Palmgrange Limited

Clairleigh Nursing Home

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?	**Outstanding**

Overall summary

This inspection took place on 29 and 30 January 2015 and was unannounced. At our last inspection at the home, 13 June 2013, we found the provider needed to make improvements relating to staff and supporting workers. We checked with the provider in November 2013 to see what action had been taken. The provider demonstrated they were meeting these standards without the need for a visit.

Clairleigh Nursing Home provides accommodation and nursing care for up to 30 older people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There were enough staff to meet people's needs. There was a whistle-blowing procedure available

Summary of findings

and staff said they would use it if they needed to. The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate recruitment checks took place before staff started work.

Risks to people using the service were assessed; care plans and risk assessments provided clear information and guidance for staff on how to support people with their needs. People using the service had been fully involved in planning for their care needs. Medicine records showed that people were receiving their medicines as prescribed by health care professionals. People were being supported to have a balanced diet.

There were regular meetings where people were able to talk about things that were important to them and about the things they wanted to do. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary. There was a wide range of appropriate activities available to people using the service to enjoy. The home produced a range of newsletters with information for people using the service and their relatives.

A proactive approach was taken with people regarding their preferences for the end of life care. Staff had completed training on end of life care. When necessary additional support was provided to the home by a local hospice end of life care team. The provider was working towards achieving the accreditation in the Gold Standards Framework (GSF) which promoted good practice in end of life care.

The provider took into account the views of people using the service, relatives, staff and health care professionals through surveys. The results were analysed and action was taken to make improvements for people at the home. They recognised the importance of regularly monitoring the quality of the service they provided to people and there was a strong emphasis on continuous improvement. They worked with other organisations to ensure they were following and developing best practice. Night time and weekend spot checks were carried out to make sure people received good quality care. Staff said they enjoyed working at the home and they received good training and support from the manager.

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. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs.

There were arrangements in place to deal with foreseeable emergencies.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and training relevant to the needs of people using the service.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences and they were being supported to have a balanced diet.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

The service was caring. Staff spoke to people using the service in a respectful and dignified manner. People were consulted about and involved in developing their care plans.

There were regular residents' meetings where people could talk about things that were important to them and what they wanted to do. People's privacy and dignity was respected.

A proactive approach was taken with people regarding their preferences for the end of life care and staff had received appropriate training on the topic.

People were provided with appropriate information about the home in the form of a residents' booklet. The home produced a range of newsletters with information for people using the service and their relatives.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with a wide range of appropriate therapeutic and social activities.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Summary of findings

Is the service well-led?

The service was well-led. The provider took into account the views of people using the service through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people and there was a strong emphasis on continuous improvement.

The provider worked with other organisations to ensure they were following and developing best practice. This ensured that people using the service were receiving good quality care.

The manager carried out regular night time and weekend spot checks at the home. Staff said they enjoyed working at the home and they received good support from the manager.

Outstanding 

Clairleigh Nursing Home

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 was carried out on the 29 and 30 January 2014.

On the first day of the inspection the inspection team consisted of one inspector and a specialist nurse advisor. On the second day the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider completed a Provider 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.

At the time of this inspection the home was providing care and support to 27 people. We spent time observing the care and support being delivered. We spoke with eight people using the service, the relatives of six people, eight members of staff, the registered manager and the registered provider. We looked at records, including the care records of six people using the service, five staff members' recruitment and training records and records relating to the management of the service. We also spoke with a visiting GP and a visiting podiatrist.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe and that staff treated them well. One person using the service said “I think it is sound and safe here.” Another person said, “I feel absolutely safe here.” A relative said, “My relative is safe here.”

People using the service were safe. The manager told us they were the safeguarding lead at the service. We saw the service had a policy for safeguarding vulnerable adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager said the home’s policy was used alongside the London Multi Agencies Procedure. A safeguarding vulnerable adult’s flow chart located in the staff room. This included the contact details of the local authority safeguarding adult’s team and the police. We spoke with the manager and four members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One member of staff said, “I have had training on safeguarding. If I thought someone being abused I would report it to the manager. We have a whistle blowing policy and I would use that if I had to.” The manager told us they and all staff had attended training on safeguarding adults from abuse. Staff training records we looked at confirmed this.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Each file included evidence that criminal record checks had been carried out, two employment references, health declarations and proof of identification.

