

Regency Healthcare Limited

# New Victoria Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection visit took place on 18th March 2015 and was unannounced.

When we last inspected the service we found breaches of legal requirements relating to the care and welfare of people who use services, requirements relating to workers and assessing and monitoring the quality of service provision. This was because we identified some issues with care delivery and a lack of social activities being organised to entertain and stimulate people. The services recruitment procedures were unsafe because required recruitment checks had not been undertaken.

The service had limited records available to show how identified problems and opportunities to change things for the better were addressed promptly. There were no

procedures in place to gather information about the safety and quality of service provided. People supported were not asked for feedback about the quality of service provided. The Care Quality Commission (CQC) had not been notified of any incidents or issues relating to the home since October 2013. This meant that we did not receive all the information about the service that we should have done.

The provider responded by sending CQC an action plan of how they had addressed the breaches identified. We found the improvements the provider told us they had made had been maintained during this inspection

The New Victoria Nursing Home is situated in a residential area of Blackpool. The home is purpose built and

# Summary of findings

provides care and accommodation for up to thirty people. At the time of our visit there was twenty four people who lived there. People are cared for with a wide range of needs, from residential care to nursing. The home is set on three levels. There are lounges, dining areas and bedrooms on all three floors. All bedrooms are single accommodation.

There was a registered manager in place. 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.

The registered manager had arrangements in place to protect people from abuse and unsafe care. The registered manager and her staff had received safeguarding training. Staff we spoke with understood their responsibilities to report any unsafe care or abusive practices. People we spoke with said they were receiving safe and appropriate care which was meeting their needs. One person said, "I have no concerns about any of the staff or the care they provide me with. They are nice people."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

Equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We observed staff being kind and patient when supporting people. One person requesting to go to the toilet was assisted by two staff members. We observed the person was assisted on to a stand and turn aid and safely transferred from their armchair into a wheelchair.

We looked at how the home was staffed. We found sufficient nursing and care staff levels were in place to provide the support people required. We saw the deployment of care staff throughout the day was organised. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals.

We saw staff members were responsive when people required assistance. Call bells were answered quickly and people in the lounge requesting help were responded to

in a timely manner. A visiting relative told us they visited the home most days and always found plenty of staff on duty. They told us they never had to wait long if they wanted to speak with a staff member or request assistance for their family member.

People told us they were happy with the variety and choice of meals available to them. During the morning we observed the cook going around the home informing people about the meal choices for the day. We saw an alternative meal was offered if people wanted something different. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

People's care and support needs had been assessed before they moved into the home. We looked at the care records for three people receiving nursing care. We found the care plan records were informative and enabled us to identify how people were being supported with their nursing needs. The records were up to date, being kept under review and updated if a person's care needs had changed. This ensured staff supporting people with their care had appropriate information about the level of care people required.

The environment was generally well maintained when we visited. However we did notice some areas where improvements were required. These included a window in one person's room which couldn't be opened because it had been sealed with silicone to prevent drafts.

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

We found recruitment procedures were safe with all appropriate checks undertaken before new staff members could commence their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Relevant staff had been trained to

# Summary of findings

understand when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection no applications had needed to be submitted.

The registered manager used a variety of methods to assess and monitor the quality of the service. These

included annual satisfaction surveys, house meetings, relatives meetings, care reviews and audits. We found people were satisfied with the service they were receiving.

# 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.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

People were protected against the risks associated with unsafe use and management of medicines.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People were supported to maintain good health and had access to healthcare professionals and services.

People were supported by trained and supervised staff.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

Good



### Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People and their families had been involved in developing their care plans. Relatives reported they were involved in reviews of care and the home responded appropriately to meet people's changing needs.

People knew their comments and complaints would be listened to and acted on effectively.

Good



### Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people who lived at the home and relatives for their input on how the service could continually improve.

Good



## Summary of findings

The provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

# New Victoria Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 17th March 2015 and was unannounced.

The inspection team consisted of an adult social care inspector, a specialist advisor 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. The specialist advisor and expert by experience for the inspection at New Victoria Nursing Home had experience of services who supported older people.

Before our inspection on 17th March 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of

people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, nine members of staff, ten people who lived at the home, six visiting family members and a visiting healthcare professional. We also spoke to the commissioning department at the local authority and the Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people who lived at the home, training records of four staff members, the duty rota, training matrix, menu's, records relating to the management of the service and the medication records of six people.

# Is the service safe?

## Our findings

People we spoke with us told they felt comfortable and safe. One person said, “I have no concerns about my safety or the staff who support me. I find them kind and patient.” Another person said,

“I’ve been here a long time now and I do feel safe and happy. The staff are good to me.” People visiting the service told us they had no concerns about their [relatives] safety. One person said, “My [relative] has been in the home about three years and has dementia. They cannot tell me about their care but I am confident that the staff know what they are doing. I have never witnessed anything during my visits which has caused me concerns about my [relatives] care. I am sure she is in safe hands”

We found the registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. The registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct. Records seen confirmed the registered manager had responded appropriately to safeguarding concerns raised about staff working for the service. Information received from the local authority confirmed the registered manager worked with them when undertaking their investigations.

