St Cuthberts Care

Holy Cross

Inspection report

Ettrick Grove
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Sunderland
Tyne and Wear
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Tel: 01915670862

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 2 and 9 November 2015 and was unannounced. We last inspected the service on 19 November 2013 and found it was meeting the requirements of the regulations we checked.

Holy Cross Care Home is registered to provide nursing and residential care for 56 older people. At the time of our inspection there were 52 people living at the home.

The home did not currently have a registered manager. The registered manager had left the home in September 2015. A new manager had recently been appointed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received good care from kind, caring and considerate staff. People told us the home was a good home to live in and the care was good. One person said, "I am content here", and, "This is a good home." People were supported to be as independent as possible by staff who knew their needs well.

People, family members and staff consistently told us the home was a safe place to live. One person said, "I love it here. Staff are so kind and helpful, nothing is a problem. Yes I feel perfectly safe here." One family member said, "[My relative] has been in a couple of homes and this is by far the best, I have no concerns at all and would recommend it to people." One staff member commented, "Safe, yes…We have everything in place."

Staff had a good understanding of safeguarding adults and whistle blowing. This included how to report concerns. One staff member said, "Yes, [concerns] would be dealt with appropriately. In 18 years I have never thought about using it [whistle blowing procedure]." There had been no recent safeguarding concerns logged.

People were assessed to help protect them from a range of potential risks. Where risks had been identified action was taken to help keep people safe, such as high protein drinks and meals and monitoring people's food and fluid intake where people were at risk of poor nutrition. Medicines were managed safely and people received their prescribed medicines on time.

There were usually enough staff to meet people's needs quickly. The registered provider assessed staffing levels to ensure there were enough staff on duty. One staff member described staffing levels as, "Fine, we can see people quickly." Recruitment checks were carried out before new staff started their employment.

The home was clean and tidy with no unpleasant odours. People had personalised their rooms. Regular health and safety checks were carried out. There were procedures in place to deal with emergency situations, including an 'Emergency Plan' and Personal Emergency Evacuation Plans (PEEPs). There was an

electronic reporting system for incidents and accidents which automatically alerted senior staff that there had been an incident.

Staff told us they were well supported and received the training they needed. One staff member commented, "Very supported, [senior manager's name] is always there for support if I ever need it. I have never felt unsupported." Records showed that staff supervisions, appraisals and training were up to date.

People were asked for their permission before receiving care. Staff confirmed they would respect a person's decision. One staff member said, "It's their choice. We always ask first. If they refused we would offer another alternative such as a full body wash for example."

The registered provider followed the requirements of The Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for 20 out of 52 people. MCA assessments and best interest decisions had been made on behalf of people who had been assessed as not having capacity.

Although most people had a pleasant lunch time experience, some people had to wait a long time before receiving their meals. People gave us positive feedback about the meals they were given. One person commented, "The food here is good and you get a good portion." People were encouraged to choose what and how much they wanted to eat.

Staff had a good understanding of how to support people who displayed behaviours that challenged. They had a clear understanding of the individual strategies for each person, such as offering a cup of tea, encouragement or distraction.

People were supported to access health care when required. One family member commented, "I would recommend this home to anyone. The family is kept up-to-date and the doctor is contacted if needed."

People's needs had been assessed before and after they were admitted into the home. People had been actively involved in the assessments. Detailed, personalised and up to date care plans were in place for each person. Regular reviews were held involving people who used the service and sometimes family members.

Staff responded quickly to help and support people. One person said, "I only have to ask and staff respond."

A range of activities were available throughout the day, including a weekly visit from a hairdresser, outings and bingo. A daily church service was held. Activities for people living with dementia could be improved. One staff member said, "More specific activities to the needs of people with dementia." The registered provider's dementia strategy contained actions to improve activities. Volunteers visited to offer people manicures, foot baths and one to one chats.

People and family members knew how to make a complaint. There was a complaints procedure for people and visitors to access if they wanted to make a complaint. People and family members could attend regular meetings to give their views about the care provided at the home. A comment box was available for people to make suggestions.

Staff told us the new manager was approachable. One staff member said, "If ever I have a query I can go to the senior or the manager. They are definitely approachable, always about, always there." There was a positive atmosphere in the home. Family members told us staff welcomed them when they came into the home. One staff member commented, "Very friendly atmosphere and a homely atmosphere, always has

been."