People using the service, their relatives and staff told us there were always enough staff around to meet people’s needs. Staff said if they were short of staff they would inform the manager who would get more staff to work that day. The manager showed us records indicating that staffing levels were assessed on a weekly basis and arranged according to the needs of the people using the service. They said if people’s needs changed or they needed to attend health care appointments additional staff cover was arranged.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. In all of the care plans we found risk assessments for falls. We observed a nurse reviewing a person’s care plan following a fall which had occurred the previous night. They had called health care professionals for advice and made a referral to the GP for a home visit. This information was recorded in the person’s care file and their care plan was updated. In all of the care plans we found that people’s skin integrity was assessed and risk assessments were in place and regularly reviewed. A nurse told us they could obtain advice from the tissue viability team whenever they needed to. We saw that appropriate equipment was in use for the prevention of pressure ulcers. We found checks were recorded daily to ensure that the mattresses were set at the correct pressure for the individual’s weight.

The home had a call bell system and we saw that people who could not easily move from their bed or chair had call bells within their reach. During the inspection we heard call bells being activated and we also tested a call bell; we noted that on each occasion staff responded quickly. We observed a good staff presence and staff were attentive to people’s needs. One person using the service said “I think there are enough staff about, if I call, they come pretty quickly.” Another person said “The response to a call from me is very quick.”

There were arrangements in place to deal with foreseeable emergencies. The manager showed us a continuity plan was in place to guide staff in emergency situations. The plan included personal emergency evacuation plans for all of the people using the service. Contact details of the police, the fire service and the gas and electricity services were also included.

Medicines were administered safely. We spoke to a nurse about how medicines were managed. They told us that only trained nurses could administer medicines to people using the service. We looked at the medicines folders for the two floors of the home. The folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service,

Good

Is the service safe?

their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of nursing staff qualified to administer medication.

The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We checked the balances of medicines stored in the cabinets against the MAR for four people and found these records were up to date and accurate indicating people were receiving their medicines as prescribed by health care professionals. The nurse told us that medicines administered were double checked at the end of each round and medicine audits were carried out by nursing staff every week. The prescribing pharmacist had carried out a medicines audit in September 2014. The audit identified a number of areas for improvement. The nurse showed us a record of what actions the home had taken to make these improvements had been made.

Medicine, including controlled drugs, was stored securely in locked trolleys and cabinets in locked rooms. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. We saw a controlled drugs record book. This had been signed by two nurses each time a controlled medicine had been administered to people using the service.

Good

Is the service effective?

Our findings

People using the service and relatives told us they were happy with the care provided. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. A visiting relative said, "The home is nice. I think staff get the right training to meet people's needs here."

We spoke with four members of staff about training, supervision and annual appraisals. They all told us they had completed an induction when they started work. They received regular supervision and an annual appraisal of their work performance and they attended regular team meetings. They were well supported by the manager and other staff and there was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it.

We looked at the personnel files of five members of staff. We saw that each member of staff had completed an induction programme and training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, fire safety, and infection control. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dignity, dementia, stroke awareness, pressure sores, diabetes, nutrition and end of life care. One member of staff told us, "I get really good training here. I have learned new skills and improved a lot since I came here." Another said, "As for training the manager gives us everything we need or ask for. If we need more, we usually get it." The manager showed us a power point presentation about the Care Quality Commission's new method of inspection and told us they had presented this to staff so they could better understand what was expected of a care home team. Staff we spoke with confirmed they had viewed the presentation and found it very informative.

Most staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene. The manager told us that all staff were enrolled on the relevant courses once they had passed their probationary period.

The manager demonstrated a clear understanding of the MCA and the DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We found that consent to treatment forms had been signed by people and their relatives as part of the care plan process. We also saw that capacity assessments were completed and retained in people's care files. Where the manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives (if appropriate), and the relevant health and social care professionals in making decisions in their best interests in line with the MCA. One relative told us they had been fully engaged in the DoLS process. The manager told us that, since the recent Supreme Court judgement in respect of DoLS, they had made three applications to the local authority to deprive people of their liberty. At the time of our inspection we noted that two authorisations for DoLS were in place and another was being processed by the local authority. We saw that the relevant paperwork was in place, kept under review and the conditions of the authorisations were being followed.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs.

We found that appropriate advice had been taken in relation to peoples dietary needs. For example one person with a swallowing difficulty had been referred to a speech and language therapist. The chef showed us the menu planner which listed each person and any dietary needs they had, for example, a requirement for a soft diet, the need for food supplements or a diabetic diet. An advice sheet from the speech and language therapist was clearly displayed for the chef and care team to follow at meal times. We saw one person's record documented a review with the chef on the management of their diabetic diet as they had poor blood sugar control.

