HC-One Limited

Larchwood Care Home

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

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 was 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.

The service was last inspected on 04 July 2013 and at the time no breaches in regulations were identified. This was an unannounced inspection. Larchwood is a residential care home providing personal care for up to 64 older people. The service also provides care for people living with dementia. There were 46 people living at the service when we visited. This was because the first floor of the service was closed for refurbishment. The ground floor was divided into units; Acorn and Rowan.

Staff told us that there were times during the day when there were not enough staff available to meet people's needs. They told us that this put staff under pressure and

Summary of findings

meant people had to wait for assistance. Our observation of the midday meal in the main dining room confirmed this. Four staff were observed serving meals and supporting those that needed help to eat. Five people required assistance to eat their meal. This left one person waiting for half an hour before a member of staff had finished supporting another person and was able to assist them. Discussions with the management team identified that staffing levels had been calculated by the provider for the numbers of people using the service, rather than the care required to meet their individual needs.

The shortfall we found breached regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and you can see what action we told the provider to take at the back of the full version of the report.

A newly appointed manager had been in post since 16 June 2014 and was in the process of making an application to us, the Care Quality Commission (CQC) to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The manager demonstrated clear management and leadership and despite being in post for approximately four weeks, had made significant improvements to the service. Staff told us that morale in the service had been low due to a lot of changes, including changes in ownership and managers. However they informed us that the atmosphere and culture in the service had improved since the manager and deputy manager had been appointed. They told us the management team were very knowledgeable and inspired confidence in the staff team, and led by example.

The provider had systems in place to manage risks, safeguarding matters and infection control. Specific care plans had been developed where people displayed behaviour that was challenging to others. These plans provided guidance to staff so that they provided support in a consistent and positive way, which protected people's dignity and rights. A thorough recruitment process was in place that ensured staff recruited had the right skills and experience and were safe to work with vulnerable adults. Staff told us that HC-One Limited was a good company to work for and the training they received gave them the skills and knowledge they needed to carry out their roles.

There was a lively atmosphere in the service and people were seen involved in the running of their home laying tables and tending to the gardens. This provided an opportunity for people to feel valued and have a meaningful life. The interaction between staff and people was warm, caring and friendly. People were relaxed with staff and confident to approach them throughout the day. Staff treated people kindly and were emotionally supportive where people showed signs of distress.

The manager had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) legislation, and whether these needed to be considered for people who lived at the service. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

People were able to discuss their health needs with staff and had contact with the GP and other health professionals, as needed. People were protected from the risks associated with eating and drinking. People spoke positively about the choice and quality of food available. Where people were at risk of malnutrition, referrals had been made to the dietician for specialist advice.

There was a strong emphasis on promoting and sustaining improvements already made at the service. The provider was a member of several good practice initiatives, such as the Dementia Pledge, working to develop good quality care for people living with dementia. Additionally, people and their relatives were asked to nominate staff for a 'Kindness in Care Award'. Twice a month two staff nominated received this award for providing good personalised care and the winners received a badge, certificate and money voucher.

The environment had been designed to meet people's needs. Signage, decoration and adaptions in the service had been arranged to promote people's wellbeing. Communal areas had been decorated with murals and paintings which enabled people to find their way around

Summary of findings

the service and their own rooms. The service had a range of outdoor areas that were regularly maintained by staff and people who used the service, so that they could safely use the garden.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Systems for recording and managing complaints, safeguarding concerns and incidents and accidents were monitored and management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

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?

Requires Improvement

The service was not consistently safe. Staffing levels had not been properly assessed and monitored to ensure there were sufficient staff available, at all times to meet people's identified needs.

People and their relatives told us the service was a safe place to live. The provider had systems in place to manage risks, safeguarding matters and infection control.

Where a person lacked capacity to make decisions we saw that the Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service effective?

Good

The service was effective. People and their relatives told us that they were supported to maintain good health and had access to appropriate services which ensured people received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. People told us there was always plenty to eat and drink.

