

Sefton New Directions Limited

Sefton New Directions Limited - Hudson Road

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Sefton New Directions Ltd - Hudson Road is registered to provide accommodation and personal care for up to six adults. The people living at the home have both physical and psychological support and care needs. The Home is owned and run by Sefton New Directions Limited.

We found people living at the home were kept safe from abuse because the staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Summary of findings

People and their families told us there were sufficient numbers of staff on duty at all times. We observed staff supporting people in a way that ensured their safety whilst maintaining their dignity. The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These assessments were aimed at trying to get the person to be as independent as possible, including accessing the local community safely.

We observed staff support and interactions and we saw how staff communicated and supported people as individuals. Staff were able to explain in detail how each person communicated their needs. Staff explained that they had worked in the home for a long time and had built up solid relationships with all of the people living at Hudson Road.

A relative we spoke with was very aware that staff had the skills and approach needed to ensure people were receiving the right care. We were told, "The staff are absolutely fantastic. They are very attentive and caring. [Person] does lots of activities and gets out and about. [Person] sees this as home and can't wait to get back. It's a really good quality of life." We saw comments from another relative in a relative feedback survey which said, "People living at Hudson Road have a brilliant life socially. This is the happiest [person] has been in their life."

We saw that local health care professionals, such as the person's GP, speech therapist and dietician were regularly involved with people if they needed it. We spoke with a visiting health care professional at the time of our inspection and another professional following our visit. Both gave positive feedback about the home. Both described an extremely proactive service which identified any issues regarding people's health very quickly and ensured they received the right support and intervention. A nurse who visits told us, "They are one of the most organised and proactive homes I go to." We were told that people's individual care plans and details around hospital visits were always up to date and it was very easy to carry out any medical review.

We observed the lunch time meal. This was clearly a positive experience for people. Staff supported people as needed and knew about each person's individual preferences, likes and dislikes. We saw that there was plenty of food available and drinks were readily available

and easily accessible. Care records showed that careful attention was taken to monitor people's weight and daily food and fluid intake charts were maintained to ensure people were having an adequate diet.

We looked at how medicines were managed in the home. We found safe medicine practices which were monitored and reviewed. People's medication was regularly reviewed. A visiting health care professional advised us that the home were particularly proactive at ensuring regular medication reviews took place.

We saw that staff were caring, considerate and respectful. Staff had a good understanding of people's needs and their preferred routines and had developed care so that it was planned individually. We observed positive and warm interactions between people living at the home and staff throughout the inspection. These observations were reinforced by comments from a relative we spoke with as well as comments seen in feedback surveys.

Staff told us they were well supported through the induction process, supervision and appraisal. We saw there was a training programme in place and staff told us they were supported and encouraged to develop their skills. All of the care staff had a formal qualification in care which evidenced a good knowledge base for their role.

The principles of the Mental Capacity Act (2005) [MCA] were adhered to for people who lacked mental capacity to make their own decisions. We saw examples where care and treatment had been carried out in people's best interest. This had included assessment of the person's mental capacity and good practice with reference to the MCA Code of Practice. None of the people living at Hudson Road were on an order which restricted or deprive them of their liberty. The Deprivation of Liberty Safeguards [DoLS] is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved.

Arrangements were in place for checking the environment to ensure it was safe. We observed that the building was clean and tidy. There were regular checks made by staff to help ensure the building was maintained safely.

Summary of findings

We spent time talking to the manager who was able to talk positively about the importance of a 'person centred approach' to care; meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the home. The manager felt this was evidenced through the development of positive relationships with people living at Hudson Road by staff that supported people based around each person's preferred lifestyle and choice of daily activities.

There was a process in place for managing complaints. There had been no complaints about the service at Hudson Road. A relative we spoke with told us staff and the manager were approachable and felt that any issues would be addressed.

A registered manager was 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 2008 and associated Regulations about how the service is run.

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?

The service was safe.

There was a good level of understanding about how to provide safe care. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping to ensure they were safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused. Medicines were administered safely and there were good systems for checking and monitoring on-going medication management.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective.

Staff understood and were following the principals of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

We saw people's dietary needs were managed with reference to their individual preferences. People had access to health professionals to continually monitor and assess their health care needs. The Home was described by professionals as being very proactive in terms of promoting people's health and wellbeing.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

Good



Is the service caring?

The service was caring.