People's nutritional needs had been assessed and they were being supported to have a balanced diet. People's food likes and dislikes had been recorded and these had been shared with the chef and kitchen staff. We saw that meals were cooked at the home and people were provided with fresh fruit and vegetables. The Food Standard Agency had visited the home in April 2013 and rated them five stars, the highest rating, for good food hygiene. People were presented with a choice of two main meals at lunch and supper. Menus were displayed on tables in the dining

Good

Is the service effective?

room. We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some preferred to eat independently. The atmosphere in the dining room was relaxed and unrushed, we heard staff ask people if they wanted some help, if were ready to eat, if they liked the food they were eating, if they wanted a drink or if they wanted anything else.

People said they liked the food provided at the home. One person said “The food is very good, plenty of choice and good portions, they always enquire if we want drinks.” Another person said, “The food is OK and the portions are fine, if I don’t like the menu, they will do egg and chips for me. They bring water and tea around.” Another person said, “The food is very good and I get drinks all day.” We heard one person telling staff they didn’t like the meal provided to them. The member of staff showed them the menu and asked them if they would prefer the other option. They said they would and the other option was provided. The person said “Oh, that’s much better” and thanked the staff.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People said they could see health care professionals when they needed to. One person told us, “I have seen the chiropodist and the dentist.” Another person said, “If I want to see the doctor, they would get him in.” A member of staff told us, “We have a good relationship with the GP and the other health care professionals who visit the home.” The manager told us that a GP visited the home once a month or when required to attend to people’s needs. People also had access to a range of visiting health care professionals such as dentists, dieticians, opticians and podiatrists. The GP visits were documented in all of the care files we looked at. One person’s diabetic care had been managed by a multidisciplinary team and they had had regular reviews from the hospital diabetic team, dietician, eye and foot care specialists. The care files included records of people’s appointments with health care professionals.

During the inspection we met and spoke with a podiatrist and a GP. The podiatrist told us, “I visit the home every couple of months and I really enjoy coming here. I usually see around fifteen people when I come for the day. The staff are good at picking up on wounds and letting me know about them. They are very good at following my advice." The GP said “I have visited the home around seven times in the last six months. I find the nursing staff to be very competent, they provide me with the information I need when I come here. When I phone the home the manager and staff are always helpful.”

Good

Is the service caring?

Our findings

A people using the service told us, “The staff are so good, patient and kind. They never forget to use one’s name and it’s been the same from day one, fantastic.” Another person said, “The staff are very kind. I like it here. The staff are all so nice. This is a good place to be.” A relative said, “The care is excellent here.” Another relative told us their mother had several admissions to hospital prior to before moving to the home. They were very pleased because their mother received good care, their health had improved and they had no more hospital admissions in the eight months they had been at the home. A person using the service said, “My visitors can come at any time and they are made welcome.” A relative said, “When we visit we see the same staff and they are all caring and kind.” A podiatrist visiting the home to provide treatment said, “I am very impressed with the care provided to the people that live here. I actually recommended the home to one of my patients; I think it’s that good.”

People using the service and relatives told us they had been consulted about their care and support needs. A person using the service told us, “The staff always ask me if I am alright and if anything has changed. I know what they are supposed to do to help me and they do that well.” Another person said “I know I have a care plan and I know what’s in it. The staff always enquire if I need anything.” Another said “They talk to me about what I need and I know I have a care file.” The relatives of three people told us they had been asked for information to contribute to the care plans.

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner. They took their time and gave people encouragement whilst supporting them. Dignity and privacy were maintained whist personal care was provided. Staff told us doors and curtains were always closed prior to providing people with personal care. We saw staff give people time to choose the clothes they wanted to wear that day. Staff respected people’s choice for privacy as some people preferred to take their meals in their own room and others liked to use the dining areas. Some people’s room doors were left open during the day to support staff in observation and to prevent social isolation if people chose to stay in their room. One person said, “The staff do everything to maintain my dignity.” Another person said, “Staff are very careful to knock on my door. They respect us all.”

A proactive approach was taken with people to ensure their preferences for the end of life care were discussed. For example, where appropriate we saw that people had ‘Do Not Attempt Resuscitation’ forms on file. These documents included the person’s wishes on how they would like to be cared for towards the end of their life. Where the person lacked capacity, the forms had been signed by the person’s relatives and their GP as part of the best interest’s decision making process. The manager told us that these discussions were started as part of the pre-admission process.

The staff were working towards achieving the Gold Standards Framework (GSF) accreditation for end of life care. GSF is a national program for care homes to provide a gold standard of care for people nearing the end of life. The manager told us when necessary additional support was provided by the local hospice end of life care team. Four members of staff had completed a training course on end of life care at the hospice. One member of staff said, “I have just completed a four day long course on end of life care and that has really helped me understand people’s needs.” A NHS team was providing training on dementia care to nursing and care staff on the second day of the inspection. A member of this team told us the recipients of the training were very attentive, engaged and keen to understand people’s needs.

