HICA

Tamarix Lodge - Care Home

Inspection report

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Date of inspection visit: 12 November 2015
Date of publication: 29/02/2016

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

Overall summary

We carried out this inspection on 12 November 2015. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was unannounced; which meant that the staff and registered provider did not know that we would be visiting.

At the last inspection on 6 October 2014, we asked the provider to take action to make improvements to infection control, the availability of activities and how the service was assessed and monitored, and this action has been completed.

Tamarix Lodge is a care home that provides accommodation and personal care for up to 37 older people, including those with a dementia related condition. On the day of the inspection there were 29 people living at the home.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes and we found that the recording and administration of medicines was being managed appropriately in the service.

Summary of findings

We found assessments of risk had been completed for each person and plans had been put in place. Incidents and accidents in the home were accurately recorded and monitored monthly.

The home was clean, tidy and free from odour and effective cleaning schedules were in place. It was decorated to a high standard and people's rooms were personalised.

We saw that staff completed an induction process and they had received a wide range of training, which covered courses the home deemed essential, such as safeguarding, moving and handling and infection control and also home specific training such as dementia awareness.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that Mental Capacity Act (MCA) (2005) guidelines had been fully followed. The home did not use restraint but the registered manager understood the process to ensure that any restraint was lawful.

People's nutritional needs were met. People enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day. People told us they enjoyed the food and that they had enough to eat and drink. People were supported to maintain good health and had access to healthcare professionals and services.

People told us they were well cared for. We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living in the home. People were able to make choices and staff supported them to maintain their independence.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported. The home employed activity coordinators and offered a variety of different activities for people to be involved in. People were also supported to go out of the home to access facilities in the local community.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments, suggestions or complaints were appropriately actioned. We found the provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

Risk assessments were in place and reviewed regularly which meant they reflected the needs of people living in the home.

The home had a robust system in place for ordering, administering and disposing of medicines.

Is the service effective?

Good

The service was effective.

Staff had received an induction and training in key topics that enabled them to effectively carry out their role.

The registered manager was able to show they had an understanding of

Deprivation of Liberty Safeguards (DoLS) and we found the Mental

Capacity Act (MCA) (2005) guidelines were being fully followed.

People enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day. People told us they enjoyed the food and that they had enough to eat and drink.

People who used the service received, where required, additional treatment from healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs. People's independence was promoted.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service had effective systems in place to monitor and improve the quality of the service.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Tamarix Lodge - Care 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 12 November and was unannounced. The inspection team consisted of one Adult Social Care (ACS) inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service from the home. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

The provider was not asked to submit a Provider Information Return (PIR) prior to the inspection, as this was not a planned inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three visiting relatives, three members of staff, and the registered manager. We spent time observing the interaction between people who lived at the home, relatives and staff.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people, handover records, the incident / accident book, supervision and training records of three members of staff, staff rotas, and quality assurance audits and action plans.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included "When it's dark at night I feel safe and secure", "I feel constantly safe" and "I feel very safe in here."

The home had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the manager used the local authorities safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that safeguarding concerns were recorded and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

We spoke to staff about safeguarding, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager. They also told us they knew how to escalate the concerns if they felt the issue had not been appropriately addressed. Staff told us "I would speak to the manager, or I would call head office if needed." We looked at the homes training record and found that 87% of staff had completed training in Safeguarding Vulnerable Adults, although there were a small number that required refresher training.

We saw the home had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included an assessment of risk for falls, pressure care, mobility and nutritional status. We saw Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

All accidents and incidents were collated, accurately recorded and included detailed information of what action had been taken and which external agencies had been notified. Following an accident a 72 hour care plan was implemented; this provided prompts for the staff to carry out increased observations and notify the appropriate health care professional should the person experience deterioration in health or a change in their usual behaviour. These were audited on a monthly basis and submitted to the regional manager for further analysis. This provided opportunity for the registered manager and regional manager to monitor whether any patterns were developing and put in appropriate interventions to minimise the risk of them occurring again.