Some staff members were not aware of the registered provider's values. One staff member responded, "Don't think so" when asked whether there was a set of values.

Staff had opportunities to give their views through attending regular staff meetings. One staff member said, "[Staff] can give their views at any time of the day."

The registered provider had an annual audit programme to check on the quality of people's care. Most audits were up to date and had been successful identifying areas of improvement. Medicines audits had been successful in identifying gaps in MARs but had not identified that a medicine in stock was out of date.

The registered provider carried out an annual quality survey to gather people's views about the service. Feedback from the most recent in 2015 had been positive.

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. People, family members and staff consistently told us the home was a safe place to live. People were assessed to help protect them from a range of potential risks and action was taken to help keep them safe. Medicines were managed safely.

Staff had a good understanding of safeguarding adults and whistle blowing, including how to report concerns. There had been no recent safeguarding concerns at the home.

There were enough appropriately recruited and vetted staff to meet people's needs quickly.

We observed that all areas of the home were clean and tidy with no unpleasant odours. Regular checks were carried out to keep the premises safe including in an emergency situation. Incidents and accidents were logged and investigated.

Is the service effective?

Requires Improvement

The service was not always effective. During our lunchtime observations we saw people did not always receive consistent help and support.

Staff told us they were well supported and received the training they needed. Records showed that staff supervisions, appraisals and training were up to date.

People were asked for their permission before receiving care and staff said they would respect the person's decision.

The registered provider followed the requirements of The Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People and family members were happy with the care provided at the home. Staff had a good understanding of people's needs.

People were treated with dignity and respect. Staff supported people to be as independent as possible.

Information about advocacy, safeguarding and dementia awareness was made available to people.

Is the service responsive?

Good

The service was responsive. People told us staff responded quickly to meet their needs.

People had their needs assessed and up to date personalised care plans were in place. Regular reviews were held involving people using the service and sometimes family members.

There was a range of activities available, including weekly visits from a hairdresser, outings and bingo. A church service was held daily. Activities for people living with dementia could be improved. Volunteers visited to offer people manicures, foot baths and one to one chats.

People and family members knew how to complain. They were also able to give their views about the care delivered at the home through attending regular meetings or using the comment box.

Is the service well-led?

Good

The service was not always well-led. Staff told us the new manager was approachable. Some staff members were not aware of the registered provider's values. There was a positive and welcoming atmosphere in the home.

Staff had opportunities to give their views through attending regular staff meetings.

The registered provider had an annual audit programme to check on the quality of people's care. Most audits were up to date and had been successful identifying areas of improvement. Medicines audits had not identified an issue with out of date medicines, nor detailed the action taken following another discrepancy being identified.

The registered provider carried out an annual quality survey to gather people's views about the service.

Holy Cross

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.

The inspection took place on 2 and 9 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector 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.

We 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 reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority safeguarding team, the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch group. (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.). We did not receive any information of concern from these organisations.

We spoke with nine people who used the service and ten family members. We also spoke with the new manager, deputy manager, risk manager and five care staff. We observed how staff interacted with people and looked at a range of care records. These included care records for five of the 52 people who used the service, medicines records and recruitment records for five staff.

Good

Is the service safe?

Our findings

People and family members consistently told us the home was a safe place to live. One person said, "I love it here. Staff are so kind and helpful, nothing is a problem. Yes I feel perfectly safe here." One family member said, "[My relative] has been in a couple of homes and this is by far the best, I have no concerns at all and would recommend it to people."

Staff also confirmed they felt people were safe living in the home. One staff member commented, "Safe, yes I do. We have everything in place." Another staff member said, "Staff care about people."

Appropriate arrangements were in place for the recording of medicines. Staff usually completed medicines administration records (MARs) accurately. Staff signed to confirm people had been given their medicines. When people had not taken their medicines, a reason had been recorded. For example, if medicines were refused or not needed. Some people had been prescribed 'when required' medicines. We found detailed care plans had been written to guide staff as to when and how to give these medicines appropriately.

Medicines, including those liable to misuse (controlled drugs), were stored securely. Checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators which stored medicines. Staff were knowledgeable about the agreed procedures for managing controlled drugs. We saw that controlled drugs were signed for when they were administered.