People were provided with appropriate information about the home in the form of a resident’s booklet. We saw a copy of this in people’s bedrooms. The booklet ensured people were aware of the services and facilities available in the home. The home produced a range of information for people and their relatives. We saw a monthly newsletter which was in large print for the benefit of people with poor sight. The January 2015 edition reflected on the home’s recent and upcoming activities. There was a piece on the history of the Victoria Cross and its origins, a riddle and a word search quiz. The manager also produced a monthly update about the home. The December edition included a progress update on the GSF accreditation, information about Care Quality Commission inspections and planned building works at the home.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received. One person told us, "I get the care that is personal to me." Another person said, "I feel I get what I need" Another told us, "I get the care I want." A relative said the care given to people seemed personal and focused. A member of staff said, "We aim to give people person-centred care."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care records showed that before they moved into the home their needs were assessed through a pre-assessment and admissions process. We saw copies of these assessments in all of the care files we looked at. The manager told us that care plans were developed using the assessment information and were completed within the person's first few days of admission to the home. The care plans recorded people's preferences, their history and their diverse needs. Care plans described the support people required from staff, for example, with their communication methods, mobility needs and support they needed with personal and nursing care.

People were weighed each month. We saw people had daily fluid and dietary charts in place where risk assessments had identified additional monitoring was required. Staff told us they completed these on a daily basis and they would escalate concerns to the nursing staff if a person did not eat or drink during the day. We observed that people had access to regular fluids which we found to be always within their reach. All of the care plans and risk assessments we looked at were reviewed and updated monthly and reflected any changing needs.

A member of staff said there were hand over meetings where they shared any immediate changes to people's needs on a daily basis. This ensured to continuity of care. They said handover meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs.

People using the service and their relatives told us they enjoyed the activities provided at the home. We observed various activities such as quizzes, exercise and sing-alongs taking place during the inspection and that people were fully engaged and enjoying these activities. Posters of upcoming events such as entertainers, visiting animals and a Digni-Tea to celebrate Dignity in Action Day were on display. There was a weekly activities plan and activities included exercise, manicures, massage, reminiscence, coffee mornings, care planning, karaoke, movie screenings, church visits and church services. The activities coordinator showed us a plan of activities for the coming year. This included planned activities and celebrations, for example, Valentine's day, St Patrick's day, relatives meetings, strawberry tea afternoons in the summer and West End shows. They produced a bi monthly newsletter for people using the service with pictures and reflections on recent celebrations and events. The January edition included pictures from a trip to Dulwich Art Gallery, entertainers and carol singers from a local primary school and features on a reminiscence session held at a local museum. A person using the service told us "There seems to be a lot to do and I try and join in." A relative said, "I love this place. They do so much here with people, there are lots of activities and they are always looking for new things to do." The podiatrist said, "I think the activities at the home are fantastic. The people using the service are never bored."

People using the service and relatives said their views and opinions were valued by staff. We saw that residents' meetings took place on a monthly basis. The minutes from these indicated they were well attended by people using the service. One person said, "They hold residents' meetings and I join in." The manager told us they had arranged relatives meetings however these were not always well attended. We saw the minutes from the June 2014 meeting where only a few relatives attended. Nonetheless there was a full agenda. Items recorded included complaints, surveys, social activities, setting up a relatives' committee and the Care Quality Commission new inspection methods. We saw that the meeting minutes were displayed in the conservatory and were available for relatives to take away if they wished to. The manager said they would continue to invite relatives to the meetings however they had used other methods to gain relatives' views. A relative said, "I responded to an email from the home about the quality of the service provided here."

A complaints system was in place and details of how to make a complaint were displayed on the notice boards and in people's rooms. We saw copies of the complaints procedure were located in communal areas throughout the home. The complaints procedure was also included the resident's booklet. People said they knew about the complaints procedure and said they would tell staff or the manager if they were not happy or if they needed to make a

Good

Is the service responsive?

complaint. Relatives also said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person told us, "I've never complained, but would if I had to. I can approach staff about anything and they would act on it." Another person said "I've never complained, but I am sure they would fix it if there was something wrong." A relative said, "The manager has an 'open door' policy so you can just go and speak to them. They are always happy to listen and help and sort out any concerns or queries straight away."

The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. There had been nine complaints during 2014 and we found these had been appropriately investigated and written response letters were provided to complainants. The manager said staff discussed people's complaints at staff meetings. This enabled staff to learn from them, for example improvements had been made in the laundry to help remove stains from soiled clothes.