The environment promoted people's wellbeing and supported their independence and personal identity.

Is the service caring?

Good

The service was caring. People told us that staff were very caring and respected their privacy and dignity.

Staff were passionate about the care they provided. They treated people kindly and were emotionally supportive where people showed signs of anxiety.

People were supported to maintain important relationships. Relatives told us there could visit at any time and were always made to feel welcome.

Is the service responsive?

Good

The service was responsive. People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Summary of findings

Is the service well-led?

Good

The service was well led. The manager demonstrated clear management and leadership. They were clear about their role and the actions they needed to take to develop the service.

The management team were very knowledgeable and inspired confidence in the staff team, and led by example.

The provider had systems in place to continuously monitor the quality of the service.

Larchwood Care Home

Detailed findings

Background to this inspection

We visited Larchwood on 17 July 2014. The inspection team consisted of one inspector, a dementia specialist advisor and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed previous inspection reports and the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. This information enabled us to ensure we were addressing potential areas of concern.

We spoke with ten people who were able to express their views and four relatives. We spent time observing care in both dining rooms and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

We looked at records in relation to six people's care. We spoke with seven staff, the deputy and the manager. We spoke with one of the provider's area managers visiting the service on the day of the inspection. We looked at records relating to the management of the service, staff recruitment and training records, and a selection of the service's policies and procedures.

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.

Requires Improvement

Is the service safe?

Our findings

People told us that there was enough staff available to meet their needs. One person told us, “There's always staff around.” Another person commented, “Yes, if you need something, they'll come and do it.” However, staff told us that sometimes, especially in Rowan unit an additional member of staff was needed. This was because the majority of the people in Rowan required two staff to assist in safe handling transfers. Additionally, five people needed assistance to eat their meals which often put staff under pressure and meant people had to wait for assistance.

During lunch we saw there was not enough staff free to support everyone needing assistance at the same time. People requiring assistance to eat had to wait until all other people had been served. One person who had been brought into the dining room, at the same time as everyone else had to wait for half an hour for a member of staff to stop assisting another person, before they were supported to eat their meal. We also saw that other people were left on their own for lengthy periods of time either in their rooms or in communal areas, with no staff engagement to check if they required assistance. This meant that staffing levels were not sufficient to meet people’s individual needs at all times.

We discussed with the manager and area manager how staffing levels were determined. The area manager informed us that staffing levels had been calculated by the provider as one member of staff to five people in the day and one staff to nine people at night. These calculations had been worked out by the numbers of people rather than the care required to meet people’s individual needs, as reflected above.

The shortfall we found breached regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and you can see what action we told the provider to take at the back of the full version of the report.

We asked people if they felt safe living in the service and what safe meant to them. Each of the ten people spoken with confirmed that they felt safe. One person told us “If you're on your own at home, things can happen, like my fall, however here the staff help you.” Another said: 'I feel good here.' Comments from relatives were positive, these included: “We can go home and feel that my relative is safe and happy. They have the care that they’d have at home.” “The care here is just what [relative] needs. I couldn't rest if it wasn't.” “I'm content that my relative is safe, secure and happy, ” and “My relative feels more at ease here, they feel safe.”

Systems were in place which protected people from the risks of harm and potential abuse. Staff had received up to date safeguarding training and understood the various types of abuse to look out for to make sure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy. The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Where safeguarding concerns had been raised, we saw that the manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the situation in a consistent and positive way, which protected people’s dignity and rights. Staff confirmed that they had attended training to recognise what could cause people’s behaviour to change and techniques to manage these behaviours. Behavioural charts were being completed and reviewed regularly, and where required, referrals had been made to the mental health team.