Staff had a good understanding of safeguarding adults, including how to report concerns. They were able to tell us about various types of abuse and potential warning signs to look out for. For example, changes in a person's usual behaviour or a person looking tearful and upset. Staff were aware of the registered provider's whistle blowing procedure. All of the staff we spoke with said they had never needed to use the procedure. They also felt concerns would be taken seriously and dealt with. One staff member said, "Yes, [concerns] would be dealt with appropriately. In 18 years I have never thought about using it." Another staff member said, "Very good, very thorough. The manager would get to the bottom of it quickly." There had been no recent safeguarding concerns at the home.

On admission people were assessed to help protect them from a range of potential risks. These included the risk of poor nutrition, skin damage, continence, choking and falls. Care records confirmed these had been reviewed regularly to ensure they reflected people's current needs. Where a risk had been identified action was taken to help keep the person safe. For example, one person had been identified as a high risk of poor nutrition. Actions identified to keep the person safe were high protein drinks and meals, additional snacks each day, multi-vitamins and monitoring the person's food and fluid intake. Further actions such as a referral to a GP and a dietitian were considered.

There were enough staff to meet people's needs. Most people said staff responded quickly to their needs. Two people told us they occasionally had to wait for staff to help them. However, during our inspection we observed people had their needs met in a timely manner. The registered provider regular assessed the

staffing levels to ensure there were enough staff on duty. This assessment considered a range of information to determine the suitability of staffing levels including people's dependency levels, the layout and environment of the home, the availability of specialist equipment and any specialist assistance people required. The analysis showed more staff hours were always provided than the tool recommended.

Staff told us there were enough staff. One staff member described staffing levels as, "Fine, we can see people quickly." Another staff member said, "There are four [staff] on the first floor which is adequate. All the time I have worked here we have never been short." Another staff member said, "Adequate, no concerns."

The registered provider's recruitment and selection procedures were followed to check prospective new staff were suitable to care for the vulnerable adults using the service. We viewed the recruitment records for five staff. We found the registered provider had requested and received references, including one from their most recent employment. Disclosure and Barring Service (DBS) checks had been carried out before confirming staff appointments.

We observed that all areas of the home were clean and tidy with no unpleasant odours. Regular health and safety checks were carried out to keep the premises safe. These included regular checks of fire safety and emergency lighting. A fire risk assessment had been completed. Action had been taken following the assessment to further reduce the risks associated with a fire. For example, additional signage to help leave the premises safely. The Fire Brigade had also carried a Safety Audit in May 15 and had found no concerns.

The registered provider had policies and procedures in place to deal with emergency situations. We viewed the 'Emergency Plan' for the home. This provided guidance for staff about the procedures to follow should there be an emergency. This included procedures to follow if there was a fire, flood, outbreak of infection and a power cut. Personal Emergency Evacuation Plans (PEEPs) had been developed to guide staff as to the most effective ways of evacuating people from the building in an emergency. PEEPs were up to date and included a description of people's individual support needs in an emergency.

Incidents and accidents were dealt with appropriately. There was an electronic reporting system which automatically alerted the registered manager, risk manager and director of any accidents. The risk manager told us incidents and accidents were reviewed at a risk panel every month to ensure effective had been taken to respond to incidents.

Requires Improvement

Is the service effective?

Our findings

Staff told us they were well supported. One staff member commented, "Very supported, [senior manager's name] is always there for support if I ever need it. I have never felt unsupported." They went on to say they had a, "One to one every two months, which I find very useful and an annual appraisal." Another staff member said, "I am very well supported. I know I can talk to [senior care worker's name] if I need to or one of the other girls." Records showed staff supervisions and appraisals were up to date. The registered provider had an electronic system for monitoring supervisions and appraisals which prompted managers when they were due. Staff we spoke with also confirmed they had regular supervision and appraisal with their line manager.

Staff received the training they needed. One staff member said, "We are always doing training." Another staff member said, "There is lots of training, which is good." Another staff member said, "I am very much supported in training. I am always doing training courses." We observed there were numerous training sessions advertised on the staff notice board. Training records we viewed confirmed staff training was up to date. A training matrix was displayed so that training updates could be monitored.

