ask if they were alright or wanted moving closer to the table. The staff member was very reassuring. We later saw the same staff assist a person to eat. This was undertaken at the persons own pace while encouraging them to hold their own spoon in a kindly, non-patronising way.

We saw there was a picture menu board situated on a corridor between the two dining areas. It displayed the day's menu which corresponded to the food we saw served. We spoke with the cook who had a good understanding of the likes and dislikes of people who used the service. They told us that special diets were also prepared for people who required additional supplements to boost their nutritional intake.

From the care records we looked at we found some people had been seen by the speech and language therapist (SALT) and there were written reports and examples of specific diets that they had recommended. Staff told us that people's weights were monitored to ensure people received sufficient food and drink to meet their needs. They said if a person was losing weight over a short period they would let the senior know, who would make the necessary arrangements to check if the person was at risk.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests, and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that one person currently living at Dawood House was subject to a DoLS authorisation and we saw copies of the documentation that had been submitted to the local authority

We found the service to be meeting the requirements of the DoLS. The registered manager was aware of the latest

Good

Is the service effective?

guidance and was reviewing people who used the service to ensure this was being followed. They told us that most staff had received some training in the subject but they wanted to undertake further training which they were hoping to source in the near future. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

We looked at completed mental capacity assessments and documents completed for best interest decisions. We found them to be detailed and decision specific, such as personal care, finances and medication.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had received training in dementia care and dementia awareness and related well to people. The deputy manager told us that she had completed training in end of life care and was developing the role as an end of life champion for the home. We were told that certain staff had been designated as dignity, equality and diversity and dementia champions. The roles had been developed to raise awareness amongst staff and improve the service.

The registered manager said they used the Alzheimer's society web site to look at best practice and had identified a staff member to undertake the 'Tomorrow is another day' training. This is training that helps develop a relationship-centred approach to living well with dementia.

The staff we spoke with told us there was an in-house trainer and she arranged all the training courses they needed to fulfil their roles within the home. The registered manager told us that she was qualified to deliver moving and handling training to staff. She told us that she looked at best practice guidance to make sure she continued to develop the service.

All new staff completed a full induction programme that, when completed, was signed off by their line manager. We spoke with a member of staff who had not worked at the home for very long. They confirmed the arrangements to ensure they were competent and confident to work unsupervised. The staff member said, "I worked alongside a senior for a while and had the opportunity to read care plans before assisting people with their personal care."

We found that staff received regular supervision (one to one meetings with their manager) and an annual appraisal. These provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice.

Good

Is the service caring?

Our findings

We saw that staff respected and involved people who were receiving care. For example by addressing people by their preferred name and supporting people to be as independent as possible. Each room visited showed signs of individual choice and personal touches such as photographs, prized possessions and personal furniture. People told us they had chosen the colour scheme for their bedrooms and the registered manager showed us the results from consulting with people about the colours for the new lounge chairs.

People appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People and their relatives that we spoke with spoke positively about the staff who worked at the home. A relative said, "Staff are great, you can have a laugh and joke with them". Another relative said, "My relative is happy enough, plenty of food, it's warm, a nice room and a comfortable bed." One person who used the service said, "I like it here, they look after me, I have got everything I need. It's the staff not the building that makes it feel like home, everyone seems so happy."

We spoke with staff about respect and dignity and they told us "We treat people how we would want to be treated. For example, ensuring we observe people's privacy when assisting with personal care, and being respectful in the way we speak to people." Comments from relatives included, "They treat them with respect and dignity, ask them if they would like a bath." "My relative likes to be co-ordinated when dressed, blue slippers with her blue dress and that, and they do that for her." We observed one staff member discreetly asking a person if they would like a blouse to go under their jumper as it was a bit big and was slipping off their shoulder. The staff member asked the person if they wanted to go to the bathroom or bedroom to make the changes to their attire. When they returned the staff member commented how nice the person looked, showing interest and compassion.

People were encouraged to make decisions and express their views on the care they received One person told us, "I get up when I want, if I don't feel like getting up that's fine. I can get breakfast anytime when I get up."

We looked at three care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

We saw files we looked at contained a 'This is your life' document. This is a tool for relatives of people living with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. The registered manager told us the tool was given to relatives to complete. The information helped staff to better understand a person's needs, if they could not fully respond to the questions staff asked when getting to know them.

The registered manager told us that they had recently introduced a 'My advanced decision' tool which was developed using appropriate pictures. The document was used to ensure people's wishes were followed in the event of their death. She told us that the document had been well received by relatives who sometimes found this topic difficult to discuss.

We were told that people who wished to continue to be part of the local community and attend Church were supported to do so. The deputy manager told us that one person was picked up by a friend and taken to a local Church most Sundays. There were also religious services held periodically at the home and people were given the choice of attending if they wished.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities. They also included the times they usually liked to go to bed and to get up. People we spoke with told us the staff were very caring, and nothing was too much trouble.