We looked at six people’s care plans and found that risks to their health and welfare were being assessed and managed appropriately. For example, we saw that assessments were in place that evaluated the risks to people developing pressure ulcers, malnutrition, mobility and falls. Pressure ulcers are a type of injury that breaks down the skin resulting in an open wound. They are caused when an area of skin is placed under pressure. Guidance about the action staff needed to take to make sure people were protected from harm was included in these risk assessments. We saw evidence in daily records that showed staff were following the guidance recorded within the risk management plans. For example, where a person was on permanent bed rest and at risk of developing pressure ulcers, we saw that staff were completing food, fluid and turn charts to monitor their condition.

We saw that the majority of people had rails fitted to their beds, restricting their movement in and out of bed. The deputy manager informed us that these restrictions had

Requires Improvement

Is the service safe?

been imposed by previous managers, and that they and the manager were currently reviewing these assessments. Where people were not at risk of injury, and had capacity to consent; the bedrails had been replaced with low rise beds and crash mats. For people identified as not having capacity, best interest meetings were being arranged with their relatives and other relevant people, to discuss the removal of the bedrails.

The manager and deputy had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager informed us that one person was supported in this home following a DoLS referral to the local authority. This was because they required continuous one to one staff support and had restrictions in place preventing their ability to leave the service, and that this was under constant review. Staff spoken with understood the requirements of the MCA 2005, including how to consider people's capacity to make decisions. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Where best interest decisions had been made we saw that relevant people, such as people's relatives and in some cases their power of attorney, had been involved.

Three staff files looked at confirmed a thorough recruitment and selection process was in place. This ensured staff recruited had the right skills and experience to support the people who used the service. Staff files contained relevant information, including a criminal records check and appropriate references, to ensure that these staff were safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person commented, “They’re good staff, you can get anything at any time and if I want something in the night time, they're always there.” Another person said, “Indeed you do get looked after by staff.” Another added, “They wash and dress you if you need it, or want it.”

The provider had their own Learning and Development Team who delivered training via a range of methods providing different ways for staff to learn. A comprehensive training programme was in place, which included a four stage specialised dementia course. A recent quality monitoring visit carried out by one of the provider’s area managers identified that there were some gaps in the training. We saw that the manager had prioritised training starting with first aid and emergency procedures. The manager confirmed that bank staff received the same training and support as employed staff.

Staff told us that HC-One was a good company to work for. Three staff spoken with commented that the training they received was good and gave them the skills and knowledge they needed to carry out their roles. One member of staff told us, “The company is always updating the training and providing refresher courses, which keeps my knowledge up to date.” Staff confirmed that they had completed national vocational qualifications in health and social care, training in dementia, end of life care, diabetes and care planning.

Staff told us that when they had started working at the service they had completed a thorough induction. This had included a full training programme, shadowing an experienced member of staff and completing a workbook to test their knowledge and suitability for the role before being offered a permanent position. Staff files looked at confirmed that the induction process was being implemented. Staff spoken with told us that they felt supported and involved in making decisions to improve the service. The manager told us that staff supervision had previously not been routinely conducted and explained that this was under review. To manage supervision more thoroughly they had developed a yearly plan and trained senior staff to supervise care staff.

The provider had suitable arrangements in place that ensured people received enough food and fluids to stay healthy. We looked at six people’s care plans and found that they contained information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments had been used to identify specific risks associated with people’s nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, or swallowing difficulties, referrals had been made to the speech and language team and the dietician for specialist advice.

The chef told us that the service had a five week rolling menu; but said they were able to prepare a wider range of foods, if required by people at the service. They told us that all meals were prepared from fresh ingredients. They had a good knowledge of people’s nutritional needs and worked with the dietician and staff to respond to special dietary requirements. People spoke highly about the quality of the food and the choices available. One person said, “The food is good. I eat everything. There’s always enough and if you want more, you get it.” Another person said, “They give me a choice of what I want.” Another person told us, “If you don't like something, they get you something else.” Another said, “I can have anything I like.' A relative told us, “Staff come in and give my [relative[choices and they say what they want.”

