Rotherham Metropolitan Borough Council

Davies Court

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The unannounced inspection took place on 24 August 2016. We last inspected the service in July 2014 when it was found to be meeting the regulations we assessed.

Davies Court provides mainly respite and intermediate care to older people, including those living with dementia. It is also currently supporting six people on a permanent basis. It has 60 bed spaces, and is located near the town centre of Dinnington. At the time of our inspection there were 46 people using the service.

The service had a registered manager in post at the time of our inspection. 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 registered manager was not available when we visited, but the acting manager assisted us with the inspection.

The home had a very relaxed and friendly atmosphere. People using the service, relatives and visiting professionals described staff as professional and welcoming. Throughout our inspection we saw staff supporting people in a caring, responsive and friendly manner, while including them in decision making. They encouraged people to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. All the people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed, as well as the facilities available.

People told us they felt the home was a safe place to live. Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind. Assessments identified any potential risks to people, such as falls, and care files contained management plans to reduce these risks.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We saw people either managed their own medication or were assisted by staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet the needs of the people living at the home at the time of our inspection. The recruitment process was robust and helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated and their job role at the beginning of their employment. They had access to a varied training programme and regular support to help them meet the needs of the people who used the service, while developing their knowledge and skills.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Specialist diets were provided if needed and the people we spoke with said they were very happy with the

meals available.

People's needs had been assessed before they stayed at the home. If someone was admitted at short notice staff had collated as much information as possible prior to, and on admission. We saw people had been involved in planning their care, as well as on-going reviews. Care files reflected people's needs and preferences and had been updated regularly to ensure they reflected people's changing needs.

The home did not have a dedicated activity co-ordinator to facilitate a structured programme of activities. We found care staff aimed to provide social activities to stimulate people when they had time. People told us they enjoyed the activities provided.

The company's complaints policy was available to people using or visiting the service. We saw that when concerns had been raised these had been investigated and resolved promptly. The people we spoke with raised no concerns.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a structured audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed action plans had been put in place to address shortfalls.

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 were knowledgeable about how to recognise signs of potential abuse and the procedures for reporting any concerns. Assessments identified risks to people, and management plans were in place to reduce any potential risks.

Recruitment processes were thorough, so helped the employer make safer recruitment decisions when employing new staff. We found there was enough staff on duty to meet the needs of people living at the home at the time of our inspection.

Robust systems were in place to make sure people received their medications safely, this included staff receiving medication training.

Is the service effective?

Good

The service was effective.

Overall records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered. Staff had completed training in this topic and understood how to support people while considering their best interest.

A structured induction and training programme ensured staff had the knowledge and skills to meet the needs of the people they supported.

People received a well-balanced diet that offered variety and met their individual needs. Our observations, and people's comments, indicated they were very happy with the meals provided.

Is the service caring?

Good

The service was caring.

We saw care staff interacted with people who used the service in a kind and sensitive manner. They were patient with people and

respected their preferences, while ensuring their privacy and dignity was maintained.

Staff supported and encouraged people to voice their opinion and choices.

People were supported to maintain important relationships. Relatives told us they could visit when they wanted to, and were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had been involved in planning their care. Care plans reflected people's needs and had been reviewed and updated in a timely manner.

There was no dedicated activity staff or a structured activities programme, but care staff provided social stimulation when they could, which people said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with staff.

Is the service well-led?

Good

The service was well led.

People we spoke with told us the management team were approachable and would always listen to them and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included service audits, meetings and surveys. We found action plans were used to address any areas that needed improving.

Staff were clear about the aims and values of the service, as well as their roles and responsibilities. Policies and procedures were available to inform and guide staff and the people who used the service.

Davies Court

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 was 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.

Two adult social care inspectors carried out the unannounced inspection on 24 August 2016, being unannounced means the provider and staff did not know we were inspecting the home that day.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also obtained the views of professionals who had visited or worked with the home, such as service commissioners, doctors, nurses and Healthwatch [Rotherham]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service and five relatives. We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the acting manager, the acting deputy manager, seven care staff and the cook. We also obtained the views of three healthcare professionals.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, four staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with said they felt the home provided a safe environment for people who lived and worked there. A relative said, "I come here nearly every day. This home has a lovely atmosphere. It's very homely. There is nothing that can hurt my [family member] and I'm happy knowing [my relative] is safe." Another relative told us, "I am confident that the staff do their very best to keep my [family member] safe."