We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, fire extinguishers, emergency lighting and all lifting equipment including hoists. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm were carried out to ensure that it was in safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

On the day of the inspection we found the morning shift was covered by the registered manager, the team manager, four care staff, two domestic staff, one activity coordinator, one handyperson, one laundry assistant, one chef and one administrator. We found this was sufficient to safely and effectively meet the needs of the people living in the home.

We asked the registered manager about how they ensured there were enough staff on duty to safely meet people needs. The registered manager told us that the number of staff required was determined by the number and the needs of the people living at the service and was adjusted accordingly. At the time of the inspection we were told that nobody in the home required any additional support from staff, that nobody displayed any anxious behaviour that may challenge themselves, others or the staff and that all of the people living in the home were accepting of the support provided.

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer

Good

Is the service safe?

recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions of employment. This helped to ensure staff knew what was expected of them. We did note that the way DBS checks were stored was inconsistent as some staff had the numbers on file, whilst others were held at the registered provider's head office. The registered manager told us they would look at a way of standardising how these were stored across the staff team.

The senior care staff informed us that they had received training on the handling of medicines from both the registered provider and also from the pharmacy that provided the homes medication. This was confirmed by our checks of the staff training plan and staff training files. We saw that medication was audited on a weekly basis by the home and we also found the pharmacy that provided the medication had completed an audit the week before this inspection and had found no concerns.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

We observed a medication round and saw that this was carried out in a non-obtrusive and respectful manner. We looked at how medicines were managed within the home and checked a selection of medication administration records (MARs). We saw that medicines were stored safely in a secure cabinet, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. One resident told us "I always get my medication on time."

At the last inspection we found that people who used the service were not fully protected from the risks of infection due to problems with the cleanliness and hygiene in some parts of the home. At this inspection we found the home to be clean, tidy and free from odour.

We saw that effective cleaning schedules had been implemented by the registered manager in response to an environmental audit that had highlighted a number of issues. This meant that deep cleaning now took place in addition to daily cleaning of rooms and communal areas. We saw that all rooms were 'bottomed' every month, which involved cleaning behind and underneath all furniture, cleaning skirting boards and washing the curtains. We also saw that carpets were cleaned on a monthly cycle to ensure they remained clean and fresh. This schedule meant that people lived in a clean and hygienic environment.

Good

Is the service effective?

Our findings

Staff we spoke with told us they had completed an induction and that they felt they had the skills to safely and effectively carry out their roles. The induction they had completed differed depending on when they had joined the staff team. We spoke with one member of staff who was in the process of completing their initial induction period. They told us they had completed training at the registered provider's head office and that they were currently spending time shadowing more experienced staff members to gain a better understanding of the role they would be expected to carry out. They told us that once they had completed their induction they would then be required to complete the Care Certificate over a 12 week period. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives.

We looked at the homes training records and saw that staff had received training in areas the registered provider deemed as important. This included safeguarding vulnerable adults, moving and handling, Infection control, fire training and the Mental Capacity Act 2005. Other training that had been completed included challenging behaviour (RESPECT), pressure care, dementia awareness and training on how to use the Malnutrition Universal Screening Tool (MUST). The training was delivered through face to face training by the registered provider's in house training team and also through workbooks issued to staff. This meant staff had the skills and knowledge to effectively care for people living in the home.

Staff told us they felt well supported by the manager and that they completed supervision every six to eight weeks, the records we viewed supported this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. One member of staff told us "I have supervision, but can approach the manager at any time. The door is always open."

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The 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).

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. We found that nobody was subject to a DoLS authorisation and the service had made no applications to the local authority at the time of the inspection.

Staff told us they had completed MCA training both during and after their induction and records confirmed this. During our discussions with staff, we found that they had the appropriate levels of knowledge regarding MCA for their roles. The registered manager told us that restraint was not used in the home and this view was supported by the staff we spoke with.