We observed people being served their lunch and noted that they were asked their preference of meals. Rather than be presented with a menu or a description at the table, staff brought a plated sample of each meal, so that people could make their personal choice. Where people required support to eat their meals, the support provided by staff was mostly carried out in a relaxed manner and pace that allowed the individual to eat and enjoy their meal. However, we observed one member of staff not allowing a person to finish each mouthful, before giving them another, causing this person to move their head backwards on each occasion. This was fedback to the manager, who told us this would be addressed with the member of staff. Where people were reluctant to eat staff provided encouragement and support in a friendly manner, but respected their decision if they persisted. People were observed using equipment, such as plate guards, to maintain their independence.

People’s care records showed that their day to day health needs were being met. Relatives told us that staff were good at keeping them informed about their relatives health

Good

Is the service effective?

and welfare. One relative told us, “When there's a problem, they call the doctor and let you know straight away.” Another relative said, “They're excellent at communication. They tell you what's happening.” Another said: 'You're immediately told if something happens, like a fall.' The service had access to four GP surgeries; staff said that communication with these surgeries was good. A nurse practitioner visited the service twice a week for routine consultations and was able to prescribe medicines for minor illnesses, such as coughs and colds. Additionally, the district nurses visited the service on a regular basis for routine treatments, such as changing wound dressings. Records showed that people were supported to access other specialist services such as the continence team, occupational therapists and dental services.

Because the majority of the people living at Larchwood had dementia we looked around the service to see if the environment was meeting their individual needs. The signage, decoration and adaptions in the service had been arranged to promote people’s wellbeing. Communal areas had been decorated with murals and paintings to create a pleasant environment. These enabled areas to be more recognisable for people to orientate themselves around the service and find their own rooms. Comfortable corner alcoves provided private areas for people and their visitors. Communal toilets had the door frames painted blue to make them more recognisable for people with dementia. Doors to people’s rooms had a picture chosen by the person or their photograph to help them identify their own rooms. Rooms were personalised and many people had brought their own furniture, photographs and ornaments with them.

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us that they were very caring. Comments included, "I like it here. They're good [staff], all the [staff] are very nice and they can't do enough for you." and "I love it here. I wouldn't go anywhere else. A relative told us, "I wouldn't hesitate to tell people to come and have a look and meet the staff here. I have confidence in the staff, very much so."

We observed that staff had good relationships with people who used the service and knew their needs well. The interaction between staff and people was warm, caring and friendly. People were relaxed with staff and confident to approach them throughout the day. Staff treated people kindly and with compassion. For example, during the day there were times when one person was quite distressed and walked around the corridor, looking for their family. On each occasion we observed that all staff irrespective of their role were emotionally supportive and used various ways to deflect the person's anxiety.

Information in people's care plans showed that their personal preference on how they wanted their care and support provided had been sought. This showed that people had been involved in planning their care which took into account their views. Care plans contained life histories which gave details about the person's background and people important to them. Some of these had been completed better than others, but supported staff's understanding of people's histories and lifestyles which enabled them to better respond to their needs. For example, a person with a keen interest in gardening was being supported to maintain the gardens and have regular visits to garden centres.

There was a lively atmosphere in the service and people were seen being involved in the running of their home laying tables and tending to the gardens. This provided an opportunity for people to feel of value and have a meaningful life. People had been provided with suitable equipment in order to maintain their independence, these included mobility aids, crockery and cutlery. Where people needed support to move, this was provided in a dignified way. For example we observed a member of staff supporting a person to transfer using a hoist. The member of staff spoke with the individual throughout explaining what was happening in a reassuring manner.

Staff told us they enjoyed working at the service and that people's happiness and welfare were a priority. The deputy manager told us that aim of the service was ensure that, kindness is at the heart of everything we do. This was demonstrated by a member of staff. They told us that they had noticed that one person was bored and had taken them into town for a coffee and to do some shopping and when they came back they were in a happier mood.