We made observations of the people living at Hudson Road and saw they were relaxed and settled. A relative told us they were happy with the care and the support in the home and described the care and quality of life for people living at the home as exceptional. We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had an in-depth understanding of people's needs and preferences.

A relative told us the manager and staff communicated with them effectively about changes to their relative's needs.

Outstanding



Is the service responsive?

The service was responsive.

People's care was planned so it was personalised and reflected their current and ongoing care needs.

Good



Summary of findings

A process for managing complaints was in place and relatives and visitors were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

The service was well led. The registered manager provided an effective lead in the home and was supported by a clear management structure.

We found an open and person-centred culture within the home and the organisation. There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

We received positive feedback from health and social care professionals who told us the home worked well with them and liaised regularly to support people's ongoing health and social care.

Good



Sefton New Directions Limited - Hudson Road

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 checked 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 was an announced inspection which took place on 12 November 2014. We gave one days' notice of the inspection to ensure that when we visited, the people who lived there would be available to see and speak with. This was because people living at Hudson Road had an active social life and may have been out of the home when we visited. The inspection team consisted of an adult social care inspector.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home. We contacted one of the commissioners of the service to obtain their views.

During the visit we were able to see and interact with all of the people who lived at the home and a visiting family member. Other family members were contacted by phone following the inspection visit. We also spoke with a visiting health care professional who was able to give some feedback about the service. Some of the people living at Hudson Road had difficulty expressing themselves verbally. 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 spoke with four care/support staff and the home manager. We looked at the care records for three of the people living at the home, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits including feedback from people living at the home, professional visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms, dining and lounge areas.

Is the service safe?

Our findings

When we first arrived at Hudson Road there were three of the people living at the home in residence. The other two people were out in the community; one visiting their GP and one shopping. Both had staff escorts to support them and ensure their safety. We were made aware that all of the people living at the home had staff support when out in the community to ensure they were safe and appropriately supported. This was detailed in the support plans we saw for people.

The people we saw in the early part of our inspection had only limited verbal communication. We made some observations of people being supported to have their lunch. Staff moved people safely from the kitchen to the dining room. Staff had a clear understanding of how individuals needed to be moved and if extra staff were needed for certain tasks. We saw one staff supporting a person to eat and they explained that the food had to be at a certain consistency for the person to be able to safely swallow.

We spoke with a visiting family member who said they found the service to be safe and very good at managing any risks so that their relative could be as independent as possible. For example their relative could go swimming on a regular basis and this was because staff were attentive and reassuring in terms of keeping the person safe. The relative told us, "I have no worries."

A visiting health care professional told us that staff managed people's care needs very well and this included ensuring their safety. We were told, "Some [of the people] living here can be difficult to manage. Staff support them well." We were told that staff always ensured any change in people's medical condition was immediately reported.

We asked about staffing at the home. To support the five people living at Hudson road there was normally a minimum of three care staff. The manager was in addition to these numbers and worked between Hudson Road and another similar service. Visitors to the home we spoke with at the time of our inspection both commented that they always felt people were safe in the home environment as there was always staff available. On the day of the inspection extra staff were available to support people outside of the home.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and police checks that had been carried out. The manager was able to supply this information from 'head office' as the home staff files did not contain this information. The manager has since spoken with senior managers in the organisation regarding having this information available in the home.

One staff member discussed with us the safety of one of the individuals who was prone to seizures. We saw their bedroom was adapted to help ensure a reduced risk of harm in case of a seizure. The staff member was able to discuss in detail the support and intervention needed in case of a seizure and if this became an emergency. The emergency support included the administration of a medicine and this was discussed in detail by the carer.

One member of staff went through the process of medication administration in the home. Medication was held in a locked trolley which was attached securely to the wall. Some medicines were administered from here and others taken to the person concerned and administered. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records [MAR] we saw were fully completed and accurate showing people had been given their medicines properly.

Some emergency medications were kept in a locked cupboard in the person's room. We discussed a possible service development whereby all medicines could be kept in this way. This would further evidence a more 'person centred' approach to care in the home. Following the inspection the manager reported that this had been considered but risk factors had been taken into account and the present system was felt to be safer.

We found external medicines such as creams were recorded by the staff administering the cream. One cream was prescribed to be administered only every so many days and it was easy to see from the records when this had been administered and when it was next due.