We looked at how the service was staffed. We found sufficient nursing and care staff levels were in place to provide the support people required. We saw the deployment of care staff throughout the day was organised. For example people who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals.

People spoken with told us they had no concerns about the availability of staff when they needed them. One person requesting to go to the toilet was assisted by two staff members. We observed the person was assisted on to a stand and turn aid and safely transferred from their armchair into a wheelchair. Stand aids are designed to provide support and assistance to those having difficulty getting up into a standing position. Both staff members spoke with the person explaining the procedure they were

undertaking. The person looked comfortable with the procedure and was chatting with the staff. We noted the staff put the persons feet on the wheelchairs foot guards to avoid risk of injury before moving them. A visiting relative told us there was always plenty of staff on duty when they visited. They said they never had to wait long if they wanted assistance for their [relative].

The environment was generally well maintained when we visited. However we did notice some areas where improvements were required. These included a window in one person’s room which couldn’t be opened because it had been sealed with silicone to prevent drafts. On the day we visited the sun was shining directly onto the room which was warm and felt uncomfortable. The registered manager agreed to have the silicone removed immediately and made arrangements for the window to be replaced.

When we looked around the building we found it was clean and tidy and no offensive odours were observed. One person visiting the service said, “We looked around a number of homes and liked this one because it didn’t smell. It still doesn’t. My [relatives] room is always spotless. Whenever I visit and their room is clean and tidy as well. Every other week they steam clean everywhere.”

We found equipment in use by the service had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Moving and handling equipment including hoists had been serviced to ensure people could be supported safely. We saw wheelchairs were well maintained and had foot guards in place for the protection of people being transferred around the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to ensure that people had received their medication as prescribed. The audits also confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

## Is the service safe?

We observed the administration of medicines on the 2nd and 3rd floor being undertaken by the lead nurse at lunch time. Four people were seen being given their medicines. All medicines were given according to detail seen on the persons Medical Administration Record (MAR) sheet.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with

vulnerable people. The application form completed by new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers, details of any convictions and personal identification number (pin) number for nursing staff. We noted both applicants had been sent a letter of appointment offering them a position at the home subject to successful clearances. These checks were required to ensure new staff were suitable for the role for which they had been employed.



# Is the service effective?

## Our findings

People we spoke with including visitors told us the care and support the service provided was good and people were happy. They told us staff talked to them and obtained their agreement before any provision of care commenced. Our observations confirmed staff were kind and patient and informed people the personal care tasks they wanted to undertake with them. We noted that the atmosphere was relaxed and people appeared comfortable in the company of staff. People had freedom of movement around the home.

We looked at three care plan records of people receiving nursing care. We found these described the assessed needs and support people required. The records had written confirmation that people and their relatives had been involved in the assessment and had consented to the care being provided. We noted where possible people or their relatives had been involved in reviewing their care and had signed the care plan confirming they were satisfied with their care. One person visiting the home said, "I visit every day to see my [relative]. I am always informed if there has been any changes to their health and the support that needs to be provided. I like to feel involved."

Staff spoken with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People in the lounges and bedrooms had jugs of juice within easy reach to have a drink when required. Throughout the inspection we saw staff encouraging people who had been identified as being at risk from poor nutrition and dehydration to eat and drink. We observed staff completing records confirming fluid and nutritional intake. One person visiting the home said, "My [relative] is nursed in bed. Whenever I visit their turning and nutritional charts have been completed by the staff. This enables me to monitor how often they have been turned and what they have eaten and drank since I last visited."

At lunch time we carried out our observations in the downstairs dining room. We saw positive interactions between staff and the people they were supporting. We observed the cook informing people what the options were for lunch. One person who didn't want the meals being offered had an alternative meal of their choice provided.

We saw people who required support eating their meals had this provided in a dignified and timely manner. The support staff provided people with their meals was organised and well managed. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. One staff member supporting a person with their meal in the downstairs lounge showed patience and understanding. We saw them reminding the person the meal they had chosen earlier in the morning and asking them if they were enjoying the meal. We saw the staff member completing the person's nutritional and fluid charts once the person had finished the meal. The atmosphere throughout lunch was relaxed with staff engaging and sharing jokes with people. Although staff were attentive they did not rush people allowing them time to enjoy their meal.