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to maintain and regain their life skills while monitoring their safety. For instance, facilities were in place to enable people to make hot drinks and climb stairs, as part of their rehabilitation.

Care and support was planned and delivered in a way that promoted people's safety and welfare. We found records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We also found equipment such as specialist beds, bed side safety rails and bumpers were used if assessments determined these were needed. A healthcare professional told us, "When a patient falls, the staff contact the falls team and add bed and chair alarms according to guidelines."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The acting manager had a good knowledge of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately.

Staff we spoke with also demonstrated a good knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. We found they had received initial training in this subject, followed by regular refresher courses. All the staff we spoke with told us they would have no hesitation in reporting any concerns of this kind, or any other concerns.

We found there was enough staff available to meet people's individual needs. Davies Court was undergoing some changes which involved additional placements for people with intermediate care needs. The acting manager said this would result in further staff being employed. The acting manager described how this was being managed to ensure there was sufficient staff available to meet the changing needs at the home. We observed that people's needs were met promptly and the people we spoke with raised no concerns about staffing levels at the home.

We sampled four staff files and found a satisfactory recruitment and selection process was in place. This included essential pre-employment checks, such as two written references, and a satisfactory Disclosure and Barring Service (DBS) check being undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy which outlined how medicines should be safely managed. We checked

if the system had been followed correctly and found it had. We observed staff supporting people to take their lunchtime medication on one of the units supporting people living with dementia. The staff member administering the medication was extremely kind while encouraging the person to take their medication. They gave the person time to understand why they needed to take their medication and made sure they were offered plenty to drink to help swallow the medication. The medication was administered very discreetly so the other people were able to carry on with their activity without noticing the person being supported. We also discussed medication practices with staff on the intermediate care unit. They described the system for ordering and managing medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had.

The shift leader on the intermediate care unit described the robust system in place to make sure staff had followed the home's medication procedure. For example, we saw regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. The shift leader showed us how people retained their medication in a secure cupboard in their room. We saw where possible people were encouraged to administer their own medication, after undertaking an assessment of their capability to do so safely. They said additional support could be provided such as the use of a monitored dose system, easy to open containers and large print labels. The shift leader told us stock and records for people administering their own medicines were checked every two days to make sure they had been taken correctly and if not why this had not happened.

We saw the temperature of the refrigerators used to store medication needing to be kept cool had been monitored. However, on the day we visited we noted it was hot in some people's bedrooms, where medicines were stored, but temperatures were not being randomly checked to make sure the medicine was stored at the correct temperature. We discussed this with the acting manager, who said they would ensure a system was introduced to check bedroom temperatures were acceptable.

Good

Is the service effective?

Our findings

People we spoke with said staff were caring, helpful, friendly and efficient at their job. One person who used the service told us, "I can't speak of them [staff] highly enough. I can't say a wrong word about them."

We found staff had the right skills, knowledge and experience to meet people's needs. The acting manager told us staff undertook a structured induction when they started to work at the home which included a full day covering policy and procedures, and learning how the home operated. They said this was followed by at least one week shadowing an experienced worker and completing mandatory training. This included a two day course on moving people safely, first aid, care planning and risk assessment. The staff we spoke with confirmed this.

The acting manager was aware of the new care certificate introduced by Skills for Care and we saw they had recently introduced it at the home. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Following staff induction other mandatory training, either face to face or e-learning, had been completed and periodically updated. We looked at computerised training records, which provided a separate training record for each staff member. Training undertaken included, end of life care, dementia awareness, positive behaviour support and oral care.

Staff told us that following induction there was a programme of refresher courses available, as well as other courses to enhance their skill. Two care workers described how they had completed e-learning and distance learning courses with one adding, "There are a lot of extra 'bolt on' courses we can do." Staff also had access to nationally recognised qualification in care to expand their knowledge.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff we spoke with felt they were well trained and supported, saying they found the support sessions valuable. One staff member said, "I have supervision every month. It allows you to share your views, etcetera. If you have an issue you can always ask to speak to someone."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be able to make informed decisions on their own.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. Records showed staff had received training in this subject, and those 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 found documentation was in place that showed the correct process had been followed for people who had DoLS authorisations in place. However, we saw that one person had conditions attached to the DoLS which had not been appropriately followed. For instance, one condition said that staff should monitor behaviour's that may challenge others, and record the triggers and actions to reduce the behaviours on an ABC record. This would enable professional staff to evaluate the need to extend the authorisation. An ABC chart is an observational tool that enables staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating. Staff said this information was recorded in their daily notes, but not on an ABC chart, which made it more difficult to evaluate any such behaviour. We also noted social stimulation was not recorded as specified in the conditions. We discussed this with the acting manager who told us the ABC charts had been introduced immediately after the inspector had highlighted the issue, and staff had recorded social activities' in more depth since our visit.