We looked at how medicines were audited. Frequent checks were made by the manager on the medication administration records to help identify and resolve any discrepancies. We saw a check showing comments made by the manager. The manager also kept a regular check on

Is the service safe?

medicines coming into the home and those being returned to pharmacy so there was a system of keeping a check on the stock of medications in the home. The home does not have an all-encompassing auditing tool for medicines at present and we were told subsequently by the manager that such an audit tool was currently being researched with reference to NICE [National Institute of Clinical Excellence] guidelines and this was being led by the quality manager for the company.

We saw that people's medicines were reviewed on a regular basis. Records we saw confirmed that people had been reviewed very recently. The visiting health care professional we spoke with advised us that staff were very proactive regarding this and always reminded the GP when reviews were needed.

The competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager following initial training and this was also confirmed by the manager.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training within the companies recommended guidelines of every three years. All of the staff we spoke with were clear about the need to report through any concerns they had.

We spoke about a safeguarding incident that had occurred some time ago [medication error]. We saw this had been reported through to safeguarding and agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt. The manager had been asked to investigate and had taken appropriate action following both internal and locally agreed safeguarding procedures. This rigour helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were available.

Arrangements were in place for checking the environment to ensure it was safe. We saw a full health and safety audit was carried out 12 monthly. A copy of the last audit on November 2013 was seen and this was comprehensive and covered policy review, gas and electrical safety, legionella risk, hazardous substances, equipment checks and fire risk assessments. We spoke with staff, including the maintenance person, who told us that regular weekly and monthly checks were also carried out for environmental safety such as hot water checks and fire alarm testing.

We were advised by the manager that Personal Emergency Evacuation Plans (PEEP) had been developed for people living at the home. We saw an example for one person. This showed that the person had been highlighted as being at risk and information about the support they needed in the event of an emergency evacuation from the building was detailed.

Is the service effective?

Our findings

Hudson road provides support for people who have learning disabilities and physical care needs. From the observations we made of the care in the home and from talking to staff and visitors it was clear that people living at the home were supported to enjoy an active and varied lifestyle.

We observed how staff supported people and interacted with people and we saw how they communicated and supported people as individuals. Staff were able to explain in detail how each person communicated their needs. Staff explained that they had worked in the home for a long time and had built up solid relationships with all of the people living at Hudson Road. One staff said, "It's not like coming to work, it's like being part of a family." Another staff talked through one person's behaviour and how this changed at certain times indicating underlying health issues. These changes were individual to the person and were known by all staff. We saw they were described in care documentation.

A relative we spoke with was very aware that staff had the skills and approach needed to ensure people were receiving the right care. We were told, "The staff are absolutely fantastic. They are very attentive and caring. [Person] does lots of activities and gets out and about. [Person] sees this as home and can't wait to get back. It's a really good quality of life." We saw comments from another relative in a relative feedback survey which said, "People living at Hudson Road have a brilliant life socially. This is the happiest [person] has been in their life."

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. The manager supplied a copy of the staff training matrix which identified and plotted training for staff in subjects such as health and safety, medication, safeguarding, infection control, dementia awareness, managing violent behaviour and fire awareness. In addition staff had undertaken training with respect to the care needs of the people living at the home. For example all staff were trained and understood care around epilepsy. Staff were able to explain individual care needs and how to support people who experienced seizures. Staff had also been given additional training in emergency administration of medication if a seizure occurred.

The manager told us that all staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw. Staff spoken with said they felt supported and the training provided was of a good standard. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings. One staff member told us that staff meetings were lengthy and detailed and covered many aspects of work including discussion around any general changes with people living at the home.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, speech therapist and dietician were regularly involved in supporting people if they needed it. We spoke with a visiting health care professional at the time of our inspection and another professional following our visit. Both gave positive feedback about the home. Both described an extremely proactive service which identified any issues regarding people's health very quickly and ensured they received the right support and intervention. A nurse who visits told us, "They are one of the most organised and proactive homes I go to." We were told that people's individual care plans and details around hospital visits were always up to date and it was very easy to carry out any medical review. Another visiting health professional said, "The care here is excellent. If I had a relative I would quite happily place them here." We were told that staff ensured all of the people living at Hudson Road received thorough and on-going health checks. One professional said, "We don't have any issues here and some of the [people in the home] are quite complex."