We spoke with relatives about the care provided. One relative said. "We are aware of the care plan and have seen it but we haven't seen it since they came in. We can see it any time; we haven't been involved in a review because we are happy. Staff tell us how things are with them." The relative also told us that an "End of Life" plan for her relative had been discussed and agreed. Another relative said, "They have gone through a care plan and it has been reviewed."

We saw that Dawood House actively encouraged people's feedback about the service by the provision of a comments book and suggestion box in the entrance area of the home. The registered manager told us they looked at the comments and suggestions regularly and responded appropriately. This showed us that the service actively listened to peoples' suggestions and saw them as an opportunity for learning and developing the service.

However when we spoke to people and their relatives about responding to comments they had made on quality assurance surveys we received mixed responses about the reviewing of people's needs. One person told us they were asked about things that could be improved. One person responded by saying, "We have meetings and they are going to do this and that …. Move the telly etc. but now't gets done." The person went on to say, "The blinds are all twisted and they don't pull them across." A relative also commented about the blinds, "They've been down for months." We raised this issue with the registered manager and she told us that she would speak to the provider about replacing them. The manager also told us that she was aware of people's request to move the TV and they were waiting for the room to be decorated before changing its position.

Another relative said about their relative's situation, following a fall in their bedroom. "There is a ruck in the carpet and I'd asked them to even it out in November when my relative came out of hospital. It's still hasn't been done." We looked at this person's bedroom and brought it to the attention of the registered manager. She took immediate action and when we returned to the room at the end of the inspection the carpet had been flattened. We asked that they monitor the situation and replace the carpet if it begins to cause a trip hazard.

We saw that copies of Dawood House's complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. The registered manager told us that there had not been any formal complaints within the past year. Our review of the provider's complaints folder confirmed this. The manager showed us an easy read copy of the complaints procedures that they had developed to encourage people with limited communication to raise concerns.

People were able to take part in a variety of activities which were organised by the activity co-ordinator. When we arrived the co-ordinator was spending time with individuals reading the morning newspaper prompting discussion with people. Later she spent time on a one to one basis playing dominoes with people. Later in the morning a person arrived with a support dog. This was well received by all. The dog was very gentle and allowed each person to touch and pat the dog. We saw people face's light up when the dog made contact with them. One relative we spoke with said, "They do craft things, Christmas and Easter, play bingo Wednesday afternoons, go on trips and out for meals." Comments from people who used the service included, "bingo or making cards is what we do." "I like to do my puzzles, sometimes I join in activities it depends what it is."

Later in the afternoon we saw the activity in the main lounge appeared to be more dynamic. Several members of staff were "playing ball" with residents and the game involved people wearing hats at various times. Most people appeared to be enjoying this and there was certainly a great deal of laughter.

Requires Improvement

Is the service responsive?

We saw a colourful display in the entrance area which showed a weekly plan of activities and photographs of people taking part in some of the activities on offer. The entrance also had a small bird which prompted conversation as people went past to other areas of the home.

Good

Is the service well-led?

Our findings

The service was led by a manager who has been registered with the Care Quality Commission since November 2013. The deputy manager had also worked at the home for many years; together they showed a commitment to continuously improve the service. The registered manager told us she was supported in this by the provider of the service who visited the home regularly, and was always available for advice on the telephone.

Staff told us they understood their role within the home and knew what standards were expected of them. Most of the staff we spoke with had been working at the home for a number of years. The said, “It’s a good place to work, we work as a team to ensure we provide good care to people living at Dawood House.” All staff we spoke with felt they were supported by management. A member of staff told me they had, “Team meetings every three months and off duty staff come in for that.” They said staff felt “listened to.” Staff told us that they found handovers at the start of each shift were a useful way to find out how people had been from the last shift they had worked.

Most comments from relatives were positive about how the home was run, however some relatives told us that the manager and deputy manager seemed to spend a lot of time in the office, or outside and they would like them to be more visible.

The registered manager carried out monthly audits including auditing care records, the care home environment and health and safety checks. This included personal evacuation plans which would be implemented in the event of a fire. They also had a fire risk assessment which was agreed with the fire safety officer. This enabled them to monitor practice and plan on-going improvements. We saw that these audits were regularly discussed at staff meetings. This meant that any shortfalls identified could be discussed with staff and action plans put in place to address any issues.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for the last two meetings. These showed staff had opportunity to raise issues and discuss any points of interest. The staff we spoke with told us they would speak to the senior or deputy manager first, and then would go to the registered manager if their ideas or concerns were not listened to.

We saw evidence of meetings held with people who used the service and their relatives. The meetings looked at future entertainment, meals and suggestions for improvements to the service. ‘Your opinion counts’ surveys were also used to gain the view of people and their relatives. The registered manager told us they had a poor response to the number of surveys that had been sent and returned and were looking at introducing coffee mornings to get the views of people and their relatives.

The registered manager discussed accidents and incidents with staff and made sure they learnt from them. All accidents and incidents were investigated and any identified risk factors were noted and actions put into place.