Outstanding ☆

Is the service well-led?

Our findings

The home had a registered manager in post. They took over as manager in January 2014 and registered with Care Quality Commission in July 2014. The manager told us they had an 'open door' policy. We saw staff, relatives and visitors dropping into the manager's office and talking with them during the inspection. A person using the service told us, "The manager is very approachable and she is very efficient." Another person said, "They keep up a good standard here. It is well managed. I see the manager occasionally". A relative told us "The home is very well managed. The manager visits people every morning." A member of staff said, "The manager is very supportive, their door is always open and they are quite hands on." We saw the manager providing support to staff at lunch time which ensured people received their meals in a timely manner.

The home encouraged learning and good practice. Staff said they enjoyed working at the home. One member of staff told us, "I like everything about working here. I like the people who live here, the staff and the manager. We all work together and we have a really good team." Another said, "I have learned a lot since I came here. I try to pass my knowledge on to other staff. There is a lot of positive energy here in this home. We all work hard and get good support from the manager and the provider. We get a lot of positive feedback from people using the service and their relatives and that is very motivating."

The manager told us that some staff at the home had been designated champions in specific areas of care. They said these staff had received enhanced training in these areas. For example, there were champions in dementia, dignity, infection control, nutrition and end of life care. We spoke with a member of staff who was the end of life care champion. They said they had received training on end of life care and dignity. It was their role to observe care practices and to support and lead staff in providing good end of life care. They said being a champion made them feel proud, they had a feeling of achievement and they wanted to pass what they had learned on to other staff.

The manager had employed an apprentice administrator to work at the home. They said the apprentice had been very supportive to them and had made valuable contributions to the home. For example we saw the apprentice had created virtual tour of the home which was sent to people thinking of coming to live at the home and social care professionals. A copy of the virtual tour had also been sent to the Care Quality Commission. The apprentice supported the manager with administration duties and also helped people using the service at lunch time and with activities. They had worked at the home since May 2014 and said it was "A really nice place to work."

The provider took into account the views of people using the service, their relatives, visitors, and staff and health care professionals about the quality of care provided at the home through surveys. The manager said they used the feedback from the surveys to make improvements at the home.

We saw that the respondents' comments had been analysed and action plans had been drawn up following each survey. The manager had recorded the actions taken by the home to meet the action plans. For example, in the October 2014 residents' survey, some people said the food was not always hot enough and the portions were too big. Records showed that a meeting was held with kitchen and care staff to discuss these issues. In the April 2014 some staff had questioned security at night time. The registered manager told us that more security lights had been installed and 'walkie-talkies' were introduced. We saw the walkie-talkies being used by staff to communicate with each other between different parts of the building.

The provider told us they visited the home every week to meet with the manager, talk with people using the service and staff and to make sure everything was running well. The manager told us they discussed any concerns they had about the running of the home at these meetings. We saw that issues discussed were recorded. For example at the 14 January meeting they discussed care planning, meals, people's likes and dislikes, medicines audits and administration. We saw the manager had recorded the actions taken as a result of the meeting.

There is a strong emphasis on continuous improvement. The manager showed us a list of achievements made at the home in the last twelve months. These included, for example, starting the Gold Standard Framework (GSF) accreditation, developing a dementia programme for the home, employing an apprentice and introducing a clinical lead post and a deputy manager. They showed us a plan

Is the service well-led?

they had for the next twelve months. This included, for example, the manager and nurses attending a mentorship training course, maintaining links with the NHS dementia care team and developing staffs skills in end of life care.

The home worked with other organisations to ensure they were following and developing best practice. A member of the hospice's practice development team told us the home had completed the GSF programme in 2014 and were in the process of embedding the principles that they had learnt. They said the manager had been very engaged with them and was committed to developing good end of life care outcomes for people using the service. A member of the NHS dementia care team told us that working with the manager and staff at the home had been a positive experience. They were confident staff would put what they had learned from the training into practice.

The manager told us they carried out regular night time and weekend spot checks at the home. This ensured that people using the service were receiving good quality care. They showed us records from regular audits carried out at the home. These included health and safety; nutrition, medicine records, incidents and accidents, complaints, staff training, infection control, dependency scores and care file audits. We saw that complaints and incidents and accidents were discussed at staff meetings. The manager provided us with a recent example where an incident had occurred at the home. A meeting was held with staff and measures were put in place to reduce the risk of the incident happening again. There were systems in place to monitor and reduce the number of falls in the home. We saw a falls policy and monitoring documents. A chart demonstrating the level of falls for each month was displayed on the staff notice boards: it indicated falls had reduced in 2014 when compared to 2013.