People were asked for their permission before receiving care. We observed staff always asked people first before carrying out a care task. Staff confirmed they would always respect a person's decision including their right to refuse. One staff member said, "It's their choice. We always ask first. If they refused we would offer another alternative such as a full body wash for example."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. People had been assessed in line with the MCA. A DoLS authorisation was in place for 20 out of 52 people. Staff were knowledgeable about the MCA including when MCA applied to people in their care. One staff member commented, "Where people lacked capacity, some people have dementia but still have capacity." We saw examples in people's care records of MCA assessments and best interest decisions made on behalf of people who had been assessed as not having capacity. For example, best interest decisions had been made in relation to people's placement in the home, their finances and specific treatments they needed.

Staff had a good understanding of how to support people who displayed behaviours that challenged. They

had a clear understanding of the individual strategies for each person. For instance, staff told us certain people responded better to particular staff members whilst for other people offering a cup of tea, lots of encouragement or distraction worked well. Specific care plans had been developed to guide staff as to best approach to use to support people when they were anxious or agitated.

We observed lunch time in the ground floor dining room to help us understand people's mealtime experience. We found most people had a pleasant experience. A menu was displayed outside the dining room to remind people what meal choices were available to them. We found this dining room was spacious and well decorated. Dining tables were set in readiness for people to arrive. 26 people were in the dining room for lunch. People told us they ordered their meal the day before but could change their mind on the day if they wanted. One person commented, "The food here is good and you get a good portion."

People were encouraged to choose what and how much they wanted to eat. Staff members brought a tray to each table so that people could see the meals. People chose the amount they wanted to eat, before it was served onto their plate at the table. Staff offered support and assistance to people but always respected people's right to refuse. For example, we observed staff asking people if they wanted their food cutting up. Most people declined preferring to manage themselves. Although most people experienced a positive experience, one person was unhappy as their meal was, "Too salty." A staff member took the meal away but did not offer the person an alternative meal.

We also observed lunch time in the nursing floor dining room. We found people's experience was not consistently positive. Some people were sat waiting in the dining room at least half an hour before their meals arrived. We saw staff woke up one person who was asleep. They said, "[Person's name] it is lunch time." This was despite the fact that the meals had not yet arrived and did not arrive for a further 25 minutes. Another person was asked to choose their lunch which was then taken away to be kept warm. A staff member said, "[Person's name] it is mashed potato, vegetables and mince. Would you like a bit of everything." The person responded, "Yes." The staff member then said, "Right [person's name] I am just going to put yours into the hot lock until I can get you fed, okay." The staff then proceeded to serve other people. One person required assisted feeding. The staff member found it difficult to focus on the person and the task as they were interrupted by other people sitting around the table.

We also observed positive interactions between people and staff. For example, one staff member discreetly offered to help one person who was struggling to eat. Another person only wanted a small portion of salad for lunch. The staff member checked whether they were happy with the amount they had given the person. When the person said there was too much, the staff member took the plate away to remove some food. They then checked it was the amount the person wanted. Staff showed people the various drinks they could choose from to help people make a choice. A trolley was available at certain times throughout the day with drinks, biscuits and cakes.

People were supported to access health care when required. One family member commented, "I would recommend this home to anyone. The family is kept up-to-date and the doctor is contacted if needed." Family members also said the GP was contacted when appropriate and they were informed. Family members also told us staff kept them up to date on care issues when they visited. For example, staff informed them about what had happened with their relative since their last visit. One person had been referred to a speech and language therapist for advice and guidance because they were experiencing swallowing difficulties.

Good

Is the service caring?

Our findings

We received good feedback from people and family members about the care provided at Holy Cross. One person said, "The staff are very nice and take care of my needs." One family member said, "The care has been so good [my relative] has never looked better for a long time." Another relative said they often visited in the evening and had always found the care to be good.

We observed positive interactions between people and staff. Staff chatted to people as they went about their work. On occasions we saw they stopped to talk to people them or gave them a hug. One person said, "The staff are helpful and polite, and I am comfortable with them."

People were treated with dignity and respect. We observed throughout the two days of our inspection staff were polite and respectful towards people. For example, we observed staff always knocked on people's doors before entering their room. Staff had a good understanding of the importance of treating people respectfully. One staff member described how they always ensured that a person's door was closed when they were helping them. They went on to tell us they kept people covered up as much as possible when providing personal care. Another staff member told us they would always talk to people and ask them how they would like things done.