We were informed that several other DoLS applications had been sent to the local supervisory authority for their consideration, but the provider was still waiting for the outcomes.

We also found one person was receiving their medication covertly [hidden in food or drink]. As the person did not have the capacity to agree to this themselves the person's GP had been consulted and agreed that their medication could be administered covertly. However, there was no best interest documentation to state if any family members had been involved in making the decision, and if it was the least restrictive way of ensuring the person received the medication. We discussed this with the acting manager who agreed to complete the required documentation.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at six people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

There was a MUST (Malnutrition Universal Screening Tool) tool used to determine if a person was at risk from losing weight. We spoke with staff about people that had been identified as at risk of losing weight. They said supplements were available if needed. They told us that they monitored people's intake of food and fluids to ensure they received sufficient to meet their needs. The cook told us smoothies and milk supplements were used to boost people calorific intake and each of the units had good access to biscuits, crisps and other snacks.

We observed people who were being supported to eat lunch on the two designated dementia units. We found the dining experience for people was inclusive and supportive. Staff attended to people who needed assistance to eat their meal in a caring and compassionate way. Staff were attentive and focused on the person for the whole period they were eating their meal. Soft music and a calm atmosphere meant people could enjoy their meal without being rushed. We saw staff offered a choice of cold drinks and people who could help themselves to additional drinks were encouraged to do so. Staff took time to explain the choices of menus and we saw some people chose to have an omelette or a jacket potato rather than the planned menu. There was also an alternative offered as a pudding. Before staff cleared away the plate's people were asked if they had had sufficient to eat and if they had enjoyed their meal. We heard people responding that they had enjoyed the meal.

Snacks and cold drinks were offered throughout the inspection. One relative we spoke with told us that they were always asked if they wanted a drink while they were visiting and we saw staff bring a relative a cup of coffee. The relative said, "The staff are really kind and they make me feel so welcome when I visit. They even know just how I like my coffee so that shows they are thoughtful about visitors as well as the people that live here."

The atmosphere on the intermediate care unit at lunchtime was also very positive. We saw staff serving meals to people and then standing back to allow them to eat their meal at their own pace, while observing if anyone needed any assistance or additional food. The people we spoke with following the meal were complimentary about the menus available, describing them as "Lovely" and "Delicious."

We saw people had accessed healthcare professionals such as GPs, physiotherapists, dietician's occupational therapists and the speech and language team when additional support was required. We were told a designated GP visited the home twice a week and we saw physiotherapy taking place during our visit. A relative told us, "They [staff] let me know straight away if they [person using the service] are not very well. They always get the doctor if needed and they talk to me often." Another relative said, "This is the best place for my wife. They [staff] have saved both our lives. Not just my wife but also me as I was very poorly and knew I needed to do something for both of us."

A health care professional we spoke with said, "Staff are helpful and they [the provider] keep staff, which provides consistency. They know the people, even if they are not on their unit. Generally staff are well trained." A GP who visits the home regularly told us, "The staff are very organised and fax us a list of patients and a brief line about the problem the day before [their planned visit to the home]. They send lists of repeat medication, and allow our 48 hour turnover, and ask for specific number of tablets to get repeat templates in line with the monthly ordering system. All staff know their patients well, during medical handover all staff can tell me what has been happening with regard to symptoms and patient's appetite, mobility and bowels etc. The communication between different members of staff, and between staff and patients' relatives is very good, they speak to relatives on my behalf to explain what I have said on each visit, and relatives can express their concerns, and of course I can ring and speak to them too. There are too many excellent staff at Davies Court to single any one out, I enjoy working with them all, and wish them well."