We spoke with the cook who had information about the various dietary needs of the people who lived at the home. When we undertook this inspection there were four people having their diabetes controlled through their diet. Five people required soft diets, two people had liquidised meals fed through beakers and five people had been identified as requiring support with feeding. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook informed us she was always informed about people's dietary needs when they moved into the home and if any changes occurred. For example the cook told us she had been informed about the outcome of a recent dietitian's visit and the changes required to support the person with their dietary needs.

People spoken with after lunch told us the meals provided by the service were either good or very good depending who we spoke with. We received no negative comments.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

## Is the service effective?

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However she was advised she should undertake further training and instructions around the legislation in order to up date her understanding of the legislation. None of the people supported by the service were subject to DoLS. Discussion with the registered manager informed us she was aware of the process to assess capacity and the fact that it is decision specific, but admitted further training would help her understanding of the MCA and DoLS. Staff spoken with demonstrated an awareness of the MCA and DoLS and understood the procedures that needed to be followed if people's liberty needed to be restricted for their safety.

We spoke with staff members, looked at individual training records and the services training matrix. The staff told us the training they received was provided at a good level. One staff member said, "I have achieved a national care qualification and completed statutory training including health an safety, moving and handling and safeguarding." Another staff member said, "I have just attended a training session facilitated by Blackpool Borough Council regarding dementia awareness. The training was specifically for staff working with people living with dementia. It was really interesting and informative. I found it very thought provoking." Staff spoken with during the visit said they were due to attend refresher training the day after our visit on health an safety, moving and handling and safeguarding.

Staff received regular supervision and annual appraisal. These are one to one meetings held on a formal basis with their line manager. One staff member said, "We have regular meetings and my work is appraised annually. It's good to get feedback about your standard of work." Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them discuss their training needs be open about anything that may be causing them concern.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

For example we saw the service had received correspondence from the General Practitioner (GP) of one person requesting their blood pressure to be monitored for seven days. The persons care records confirmed this request had been completed and the results had been referred back to the (GP).

# Is the service caring?

## Our findings

During our visit we spent time observing staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff were caring, patient and respectful when people needed support or help with personal care needs. We saw staff knew the people they were caring for and interacted with them when providing support. One person visiting the home told us the staff were kind and caring, listened to them, and supported their [relative] with very good care. The person said, “My [relative] has been here about seven or eight months and her health has definitely improved since coming in here. She is now eating and drinking well and seems very settled. Another visitor said, “My [relative] is always clean and well dressed whenever I visit and her room is clean and tidy as well.”

People being supported told us staff were kind and compassionate when dealing with them, treated them with respect and listened to them. One person said, “The staff are very good with me and I do think they are kind and caring. They listen to me and act on what I have said.” Another person we spoke with said, “I feel the staff always respect my privacy and dignity and they do a good job for us here.”

People who were able to make decisions for themselves and be involved in planning their own care told us they were encouraged to retain their independence. One person we spoke with was very clear about how they wanted their care to be delivered, which meant caring for themselves. The person said, “Whilst I am able I will continue to attend to my own needs as best as I can. I am in control of my care which is the way I like it.”

We observed a staff handover between two nurses during a change of shift at lunch time. Nursing details were passed on including medication administration for specific people. Information was given about people who had visited their [relatives] and what health professional visits were required. We also saw the nutrition and fluid intake for people being monitored was discussed. The information was shared appropriately and effectively.

As part of our observation process we witnessed good interactions and communication between staff and people

who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. During our observations we witnessed how staff supported people who became distressed or agitated. We saw one person in the downstairs lounge shouting for assistance and wanting to know where their dog was. A member of staff responded and reminded the person a member of their family was looking after the dog for them. We saw this reassured the person who then went on to engage in light hearted conversation with the staff member. The staff member remained with the person until they were satisfied the person was settled.

During a tour of the building we spoke with a number of people in their rooms. One person we spoke with was dressed and appeared clean and comfortable. A blanket was placed over the persons knees to keep them warm. The person had their legs elevated as the chair had a leg support. The room was warm and there was a jug of juice and a drinking beaker within reach. Whilst speaking with the person a member of staff arrived with the tea trolley. The staff member knocked on the door and asked if they could enter. The person told us the staff were very polite and respectful. The person said, “The staff are wonderful girls. They know I like to spend time in my room and respect my privacy.”

We looked at care records of three people to ensure people and families were involved in care planning and continuous development of the support each individual required. We found records were consistent, involved the person and were comprehensive. The care plans were up to date and kept under review to ensure they reflected the support and care people required.

Before our visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). Links with these external agencies were very good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

# Is the service responsive?

## Our findings

People being supported by the service and their relatives told us the service provided a personalised care service which was responsive to people's care needs. One person visiting the home said, "I'm visiting my [relative] who has been here about twelve months and is quite happy. I have no complaints but I have had discussions with them about my [relatives] care in the past and they responded well."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. One person said, "I was involved in my assessment on admission to the home and agreed on the care to be provided when they produced my care plan. I am satisfied that my needs are being met."