We looked at the information that was supplied if people went into hospital so that key information about their needs was easily communicated. We saw a 'health passport' for one person. The key details were on a laminated sheet including medication, communication needs and key health information. The manager told us that hospital staff had commented on the effectiveness of this as it was easy to access and understand.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw examples of people being assessed for their mental capacity in relation

Is the service effective?

to specific treatments and how a decision had been made in their best interest that involved family members and professionals. We were told that people were well supported by these processes and staff always referred and acted to support people's rights in this area. For example we were told by the visiting professional that there had been a series of 'best interest' decisions made because people living at the home could not give their consent to various medical tests requiring the need to take blood samples. We saw this had been carefully reviewed in line with best practice.

We spoke with staff who told us they had received some updates around the MCA. They were able to discuss how they supported people to make daily decisions about aspects of their care. For example one staff had taken a person shopping. The person was not able to directly verbalise their choice of clothes but the carer explained how through a series of nonverbal and some verbal cues the person was able to communicate and exercise their preferences.

The manager was able to talk about aspects of the workings of the MCA and discuss other examples of its use. We were told that the home does not currently support anybody who is on a deprivation of liberty safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their

best interests. We found the manager and senior staff were knowledgeable regarding the process involved. We saw that three of the people living at Hudson Road had bedrails in place to reduce the risk of falls from bed. The process of consent around the use of these was not clear and the manager said they would review consent issues in line with best practice. The use of bedrails can be seen as a restrictive practice that needs careful consideration.

We observed the lunch time meal. This was clearly a positive experience for people. Staff supported people as needed and knew about each person's individual preferences, likes and dislikes. A person who needed full support with their meal was observed to be given individual attention. The meal was well paced and the staff member was careful to ensure good eye contact and gave the person their full attention. The staff member explained in detail the importance of key issues that needed to be taken into account while supporting the person. We saw that there was plenty of food available including fruit. Drinks were also readily available and accessible to people. Care records showed that careful attention was paid to monitoring people's weight and daily food and fluid intake charts were maintained to ensure people were taking adequate diet. One person was on a diet to stabilise their weight and was also supported by attending a support group in the community. Staff explained, "It not only helps support a healthy weight but is a great opportunity to socialise and for [person] to feel good."



Is the service caring?

Our findings

We observed the interactions between staff and people living at the home. We saw there was an obvious rapport and understanding. The people living at Hudson Road had difficulty in communicating on a verbal level but care staff were observed to be very aware of how each person felt and whether they were happy or distressed for any reason. Staff explained that they had known the people at the home for many years, in most cases, and knew them as individuals with differing and specific care needs. Communication was seen as a priority to carrying out care. We saw references in care files to individual ways that people communicated and made their needs known.

Throughout the inspection we observed staff supporting people who lived at the home in a timely, dignified and respectful way. People did not have to wait if they needed support as staff were always on hand. We noted there was positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. An example of the warmth of staff support was seen when one person returned from a trip to the GP. Staff were observed to make the person really welcome and settle them back into the home. The feeling of wellbeing this produced was seen in the person concerned. Staff were seen to be interested in the person's welfare and there was a warmth to the obvious rapport. Staff were also careful to ensure the confidential nature of any feedback from the GP was discussed appropriately.

The people living at Hudson Road have a range of diverse care needs. These range from physical care needs resulting in high levels of personal care to people with behaviour that can be challenging; both requiring a high level of consistent support to promote independence and social integration. We found that staff, at Hudson Road, were effective in achieving this. We saw and heard about examples where staff promoted integration within the

home community as well as the wider community. All of the people living at the home had a programme of external activities they were supported and encouraged to attend and develop.

A relative we spoke with and people visiting at the time of the inspection were pleased with how staff displayed a caring attitude. The relative explained this had played an integral part in the progress made by the person concerned. When we reviewed the person's care we could see a history whereby they had displayed very challenging behaviours when first admitted to the home which meant their quality of life had been very restricted. Through a series of positive interventions by professionals together with the relationships built in the home the person had progressed to being integrated into life at Hudson Road and also the local community. A visiting professional commented, "The key is the staff, who really know how to support [person]."

The staff we spoke with had a good knowledge of people's needs. They told us it took time to get to know people's needs and preferences when they first moved to the home. The manager and senior staff told us of the value of building positive relationships and having continuity to the care provided. When we looked at care files we saw that personal histories were recorded along with people's likes and dislikes. Staff were able to talk in detail about each person as an individual. We saw that each person had an 'essential lifestyle review' [ELR] every three months where staff reviewed all aspects of the person's care and any specific aims and objects were set for the next three months. A relative said they always felt included in all aspects of the person's care and were always invited to a yearly review with staff and professionals.