We spent time on the two units for people living with dementia. The units were designed to enable people to move around freely with purpose. This meant people were not restricted by locked doors within the unit. The décor was designed with a great deal of thought, with memorabilia from the past decades. We saw each bedroom had a picture and the name of the person on the door, which were in bright colours. Outside of each bedroom was a memory box with pictures that each individual could relate to. Signage throughout the units was good and each lounge had a large board with the date, time and what the weather was likely to be for the day. Menus were displayed using pictures of each of the meals, which people could see prior to moving to the dining area. Upstairs on the units was a reminiscence room with old televisions, a gramophone, radio and an old singer sewing machine. Staff told us that people often used the room for activities and to entertain visitors to the home.

Good

Is the service caring?

Our findings

People using the service, and the visitors we spoke with, were happy with the care provided and the staff who supported them. One person who used the service told us, "They [staff] let you do what you can do, such as have a shower, but there is someone there if you need them." A relative told us that they found staff to be professional, but friendly. Another relative said, "Staff are brilliant you could not find any better. They are always willing to go the extra mile to make sure my [family member] is cared for properly. A third relative commented, "We went to look at other homes, but there was only one choice for us."

The atmosphere in the home was very welcoming and relaxed. We saw staff had a warm and inclusive rapport with the people they cared for. People were treated with respect and their dignity was maintained throughout. We observed numerous kind and caring interactions throughout the day. It was very clear that staff knew people well and were able to tell us about individual people and their life histories. Throughout our inspection we observed good and positive engagement between staff and people who were staying at the home.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers, which were conducted in private. We sat in on the handover and it was clear from the interactions that staff were keen to know how individuals had been since they were last on duty.

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and their families, and reading the care plan. They told us about individual people's preferences and demonstrated that they knew them well. Staff gave examples of how they offered people choice, which included what the person wanted to wear, where they spent the day, meals and what time they got up and went to bed. One care worker told us, "You want to treat people as you would want to be treated. Not everyone likes things the same way."

To enable staff to understand their role in supporting people we saw they had received specific training in topics such as equality and diversity and dignity in care. The home also had designated champions who promoted dignity at the home.

A GP who visits the home each week told us, "I witness kindness and attentiveness to patients and their needs every time I visit from all staff with no exceptions. I am touched sometimes at the care the staff take to make the bedrooms and routines as close to their previous homes and routines as possible, and the time they take to make a patient comfortable, or sit with them and just hold hands, or talk calmly with them when distressed."

Good

Is the service responsive?

Our findings

People we spoke with said they were happy with the service provided and complimented the staff for the way they delivered care and support. We saw they had been involved in planning their care and decision making. People also told us staff were responsive to their changing needs. One person commented, "The girls [care workers] don't just care for people, they do extras. One went out and got me a TV book [so they knew what was coming on television]. They chat to you socially too."

We saw interactions between staff and people using the service were very good and focused on the individual needs and preferences of each person. Care workers offered people options about their meal or where to sit, as well as providing the food, drink, or support they knew were preferred. Call bells were answered promptly and staff were available when people needed support. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care records.

Care records contained assessments of people's needs. We saw that sometimes people were admitted as a 'fast response admission'. This meant a full assessment could not be carried out by the home prior to admission. However, a protocol was in place to ensure the home could meet the person's needs and admissions were as smooth as possible. Staff told us this information along with details they collated from the person themselves, or relatives, had been used to help formulate the person's care plan. People we spoke with confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled. There was an overview of the person at the front of each care file identifying what was important to them and how best to support them. The files contained detailed information about the areas the person needed support with and any risks associated with their care. Records regarding people's needs were comprehensive, providing staff with clear guidance on how they should support them.

Daily records had been completed which recorded how each person had spent their day and any changes in their general condition. People's participation in social activities was recorded, but not the outcome, for instance if they had enjoyed the activity. We found care plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required.

A healthcare professional told us, "We use a care plan system, so future health wishes can be followed. This is particularly useful in the case of palliative care, when patients aren't for admission to hospital, and I am happy to say that avoidable admissions are very rare. Again organisation and communication is key, to ensure medication, district nurses, palliative care nurses and relatives are all aware and looking after the patients, and the carers and senior staff facilitate and co-ordinate it all, without fuss. The staff are very knowledgeable especially with the patients with dementia. They have experience, and manage very challenging and difficult behaviour, learning from the mental health specialist nurses, and their own in house teaching and courses they go on."

The home did not employ designated staff to co-ordinators and facilitate social activities and stimulation. We were told that care staff were expected to facilitate activities during their shift. We saw the hairdresser

visited regularly and staff encouraged people to visit the salon. When they returned we saw staff made a fuss of people, saying how nice they all looked.