We saw that breakfast was a relaxing and enjoyable experience and people were offered a good choice of food. This included the option of a full cooked breakfast and a variety of cereals and toast. The cook also told us one person "loves kippers" and these were provided whenever requested.

Most people ate their meal in the dining room, but some people chose to eat their meal in their bedroom or in one of the lounge areas. We observed the serving of lunch in the dining room and saw that the tables were set with tablecloths and placemats and there were condiments on each table. Staff wore smart black tabards when serving food and there were sufficient numbers in the dining room to ensure people were served in a timely manner so their

Good

Is the service effective?

food did not get cold. Food was brought to the table under a cloche, which not only ensured the food did not cool down it also created a sense of occasion at mealtimes and ensured it was not exposed to any airborne bacteria.

People were offered a choice of main course and dessert and a choice of drinks. We saw that those people who required assistance to eat and drink received this in a respectful and dignified manner. We noted there was a menu board in place which listed the day's choice of meals. On an evening a selection of soup and sandwiches were provided and people were also offered jelly and ice cream, bananas and yogurt, fruit and a choice of cakes.

In addition to the main three meals provided there were numerous opportunities for people to enjoy a drink or have a snack throughout the day. During the afternoon two people requested a glass of white wine and this was provided by staff. People told us they enjoyed the meals, comments included "The food is brilliant", "The food is nice, it's good every day" and "The food is good, I'm well fed and not missing anything."

Peoples health needs were supported and were kept under review. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentist. Where necessary people had also been referred to the relevant healthcare professional, for example, when people had experienced weight loss they were referred to the dietician. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). A visiting healthcare professional told us "The staff are very good. They follow any advice and they always make sure they have a member of staff available to accompany me when I see people."

When people needed to attend the hospital we saw they had patient passports in place. Patient passports explained how to care for people should they be admitted to hospital. These included key information regarding whether the person had any allergies or any habits that would enable the hospital staff to provide more personalised care.

We saw the home was decorated to a high standard and different environments had been created by using different styles of décor and furniture in each area. For example there were two distinct seating areas one of which was a traditional lounge and the other was a more modern bistro style setting. The dining area was situated in the conservatory and was surrounded by windows and views of the garden which created a pleasant environment in which to eat. We saw the home was moving towards a more dementia friendly environment. However we did not see any signage to help orientate people around the home. The registered manager told us they would address this as part of the ongoing improvements to the home.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they were happy and felt well cared for, comments included “All the staff are brilliant, you can’t fault them”, “I’ve not heard a cross word, not whilst I’ve being here” and “Everybody is kind to me.” A relative told us “The staff are very helpful, friendly and accommodating.”

We found that staff were proactive in making the most of opportunities to engage with people they cared for. They took the time to speak with people when they could, even if it was just asking them if they were ‘Ok’ when passing them or providing them with refreshments. All of the care interventions we observed were carried out in a kind and caring manner. For example, whilst administering medication we saw the member of staff approached people calmly and spoke to them in a polite and respectful manner. They asked if the person was ready to take their medication, offered encouragement and ensured the person had swallowed the tablet before offering them their next.

Staff were knowledgeable about people’s needs. They told us they could read people’s care plans and that these included information that helped them to get to know the person, such as their hobbies and interests, their family relationships, their likes and dislikes and their usual daily routine. The activity coordinator told us they were hoping to further develop the information they had about people’s life stories and individual needs and wishes. A visiting health care professional told us “I love coming here. The people are really well cared for; the staff know them very well and are very knowledgeable about them. People seem to be very happy.” And “I always get a warm welcome; it’s a very friendly environment.”

We observed staff supporting a person to move from their dining chair into their wheelchair. We saw staff showed patience as they encouraged the person do as much of the transfer themselves, whilst maintaining their safety. Staff talked them through the process explaining where they were positioned and what they needed to do next to complete the manoeuvre. This showed the staff understood that people needed to continue to attempt to do things for themselves to enable them to maintain their independence.