Each person who lived at the home had their own bedroom, which was personalised to their own preference. Bedrooms were comfortable and attention had been paid to ensure safety where needed. We saw one person who was in their bedroom as they had not been well on the day of our visit. Staff were seen to knock on the door and to communicate with the person in a respectful manner and to give plenty of reassurance.

Is the service responsive?

Our findings

A relative we spoke with said they felt fully involved in the care of their family member. They told us that they visited regularly and staff always updated them with any changes or issues that might affect care. They said that if anything untoward, such as a fall, occurs the manager would inform them instantly. We saw that each person was reviewed by the care team every three months but relatives were not routinely involved in this review. We were told by the relative that they were always involved in the yearly review of care which involved staff, relatives and professionals. We saw examples in care files of relatives being involved in decisions and assessments affecting care where consent was needed.

The manager explained that some relatives did not live close to people at Hudson Road. The manager had started to initiate a regular [three monthly] update of each person via a personal letter to relatives to ensure they were kept up to date. We saw the first example of this. The manager explained this would coincide with people's three monthly reviews of care.

We saw there was a relaxed atmosphere in the home and the routine of the day varied depending on people's individual routines and chosen activities. One person's routine activity had been changed on the day of our visit as they had not been well and had stayed in their bedroom awaiting a visit from the GP.

We saw a programme of activities was available for each person. Some of these included trips outside of the home to a day centre, shopping, local walks, swimming, meals out, cinema and visits to a disco. A relative said the way staff encouraged people to be active was "excellent."

We looked at the care record files for three people who lived at the home. Each person had an individual assessment of need. We found that care plans were individualised to people's preferences and reflected their identified needs. They were very detailed and there were references to discussions with relatives. We could see from the care records that staff reviewed each person's care on a monthly basis. In addition there were 'essential lifestyle planning' meetings recorded every three months. The reviews involved a revision of care plans if necessary.

We saw some relative and professional feedback had been recorded by the manager on a 'complaints and compliments' form as well as survey forms sent and returned by relatives. The comments recorded from relatives and professionals who had responded were that they were satisfied with the quality and individualised nature of care and with the quality of life of the people living in the home. A visiting physiotherapist was recorded as being very impressed by the standard of recording in care files and the knowledge of staff. We discussed how formal feedback survey forms given or sent to visiting professionals might be productive in getting more formal feedback.

We observed a complaints procedure was in place. An easy read version was also available and was up to date in terms of the information contained. A relative spoken with commented on the approachability of staff and the manager and said they would not hesitate to raise any concerns they may have. The manager maintained a log of the complaints and compliments and this was completed monthly and fed through to the company's main office. There were no complaints recorded.

Is the service well-led?

Our findings

The service had a registered manager in post. We spent time talking to the manager and asked them to define the culture of the home and the main aims and objectives. The manager was able to talk positively about the importance of a 'person centred approach' to care; meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the home. The manager felt this was evidenced through the development of positive relationships with people living at Hudson Road by staff that supported people based around each person's preferred lifestyle and choice of activities.

This culture was also evidenced when talking to staff at all levels. We also spoke to health care professionals who regularly visited the home. Both professionals reinforced the importance of relationships between staff and people using the service. One said, "The way staff work with [person] is very good." Another professional commented that the manager provided a very effective lead and a relative spoken with also made positive comments regarding the manager who was clearly the key point of contact.

Staff told us they received positive and on-going support. They told us communication was good and there was plenty of opportunity to share information and raise ideas. A member of staff said, "There are staff meetings which cover all sorts of things. If I had any issues or concerns I could raise them then." They said they believed

management would be supportive and protective of them if they raised concerns. The manager explained that they also attend senior team meetings with senior managers in the organisation and managers for other care homes in the group. The manager explained a clear line of accountability.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes both internally and external to Hudson Road that senior managers for the organisation carried out. Internally, for example, we saw a health and safety auditing system for the home's environment. We looked at these and they were up to date. Information was fed through to senior managers in the organisation such as any accident or incidents occurring in the home. Externally we saw a six monthly audit by a senior manager carried out in July 2014. This covered safety of the home environment, medication practices and a review of incidents.

The manager was able to provide evidence where the home had been signed up to various external quality initiatives; some of which have provided accreditation certificates for the quality of the service. For example the home is an active member of the National Care Forum, a member of the National Skills Academy for Social Care and have achieved positive feedback regarding the homes approach to disability through Job Centre Plus. These initiatives help provide the home with external scrutiny and feedback to assist with further developments of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.