During the morning of the inspection we saw staff were manicuring and painting people's nails. They took time to show them all of the colours available so they could choose the colour they preferred. The atmosphere was very pleasant and it clearly was enjoyed by all of the ladies. We also saw people holding therapy dolls and one person was interested in a small blanket that had buttons, zips and different textures for them to feel. Staff showed us a box that some of the people had been decorating with paw prints. They said they were going to fill the box with food for a local animal sanctuary and they had invited the sanctuary to collect the box and bring small animals for people to see and engage with if they wanted to.

Prior to lunch on one of the units we saw staff encouraging people to dance to 50's music, while other people who were seated joined in by waving their arms in time to the music. People were cheerful and said they enjoyed interacting with staff, they also said they enjoyed the weekly bingo sessions.

A healthcare professional told us, "The staff try very hard to adapt the environment of the home, providing dolls, stimulation, mock housework, and distraction activities, individualised for the patients to prevent distress and agitation."

The provider had a complaints procedure which was available to people who lived and visited the home. We saw seven concerns had been received over the past twelve months. Each had been recorded with the detail of the complaint, what action was taken and the outcome, including letters sent to complainants. We also saw four very positive compliments had been recorded.

Relatives we spoke with told us if they had raised concerns they had always been dealt with. One relative said, "The management and staff are approachable and do listen and act quickly to resolve problems." Another relative said, "I had some issues, minor things really, but they were sorted out straight away." They went on to describe how their relative's dentures went missing and staff took immediate action to contact the dentist, who visited the same week to fit a new set of teeth. They added, "I cannot fault the way this was dealt with. They are really on the ball with everything."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was on leave at the time of our inspection, but the provider had appointed the deputy manager as acting manager until they returned. There was a clear staff structure in place that all staff were clear about. During our visit we found the acting manager was aware of what was happening in the home and staff were well organised.

The provider had used various methods to gain people's views, including questionnaires, care reviews and meetings. The acting manager told us an annual survey took place and they asked people receiving intermediate care to provide feedback following their stay. They said this information was used to improve the service provision. People told us they were very happy with how the home was run. One person said, "I don't want to go home. I'm more than happy here. It's been a real eye opener." Another person told us, "I can highly recommend it [the home]." A third person told us, "This place [Davies Court] is wonderful." We also saw people had written comments on the NHS Choice website which also complimented the home.

Meetings were held periodically to gain people's views and discuss what was planned at the home. We noted that recent meetings with people using the service, relatives and staff had included planned changes at the home. Other meetings included unit meetings and meetings with kitchen staff, plus managers and senior staff monthly meetings.

Staff we spoke with were aware of the home's values and behaviours, and they had access to information about what was expected for staff working at Davies Court. Company policies and procedures were available to offer guidance to staff, as well as people using the service. Staff told us they felt well supported by the management team and demonstrated a good awareness of their roles and responsibilities. When asked what it was like working at the home one care worker said, "Brilliant, it's a brilliant atmosphere. Another care worker told us, "Good team work, if we have any problems we know who to go to." None of the staff we spoke with identified anything they felt the provider could do to improve the service provided.

We saw various audits and checks had been used to make sure policies and procedures were being followed. These included infection control, how the kitchen operated, health and safety, care files and medication practices. These enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans had been devised to address them.

A GP told us, "The management team including senior carers have been open to ideas from our surgery when we need to make changes to times and hours and systems, and we have worked well together to problem solve situations. We have had regular meetings so small issues regarding for example scripts management can be sorted out. The management of the intermediate care side is fantastic given the fast turn around and complexity of the patients health needs." Another healthcare professional told us that on the whole the home provided a good service, especially in relation to palliative care. However, they highlighted areas they felt could be improved. This includes having a member of staff available to take them to the people they were visiting and communication between staff and the district nursing team. We

discussed this with the acting manager who said they would arrange a meeting to try to resolve these issues.

The acting manager told us the service tried to involve the local community in the home. For instance, they said the home had taken part in a scheme called 'Adopt a care home'. The project linked a local school with the home to give the children the opportunity to visit the home and meet the people living there. The acting manager said the children had completed life story work with people living at the home and provided entertainment. They said the project had been a very positive experience for all concerned, so they were hoping to participate again in 2016.