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw on one person's care records that a pressure ulcer had been discovered. The care records showed five actions had been requested as result of this finding to prevent deterioration and encourage healing. The last entry on the person's care plan had recorded pressure area now dry skin. This demonstrated the care provided to ensure the prevention of deterioration of the skin wound had actually resulted in healing to dry skin.

On the day we visited we saw no evidence of organised activities being in place. The registered manager confirmed the service does not operate a structured activities programme. They told us staff will arrange activities on an informal basis. People spoken with confirmed entertainers were arranged occasionally and staff arrange activities

when they can for those people wishing to participate. There were no negative comments from the people we spoke with. People told us they were allowed to enjoy their time as they wanted to.

Some people spoken with said they were happy with the arrangements in place and wouldn't attend activities if they were arranged. One person we spoke with said they liked to entertain themselves. The person said, "I am busy at the moment just colouring in this picture. Am I doing it right? I can't see too well but I enjoy doing this."

We spoke with two staff members who recently attended a training session facilitated by Blackpool Borough Council regarding dementia awareness. They told us one of the areas covered during the training had been organising activities to stimulate people. Both staff members were enthusiastic talking about the training and said they had come away with many ideas about how to stimulate people in their care. One staff member said they had organised a meeting with the registered manager to discuss their ideas and agree a plan to implement a stimulating activities programme.

The service had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission had been provided should people wish to refer their concerns to those organisations.

The manager informed us she had not received any formal complaints and issues of concern brought to her attention were dealt with promptly to prevent them developing into a major problem. People we spoke with told us they were happy and had no complaints about the service. They confirmed they knew how to make a complaint and were confident any concerns brought to the manager's attention would be dealt with appropriately. One person visiting the home said, "I'm visiting my [relative] who has been here about twelve months and is quite happy. I have no complaints but I have had discussions with them about my [relatives] care and they responded well."

# Is the service well-led?

## Our findings

Comments received from staff, people being supported and visiting relatives were positive about the registered managers leadership. One member of staff said, “I enjoy working here. The registered manager is very supportive and operates an open door policy. You can go and speak to her about anything.” Another staff member said, “The registered manager encourages me to discuss training I would like to undertake beyond the annual mandatory training we have to undertake. We have regular meetings and my work is appraised annually. It’s good to get feedback about your standard of work.” People visiting the home said there was a relaxed atmosphere and they always felt welcome by the registered manager and her staff. One relative said, “I find the registered manager and her staff friendly and approachable. In my opinion they are very professional about how they go about their work. I have completed surveys providing my comments about the service they provided and they were positive.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to her nursing and senior staff. These included holding meetings with the staff they were responsible for and undertaking supervision sessions and annual appraisals. For example supervision and appraisal of care staff was undertaken by members of the nursing team and senior care staff. The staff we spoke with were aware of the individual responsibilities of members of the management team and told us they were approachable and supportive. One member of staff said, “The registered manager is very supportive. I can honestly say I enjoy working for her.”

We saw written records confirming departmental meetings were being held by the service for nursing staff each month. In addition the registered manager organised and chaired meetings for the full staff team. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included the organisation of mandatory training which was being delivered at the home the day after our visit and the

need for staff to attend. We also saw discussion had taken place about the appointment of a new staff member and the importance of supporting them through their induction training.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records, medication procedures and staff training. Any issues found on audits were generally acted upon and any lessons learnt to improve the service going forward.

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. The service was part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). During our visit we met with a case manager from the Care Home Support Team. The case manager informed us members of the Care Home Support Team were qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around the management of risk of falls and monitoring of pressure ulcers. The team will look into the reason for any hospital admissions and undertake a root cause analysis when people are admitted to hospital. The team member would aim to find out reasons why people are admitted to hospital and then feedback to the home and see if there are any gaps in the service.

The case manager told us the service was working well with them and this had helped to reduce the need for people to be hospitalised. An example given to us was since the service commenced working with the Care Home Support Team an element of catheter care provided by nursing staff had improved. This had resulted in one person not having to go into hospital due to the training undertaken by nursing staff and accepted new practice. The case manager told us the Care Home Support Team had no concerns about the service improving.

We found the registered manager had sought the views of people being supported about their service by a variety of methods. These included resident and relative surveys. These were sent out annually and usually received a good

## Is the service well-led?

response from people wishing to comment on the service provided. People visiting the service told us they had commented on the service through feedback forms but had not expected much change in response as their feedback was always positive. One person said, “I really can’t fault the service they provide. The improvement in my

[relatives] health since they moved into the home is remarkable. My [relative] looks so well and adores the staff who cannot do enough for my [relative]. Care records are always up to date when we visit so we know care they have provided.”