People were cared for by staff who knew them well. One family member said, "The staff know all about [my relative] and [my relative's] care is very good. I would recommend this home to anyone and I have looked at a few." Another family member told us, "[My relative] is very settled and the staff are very good with [my relative]. They know [my relative's] needs and can get [my relative] to do things I can't." People told us they felt their care was focussed on their needs.

Staff we spoke with were knowledgeable about the people they cared for. They told us about people's individual needs, such as any special diets they required. Staff said they involved people and family members in discussing their preferences and incorporating them into care plans. We saw from viewing people's care records that care plans contained detailed information about people's preferences. For example, one person liked to wear slippers throughout the day. Other people had preferences for particular foods, toiletries and perfumes. People had personalised their rooms with their own possessions, such as photos and pictures.

People were allowed the time they needed without being rushed. For example, at the end of lunch some people chose to stay in the dining room to chat amongst themselves. There was not a problem with people staying in the dining room as long as they wanted.

People were supported to be as independent as possible. We saw staff encouraged people to do things for themselves, such as prompting them to eat or to mark their own card during a game of bingo.

There was a large chapel in the home with Mass held every morning. During our visit we saw the service was attended by a large number of people. Many people commented afterwards how much they looked forward

to the service. This provided not only a time for spiritual guidance and reflection but enabled people to positively socialise with each other. This meant the registered provider respected and enabled people's religious beliefs.

Information was displayed around the home about important information for people to be aware of. For example, we saw information was available about care for the elderly, advocacy, safeguarding and dementia awareness.

Good

Is the service responsive?

Our findings

Staff had access to detailed information to help them better understand people's needs. Information included details about people's background, health professionals involved in their care and the reason for their admission to the home. People had their needs assessed both before and after they were admitted into the home. The assessment considered people's needs across a range of areas including medicines, communication, eating and drinking. People's social and spiritual needs were also assessed. Assessment records confirmed people and where appropriate family members were involved in discussing each person's needs.

The initial assessments were used to develop detailed and personalised care plans. Care plans we viewed were outcome focused, with specific goals or aims identified. For example, one person's goal relating to personal hygiene was for them 'to maintain a high level of hygiene to protect their skin.' Care plans clearly identified any problems or risks associated with the person's care. This included considering the impact on the person of staff not following the agreed plan of care. The care plan then went on to describe the person's agreed care and support. For instance, assistance from staff to choose the person's clothes and details about their bathing preferences, including the specific toiletries the person liked. Care plans had been evaluated monthly. A meaningful summary had been recorded about what had happened with each person since the last evaluation.

Staff kept daily logs for each person which were recorded onto an electronic tablet (a small computer). Records included a summary of what the person had done that day. For example, their food and fluid intake, activities they had attended and details of visitors.

Regular reviews were held involving people using the service. This gave people the opportunity to discuss their care with staff and sometimes family members. Care plans were discussed to identify any changes that may be required. The review also looked at any input there had been from health professionals, accident/incidents and activities the person had taken part in. One family member had commented during a review about how much improvement their relative had made since moving to Holy Cross.

We observed staff responded quickly to help and support people. For example, taking people to the toilet or getting drinks for them. One person said, "I only have to ask and staff respond."

People could take part in a range of activities throughout the day. People and family members told us there were plenty of things to do. During the afternoon we saw 15 people attended a bingo session. Staff encouraged people to mark their own bingo card. A hairdresser also visited weekly which people told us was popular. People also told us outings were arranged, usually two to three times a month during the summer. This included trips to local shops. The home had the shared use of a bus with another of the registered provider's homes.

Although there was a varied activity programme, some staff members said activities for people living with dementia could be better. One staff member said, "More specific activities to the needs of people with

dementia." Another staff member described activities for people living with dementia as, "So-so" because most were group activities which didn't suit people living with dementia. The activities organiser told us they were unable to spend very much time with people staying in their rooms due to the number of people involved. Although, she told us that she did foot baths for people from time to time. Staff told us three volunteers visited at least once a week to focus on people staying in their own rooms. The volunteers offered people manicures, foot baths and one to one chats. One person said, "Some volunteers come into the home and do come and talk to me and will do my nails."

The registered provider gave us a copy of its dementia strategy. This identified activities as being important to relieve frustration, boredom and behaviours that challenge. Future actions included in the strategy to improve activities were to trial the use of an 'activity based model of care' and additional training for staff.