We saw evidence that people and their relatives were asked for their views about the service. The new manager told us that they had held their first relative's meeting the day before our inspection. One relative commented, "Yesterday we went to a meeting with the manager. It was very good; they said that we can always speak to them if we need to.' Another said, "We talked about activities. They're going to do more." They told us they were setting up a distribution list for relatives and friends so that they would be better notified of up and coming events and were sourcing a befriending and advocacy service for people who did not receive many visitors.

People and their relatives told us there were always made welcome whatever time they visited. One person told us, this was good because, "My relative works, so doesn't always know when they'll get here." Another said, "My relatives can come when they like.' One relative told us, "I can spend as much time here as I want, I am given lunch if I want it." Another said, "I can come anytime and have lunch if I want to."

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this. Staff were clear about the actions they needed to take to ensure people's privacy when delivering personal care. All people had their own rooms with en-suite toilet facilities. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

We observed that staff were respectful when talking with people calling them by their preferred names. One member of staff commented, "I ask people what they want, I treat them as an individual, the same as I would a relative, neighbour or a friend."

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "If I need anything, anything at all, they [staff] get it for me. Another said, "There's always someone here if I get taken poorly, whereas at home my [relative] was running back and forth to the doctor.' One relative told us that there had been an incident where their [relative] had fallen out of bed. They told us that staff had responded immediately, informing them and purchased a new mattress especially suited to their relative.

There was a range of outdoor areas suitable for the needs of the people using the service, including landscaped gardens, courtyard and sensory gardens. We observed people utilising the garden space, watering plants and reading, taking advantage of the nice weather. People told us that they had been involved in creating the garden and enjoyed helping to maintain it. One person told us, "Staff take me to a garden centre because they know I love plants. It makes me feel good."

Five of six care plans looked at were reflective of people's needs. These supported staff to manage specific health conditions, for example diabetes. Where people were at risk of deteriorating health such as developing pressure ulcers, risk assessments had led to individualised care plans. Care plans confirmed that people's care and support was being reviewed on a monthly basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff. The sixth care plan had some gaps in information about the level of support they required. We discussed this care plan in detail with the deputy manager. They explained that when HC-One had taken over the service, new care planning documents had been implemented. Revision of this care plan had not yet been completed. However, staff spoken with indicated a good knowledge of this person's needs and the deputy assured us that their care plan would be reviewed to reflect this knowledge in the near future.

A member of staff told us that a new keyworker system had been introduced. A key worker is a named member of staff who works with the person and acts as a link with their family, and where appropriate, to ascertain information which helps to provide appropriate care. They told us that this system provided people with an opportunity to have a say about their care and what was important to them. We saw that people's preferences on how they wanted their care provided had also been recorded in 'Individual Residents Profiles'. These provided a quick guide to people's care needs and included information about what was important to the person.

Staff supported people to maintain their hobbies and interests. A range of day trips were advertised to places of interest, including, but not limited to, garden centres, stately homes, museums and pubs. People spoken with were very keen that the outings continued. One person said, "If I want to go to the garden centre, they take me." Another said, "We tell them where we want to go and we go." People also had access to a local community centre, where they could meet and develop relationships with people in the community.

One member of staff told us that people were supported to attend religious services of their choice either in the community or at the home. This was confirmed in conversation with a relative who told us, "When staff found out my [relative] was catholic, they asked if they would like to see a priest. Now, a priest comes regularly to visit them."

The provider's complaints policy and procedure was available in the main entrance informing people how to make a complaint. This contained the details of relevant outside agencies for people to contact if they were not happy with the way a complaint had been handled by the provider. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. People and their relatives told us that they were comfortable discussing any concerns they may have with either the management or staff and that they were encouraged to do this. They confirmed that where they had made comments they were kept informed of what changes had been made.

Records showed that 12 compliments and one written complaint had been received by the service in the last 12 months. We looked at how this complaint had been managed and found that the provider's processes ensured that people felt listened to and their complaints were taken seriously.

Good

Is the service well-led?

Our findings

The new manager was appointed recently and was in the process of applying to us, the Care Quality Commission to become the registered manager of the service. The manager demonstrated clear management and leadership and despite being in post for approximately four weeks, had made significant improvements to the service.