People told us they were given a choice about how their care was provided. They told us they were able to choose what time they got up in the morning and what time they went to bed. They told us they were given a choice of meals, where they sat and who they spent their time with. They also said they were able to decide what activities they wanted to join in with.

People were treated with dignity and respect. We saw that staff knocked on people’s doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified state. At mealtimes people were offered large napkins rather than clothes protectors to place over their clothing to catch any spillages, this approach was more dignified. They also ensured that they did not provide any care considered to be personal in the communal areas.

Relatives and visitors were welcome at the home and were free to come and go as they pleased and stay as long as they liked. They were, however, discouraged from visiting people in the dining room during mealtimes, but we saw that people could choose to eat and spend time with their family in other areas during this time if they wished. Some family members and friends chose to spend time in the home with their relatives, whilst others liked to take people out for lunch, a drink in a local cafe or to do some shopping in the town.

Good

Is the service responsive?

Our findings

At the last inspection we did not see any evidence of planned activities taking place during our visit. There was no information on display and it was noted that the lounge areas lacked items for people to interact with such as magazines and reminiscence materials. There was also no activity coordinator in place.

At this inspection we saw that two activity coordinators were now in post and they offered a range of activities for people living in the home for 45 hours per week. We saw that the lounge area had recently been fitted with a new book case and storage unit containing a selection of books, games and activities that people could access at any time. We saw that an old fashioned fire place had been fitted to make the room feel more homely. We also saw that there were old photographs and an old fashioned record player with a selection of records to play. When asked about activities, one person told us "There's always activities on."

We saw that an activity board was in place which outlined what activities were taking place and on what day throughout the week. This provided a visual reminder to people of when they could expect to be doing what activity. On the day of the inspection we saw that the activity coordinator spoke to people prior to the activity starting to inform them of what was due to take place. Some people clearly enjoyed participating in the activities and others enjoyed watching those taking part. However, some people had tried the activities and decided that it was not for them, one person said "I've tried the activities, but I'm quite content."

We spent time talking with the activity coordinator on duty. They told us that although they were provided with a budget for activities they also enjoyed raising additional funds. This was achieved through sponsored walks, a tombola and raffles. They told us they used the money raised to purchase items that were requested by people living in the home. At the last meeting it was agreed that they would purchase bird tables for the garden.

The homes team has also been involved in the organisational SHINE initiative and have fundraised for dementia 'RemPods' across the organisation. The organisation has raised funds and is purchasing two pods and these will be based in homes across the region. They had chosen a pub scene and an old fashioned sweet shop scene. The pods enabled the home's staff to turn any space into a therapeutic and calming environment.

The activities coordinator told us that they had completed activity specific training including a two day 'oomph' course that enabled them to deliver exercise and group activities that encouraged people to move around and be as active as they could. They told us they tried to incorporate exercise into as many activities as possible due to the many benefits associated with keeping people moving. They told us that they always celebrated any traditional festivals including Christmas, harvest festivals, Halloween and Bonfire night. They also told us that people that used the service were taken out into the town when they requested it and this was facilitated either by themselves or a member of care staff. This was confirmed by one person who said "Staff will take you out if you ask."

We saw that pre-admission assessments had been completed by the registered manager prior to people moving to live in the home on either a permanent or temporary basis. This ensured that the home was able to meet the needs of the person and to also assess any impact there could be on staffing levels.

A 'focus assessment' was undertaken which identified people's support needs and care plans were then developed outlining how these needs were to be met. Risk assessments were also developed for those aspects of care where potential risk was identified. For example, one person had experienced two falls within a short period of time. The staff had contacted the falls team and a plan to minimise risk had been implemented and recorded in the persons care plan.

Information regarding peoples like and dislikes, daily routine and life histories was also collected either from the person themselves or from a family member or friend. It had been recognised by the registered manager that some of the life histories required further development and they had requested the activity coordinator to begin collecting additional information in relation to people's histories.