People and family members told us they felt confident they could raise concerns with staff if needed. There was a complaints procedure for people and visitors to access if they wanted to make a complaint. We viewed the registered provider's complaints log. Five complaints had been logged since Jan 15. These had all either been investigated or in the process of being investigated. Actions had been identified following the conclusion of the complaint. For example, the registered provider had reviewed visitor's access arrangements to the home.

'Residents meetings' were held monthly and were well attended. A meeting was held the day before our inspection with 22 residents attending. A 'relatives meeting' was also held every three months. We saw the minutes from both of these meetings were displayed on the noticeboard. We viewed these minutes which showed people had discussed the new manager and ideas for outings. People had also provided positive feedback about the previous months activities which included a singer and carpet bowls. One person asked for carpet bowls to be available more often. People had been reminded that a comment box was available for people to make suggestions at any time. The manager told us there had been no comments left as yet.

Good

Is the service well-led?

Our findings

The home did not have a registered manager. The previous registered manager had left their employment in September 2015. A new manager had started but was not yet registered. One staff member said, "First impressions are good and she is very approachable." During our inspection one Family member told us they were concerned staff didn't understand their relative's needs but was reluctant to raise this with staff. With their permission we approached the manager about this who proceeded to have a long conversation with the family member. The family member said afterwards, "I feel so much better. The manager was very understanding and did not mind me raising issues at all because she said it would help them care for [my relative]."

Staff also confirmed the manager was approachable. One staff member said, "If ever I have a query I can go to the senior or the manager. They are definitely approachable, always about, always there." Another staff member described the manager as, "Very approachable."

The home had a set of values based around cherishing life, subsidiarity, responsible stewardship, integrity, empowerment, excellence. We found some staff member's we spoke with were not aware of the values. For example, one staff member responded, "Don't think so" when asked whether the registered provider had a set of values. This meant the service had yet to ensure that its values were consistently understood and put into practice by all members of staff.

There was a positive atmosphere in the home. Family members told us staff welcomed them when they came into the home. One staff member commented, "Very friendly atmosphere and a homely atmosphere, always has been." Another staff member said the atmosphere was, "Brilliant, the girls are so friendly. On my first day everybody got on, it is relaxed here."

Staff had opportunities to give their views through attending regular staff meetings and receiving ad hoc support from management. One staff member said, "We can give our views at any time of the day."

The registered provider had an annual audit programme to check on the quality of people's care. Audits carried out included infection control, checks of care files, medicines, health and safety and nutrition. We viewed examples of previous audits and found these were up to date and had been successful identifying areas of improvement. For example, a health and safety audit identified areas of the home requiring redecoration and broken floor tiles. We saw evidence of care file audits from viewing people's care records. These had identified areas for improvement such as care plans needing to be updated. Action plans were developed and followed up to check actions were completed. Senior staff working at the home told us they checked on individual care staff member's care practice when out and about around the home.

The registered provider monitored medicines to make sure they were managed properly and safely. Although weekly and monthly medicines audits were carried out, we found these were not always effective in identifying issues relating to medicines. We saw an open bottle of a liquid medicine was stored in the controlled drugs cupboard, which had passed its expiry date and should have been disposed of. This issue

hadn't been identified during the registered provider's regular audit processes or a specific stock check of controlled drugs. Although the person's MARs confirmed they had not been given the medicine after the expiry date, they had potentially been placed at an increased risk of receiving inappropriate medicines. Another medicines audit had identified a discrepancy between the amount of a specific controlled drug in stock and the amount recorded in the controlled drug register. Although the audit highlighted only a small discrepancy, there was no record of what action, if any, had been taken to investigate the issue. Records of previous audits confirmed action had been taken previously to deal with a small number of missing signatures on people's MARs. This meant, whilst auditing systems were in place, they did not always identify issues and did not always, when errors were identified, clearly document what actions were taken.

The registered provider carried out a monthly falls analysis which considered the number of falls and the action taken to keep people safe. Actions included referrals to the falls team for specialist advice and the provision of specialist equipment to help keep people safe.

The registered provider carried out an annual quality survey to gather people's views about the service. We viewed the feedback from the most recent survey from 2015. There had been 48 questionnaires issued with 30 responses received. The feedback was positive with 100% of people indicating they were happy with their care and support, 97% stated they were dealt with timely and 100% of people said staff were kind, compassionate, caring and patient.