The manager told us their biggest challenge had been addressing the staff culture. Although staff were seen to be kind and caring, due to changes in the service they had lacked support and were demotivated. The manager had implemented a more open staff support and management system which had resulted in some staff turnover. One member of staff commented, "I feel the new manager is listening to us and asking our opinion, I feel involved and valued about making changes to improve the service." Another told us, "The new manager asks my opinion and how we can make things better." Minutes of staff meetings confirmed that staff were being involved in the day to day running of the service and were asked for suggestions for improving the service.

Staff told us that morale had been quite low due to a lot of changes at the service, including new ownership, and numerous changes in managers. However they told us that the atmosphere and culture in the service had improved since the new manager and deputy manager had been appointed. One member of staff told us, "This is the most relaxed and homely I have ever seen Larchwood." Staff said that both managers were easy to approach. One member of staff commented "Both managers are lovely with the people who live here, we [staff] really like them, and they know what they are doing." Another commented, "The combination of both managers works well, they put the residents first, which is why I like it here."

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. The manager told us that they held daily 10 minute meetings to communicate with key staff to address issues and raise standards in the service. They also said that working alongside staff provided them with the opportunity to assess and monitor the culture in the service.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. The provider was a member of several good practice initiatives, such as the Dementia Pledge, working to develop good quality care for people living with dementia.

The manager informed us that the development of the staff was key to improving the service and used a number of different ways they aimed to achieve this. They told us that in addition to staff training, twice a month people and their relatives were asked to nominate staff for a 'Kindness in Care Award'. From these nominees, two staff were presented with the award for providing good person centred care. Person centred care is providing care that is responsive to people's individual personal preferences, needs and values.

The manager informed us that they attended meetings with managers from other services owned by the provider which provided a forum for discussion to help drive improvement and review new legislation and the impact this had on services. Additionally, they showed us a range of systems in place which they used to continuously assess and monitor the quality of the service.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Body mapping was used to indicate where injuries had occurred. Body maps are diagrams designed for the recording of any injuries that may appear on the person. Each of the forms had been reviewed by the manager so that emerging risks were anticipated, identified and managed correctly. Incidents and accidents were entered onto the provider's computer system so that senior managers were able to review weekly and monthly reports. These reports enabled the provider to analyse trends and patterns across their services and were being used to develop and improve the way the services were run.

Before our inspection we received anonymous information raising concerns about infection control in the service. These concerns had also been raised with the local authority safeguarding team, who asked the manager to carry out an investigation. The manager described how they had worked with the local authority to ensure safeguarding concerns were effectively managed. They provided us with a copy of their report, which showed a full

Good

Is the service well-led?

investigation into the concerns raised had been undertaken. The managers' report showed that they had taken steps to learn from this event and had put measures in place so that they were less likely to happen again. For example, as part of the investigation the manager had carried out an infection control audit and had taken action where they had identified practice that fell below the requirements of the Health and Social Care Act 2008 – code of practice on prevention and control of infections and related guidance.

On the day of our inspection the home was clean and tidy. Staff understood their roles and responsibilities in relation to infection control and were observed using personal protective clothing, such as gloves and aprons. Regular audits were being carried out in the service by the manager and area manager, which showed that the control and prevention of infection was being well managed.

We saw that the provider sought feedback about the service. A customer satisfaction survey had been completed in September 2013. There were 47 people living at the service, at that time, who responded positively to questions about their home comforts, choice, having a say and quality of life. In addition regular surveys were carried out to obtain feedback about the service from people, their relatives and external professionals. Feedback from the surveys was used to improve the service. For example, a relative had raised concerns that their relative had not been receiving their medication. The manager had investigated this and had taken appropriate action to ensure the person was receiving their medicine and the family fully informed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People who use services were not protected against the risks to their health, safety and welfare because the registered provider had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying out the regulated activity. Regulation 22