We observed that people's friends and relatives were free to visit people living in the home whenever they wanted and that these visits took place both during the day and in the evening. We saw that people who lived in the home were able to choose where and with whom they spent their

Good

Is the service responsive?

time. This enabled people to develop friendships with people who had similar interests. One person told us "I grew up with some of the people I now live with. We all know each other. We are Withernsea people."

There was a complaints procedure in place, however this was not displayed anywhere in the home. We looked at the complaints file and found the last recorded complaint had been received in September 2014. We saw that when complaints had been received they were investigated and responded to in writing by either the registered manager or regional operations manager to the satisfaction of the complainant.

We saw that despite the complaint procedure not being on display in the home people told us they knew how to make a complaint if they wanted to but nobody said that they had felt this was necessary. They told us if they did have an issue or a concern then they would either speak to a member of the care staff or the registered manager.

There were other opportunities for people living in their home and their families or friends to raise concerns or provide feedback to the registered manager. These included residents meetings, relative meetings, and Quality assurance surveys.

At the entrance to the home we saw that there were a number of notice boards that displayed information regarding the home and also advertised any upcoming events. There was a designated family and friends board which highlighted any relevant information and included the date of the next resident meeting.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager in post. At this inspection there was a registered manager in post who registered with Care Quality Commission (CQC) in September 2015.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. We saw that the registered provider had the rating from their last inspection displayed at the front of the building as is required.

All of the people we spoke with told us that the manager was approachable supportive and passionate about the home and the care provided. A visiting healthcare professional told us "[Name of manager] is absolutely fab; she has such pride in the home." A relative told us "The manager is very accommodating and is always available; they seem to have their finger on the pulse." A member of staff said "[Name of registered manager] is very supportive. I couldn't ask for a better manager." One of the people living in the home said "You can't get a better manager than [Name]."

People spoke of the home as being an extension of their family and that it was a friendly environment with a warm welcome. People living in the service told us they had grown up with some of the people they now lived with and relatives told us they knew the carers either by name or by sight and in some cases lived on the same street. One member of staff told us "We are one big happy family; it's all about the care."

The home held regular relatives' meetings and we saw the last one took place in October 2015 and was attended by eight families. A number of issues were discussed including environmental improvements, call bells, recruitment, future events and any ideas for the future. One relative commented "There is a family atmosphere now, whereas before it seemed a little institutionalised." In addition to this the registered provider had also arranged a wine and cheese evening across all of their homes. This was an informal way to consult, listen to and learn from people living in the home and their relatives. The event had proved popular with approximately 12 families in attendance and the feedback received had been positive.

The registered manager had also distributed quality assurance surveys to people's relatives and 100% of them had been returned. At the time of this inspection the information they contained was still being collated, however the sample we looked at contained some very positive feedback for the home and its staff.

The manager was able to communicate with the staff team in a number of ways. This included staff meetings, the handover book, supervisions and by posting staff briefings on the notice board in the shift office. They also ensured that staff received regular supervision. This meant that staff were kept informed of any issues that may affect them and also provided opportunity to discuss any concerns.

We saw that the registered provider utilised an Early Warning Audit Tool (EWAT). Every two months a regional manager from another area visited the home and carried out an audit to check how the home was performing. This provided useful information and feedback regarding areas the home needed to improve in and also recognition of what they were currently doing well. For example, we saw that at the September 2015 visit concerns had been raised in relation to staff training. This had identified that some staff had not received refresher training within the timescales set by the registered provider. The registered manager had responded by issuing workbooks to those staff that required refresher training. We saw that these had been fully completed by the staff and returned to the registered manager. The staff members were given feedback before the registered manager signed them off as competent.

Other audits were carried out to ensure that the systems at the home were being followed and that people were receiving appropriate care and support. These included, for example, the environment, medicine systems, recruitment systems, care plans, maintenance of equipment, health and safety, infection control systems and accidents/ incidents. We saw that when audits identified any areas for improvement, actions were taken to rectify the problem and where necessary systems were altered to prevent any reoccurrence of the shortfalls.

Good

Is the service well-led?

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential.