Four Seasons (No 11) Limited

Highfield Hall

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
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 an inspection of Highfield Hall on the 22, 23 and 30 December 2014. The first day was unannounced.

We last inspected Highfield Hall on 27 August 2013 and found the service was meeting the requirements of the current legislation in the outcomes assessed. These were consent to care and treatment, care and welfare of people using the service, staffing, assessing and monitoring the service provision and records.

The service provides nursing and personal care for up to 75 older people. The home provides accommodation in single en-suite bedrooms. There are comfortable lounges, dining rooms, sensory room, hairdressing salon and a kitchenette for people and their visitors use. Various aids and adaptations support people maintain their independence in addition to assisted bathing facilities and a separate dementia unit. At the time of our visit there were 64 people accommodated in the home.

The home was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During the inspection we did not observe any practices to give us cause for concern about people's wellbeing and safety. People told us they felt safe and did not express any concerns about the way they were treated or cared for. They told us they were happy with the staff team and did not usually have to wait long for assistance. There were sufficient staff employed to provide personalised care for people and ensure routines were flexible for them. Meals provided met with their tastes, needs and choices

There was evidence people were supported to take control over their own life and make their own decisions and their choices were at the heart of their care. Work ethics in the dementia unit were described by relatives as being 'impressive' and one person in the nursing unit told us "It's like a five star hotel here." People identified as having some difficulty making choices or expressing their needs were supported by staff and people who would act in their best interests were named, for example a relative.

People were cared for by staff that had been recruited safely and were both trained and receiving training to support them in their duties. Staff were kept up to date with changes in people's needs and circumstances and new staff were mentored by senior staff.

Staff were confident to take action if they witnessed or suspected any abusive or neglectful practice. Staff had a good understanding of The Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

People who may be at risk of falling, developing pressure ulcers, or may not eat enough were identified and action taken to minimise the risk. Some people living in the home behaved in a way that could place themselves and others at risk of harm. We saw one example of this that had resulted in self-injury. We found improvement in recording was needed to make sure assessments were carried out, noted and kept under review. Keeping better records is essential to support staff to take a pro-active approach to prevent any occurrence of this nature. The care plans were detailed, but did not provide a concise overview of people's needs.

People had their medicines when they needed them. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic in all areas and people were satisfied with their bedrooms and living arrangements. Cleaning schedules were followed and staff were provided with essential protective clothing. There were contractual arrangements for the disposal of clinical and sanitary waste and the water supply was monitored for the control of Legionella. Water temperatures at source were maintained at a safe temperature for bathing.

Each person had an individual care plan and staff told us they discussed people's needs on a daily basis and following any changes in people's needs. People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

A variety of activities were provided both inside the home and in the community. A mini bus was available for this purpose. Visiting arrangements were good and visitors could make themselves hot drinks, and were invited to social events. .

People told us they were confident to raise any issue of concern and that it would be taken seriously. Complaints were monitored and information used to bring about improvements if needed. There were opportunities for people to give feedback about the service in quality assurance surveys. Recent surveys showed overall satisfaction with the service.

People told us the management of the service was good. Staff, relatives and people using the service told us they had confidence in the registered manager and unit managers. One relative commented, "She leads staff by example. I've seen staff improve in their understanding and care of people with dementia and in how staff relate to people. I'm impressed with their work ethics and how

Summary of findings

they care for people as individuals." There were processes in place to support the registered manager to account for the actions, behaviours and the performance of staff and deal with this effectively.

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?

Requires Improvement

The service was not consistently safe because staff were managing one person's behaviour that challenges without adequate risk management strategies and associated records. Failing to keep good records places people at risk of not getting the right support to keep them safe.

People told us they felt safe. Staff had a good understanding of what constituted abuse and were confident to report any abusive or neglectful practice they witnessed or suspected.

The home had sufficient skilled staff to look after people properly and maintain good standards of hygiene. During our visit we observed staff in attendance in all areas of the home and people's calls for assistance were promptly responded to.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected. Decisions made took into account people's views and values.

Staff were supervised on a daily basis. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly and support people's changing needs.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Food served was nutritious and plentiful and people told us they enjoyed their meals.

Is the service caring?

Good

The service was caring. People we spoke with and relatives visiting, told us they found the staff to be very caring. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People's privacy, dignity and independence were respected.

The service recognised the importance of people's preferences and choices for end of life care. They had established good links with GP's and health care professionals should their support be needed to prevent unnecessary admissions to hospitals.

Summary of findings

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised and responsive to their needs. People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

There were opportunities for involvement in regular activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

Is the service well-led?

Good

The service was well led. There were effective systems in place to seek people's views and opinions about the running of the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

The quality of the service was monitored by a registered manager, and by a regional manager, who visited the home on a regular basis and conducted a full assessment of staffing, people's care and the environment.

Highfield Hall

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 the 22 23 & 30 December 2014 and the first day of inspection was unannounced.

The inspection team consisted of a lead inspector.

The provider completed a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local authority social work and safeguarding teams, who provided us with feedback about the service. We reviewed information we currently held about the service that included notifications we had received prior to our visit.

We spoke with 18 people living at Highfield Hall, eight relatives, eight care staff, two registered nurses and the registered manager. We observed care and support in communal areas and also looked around the premises and in some people's bedrooms. 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 looked at a sample of records including eight people's care plans and other associated documentation, recruitment and staff records, medication records, policies and procedures and quality audits.

Requires Improvement

Is the service safe?

Our findings

We spoke with eighteen people using the service and with eight relatives who told us they were regular visitors to the home. People living in the home told us they felt safe in the home. We asked them how staff treated them. One person told us, "I've lived here about five years. I can honestly say the staff are very good without exception. I am very happy and I've never heard anyone else complaining." Another person told us, "I definitely feel safe. I'm looked after very well. I go to bed when I choose and get up when I want. I can have my breakfast in bed if I want." All the people we spoke with did not express any concerns about the way they were treated or cared for.

We spoke with eight relatives and asked them to give their views regarding the care and attention people living in the home received. One relative visiting the dementia unit told us, "Mum is safe here. I have never had any apprehension about the care provided. My experience of visiting mum is really good. The staff work very hard and are in tune with every person's needs. I'm impressed with their work ethics and how they relate to individual people." Another relative told us, "Mum is really happy here. They know her. She would let them know in her own way if she wasn't happy with anything. I've no concerns whatsoever with regard to her care."

We visited the dementia, nursing and residential units over a three day period. We looked at three assessment and care plans for people on the dementia unit, three on the nursing units and one on the residential unit. We found individual risks had been identified and recorded in people's care plans. Details of risk and management strategies outlining action to be taken to minimise risk was recorded.

However, from looking at records and from our observations we found one person living in the home with bruising to their arms. There was no reference to the bruising in the daily record which meant it was not clear how this had occurred, was being monitored or treated. Body maps, which would show the date, size and position of any bruising, had not been completed. The nurse in charge told us the person presented with difficult and challenging behaviour when care intervention was being provided. We found there was no individual assessment of any risks relating to this or clear instructions to help staff respond safely and appropriately when challenged. We spoke with four staff members on the unit who all confirmed the person presented some challenges when being supported. The nurse in charge told us they would write a risk assessment immediately. On the next day of our visit a risk assessment and care plan had been written and a second body map completed. However we could not find reference to this in daily care notes. The risk assessment had also identified the person responded better to certain people, but this approach was not identified in the care plan. The lack of appropriate information being recorded in care notes could potentially place people at risk of further harm.

This is a breach of regulation 20(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us staff were always around when they needed them. They told us they were happy with the staff team and did not usually have to wait long for assistance. One person said, "They are quick to come when I need help." Another person told us, "You don't have to go looking for the staff. There is always someone about."

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. The manager told us any shortfalls, due to sickness or leave, were covered by existing staff and bank staff, or as a last resort by agency staff who were familiar with the home. This helped to ensure people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. During the inspection we observed there were enough staff available in all units to attend to people's needs and we noted call bells were responded to in a timely way.

We looked at three most recently employed staff recruitment files. Staff records were organised and we found completed application forms, references received and evidence the Disclosure and Barring Service (DBS) were completed for applicants prior to them working. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This check helps employers make safer recruitment decisions. Trained nurses had their registration with the General Nursing and Midwifery Council verified. Good disciplinary procedures were in place to support the

Requires Improvement

Is the service safe?

registered manager take the appropriate action when dealing with any staff members who were found to be in breach of their contractual arrangements. Contractual arrangements also precluded staff from gaining financially from people they cared for.

We discussed safeguarding procedures with nine members of staff and with the registered manager. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. There were policies and procedures in place for their reference including whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. There was guidance displayed informing people about abuse and who to inform if they suspected abuse was taking place. Our information showed management and staff had followed local safeguarding protocols and had responded appropriately to any incidents. We looked at the overall training plan and found all staff received regular training on safeguarding vulnerable adults.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed with corresponding Medication Administration Records (MAR) sheets for staff to use. We looked at MAR sheets and noted safe procedures were followed where hand written records of medication were used. We found that where new medicines were prescribed, these were promptly started and that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly. Arrangements with the supplying pharmacy to deal with medication requirements were good and medicines were disposed of appropriately. All records seen were well maintained, complete and up to date and we saw evidence to demonstrate the medication systems were checked and audited on a regular basis.

Appropriate arrangements were in place for the management of controlled drugs. These are medicines which may be at risk of misuse and require extra monitoring. Controlled drugs were stored appropriately and recorded in a separate register by two staff members. We checked the controlled drugs and found they corresponded accurately with the register. Care records showed people had consented to their medication being managed by the service on admission. Where medicines were prescribed 'when required' or medicines with a 'variable' dose, guidance was recorded to make sure these medicines were offered consistently by staff as good practice. The registered manager told us all staff designated to administer medication had completed training and their competency checked. Policies and procedures were available for staff to refer to.

We checked the arrangements for keeping the home clean and hygienic. All of the toilets and bathrooms we checked were clean and had hand washing soap dispensers and paper towels. En-suite facilities in bedrooms were also clean and hygienic. Domestic staff were employed and worked on all the units.

There were policies and procedures in place for the control of infection and infection control audits were undertaken regularly. Staff were provided with personal protective equipment such as disposable gloves and aprons. There were contractual arrangements for the disposal of clinical and sanitary waste. The water supply was monitored for the control of Legionella and water temperatures checked to monitor water at source was at a safe bathing temperature for people using the service.

Records we saw confirmed equipment was safe to use and had been checked and serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely such as using a hoist. Training had also been given to staff to deal with emergencies such as fire evacuation. Security to the premises was good and visitors were required to sign in and out.

Good

Is the service effective?

Our findings

All of the people we spoke with said that the food served in the home was very good. One person told us, "The food is lovely." Another person told us, "It's grand here. The food is very good-more than enough." And "I really enjoy my meals. I can have breakfast in bed if I want, but I like being up and about. It's nice here no complaints." Staff kept a diary of comments people had made about their meals. This helped catering staff to provide meals that met with people's needs, tastes, and dietary requirements. Special dietary needs such as diabetic and soft/pureed requirements were also catered for. Soft/pureed foods were served as separate components on people's plates to allow people to experience different tastes. We saw that people were offered fresh fruits and yoghurts. Staff had access to foods day and night for people needing or requesting snacks. This meant people's dietary needs were considered at all times.

We looked at measures the service had taken to make sure people were supported to have adequate nutrition and hydration. Nutritional needs had been assessed on admission and had continued to be assessed as part of the routine review of care needs. Risk assessments were in place to support people with particular nutritional needs. We saw for example staff were instructed to weigh people and report any loss in weight or problems people had. All care plans we looked at contained a nutritional risk assessment.

We observed lunchtime on two days of our visit. The dining rooms were spacious and the dining tables were appropriately and attractively set. The meals served looked appealing, were nutritionally balanced and portions served were generous. The atmosphere was relaxed with good interaction throughout the meal between staff and people living in the home. We noted people were given support and assistance as necessary to eat their food. Meal times were unhurried.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. It sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We spoke with staff to check their understanding of MCA and DoLS. Staff told us they had done some training on this topic and were aware of the need to support people to make safe decisions and choices for themselves. They had an understanding of the principles of these safeguards and training records showed all staff had received training on the topic.

There was clear evidence to support appropriate action had been taken to apply for DoLS authorisations in accordance with the MCA code of practice. The registered manager told us they were currently waiting for a response to their applications for assessment to support any decision made to deprive a person of their liberty in order to safeguard them. Care records showed people's mental capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded to help staff to support them as they wished. We also saw evidence in care records people's capacity to make decisions was being continually assessed.

The registered manager told us several people had Do Not Attempt Resuscitation (DNAR) consent forms in place. We discussed the protocol that had been followed to deal with this. We established a best practice approach was taken and the General Medical Council's MCA code of conduct and practice followed when the decision was considered and the person's views and values taken into account. These had been reviewed periodically.

We looked at pre admission assessments for three people recently admitted. We found information recorded supported a judgement as to whether the service could effectively meet people's needs. Furthermore, people had a contract outlining the terms and conditions of residence that outlined their legal rights.

We looked at how the service trained and supported their staff. Training records showed staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Most training was mainly by e-learning. The registered manager told us this was monitored electronically and some topics were followed by practical training and /or a written assessment. Training provided included safeguarding, the MCA 2005, DoLS, moving and handling, fire safety, first aid, health and safety, food safety and infection control. Staff were also trained in subjects such as end of life care, malnutrition, management of medicines, dementia care, dignity and respect and equality and diversity. Some staff

Good

Is the service effective?

had achieved a recognised qualification in care. There were effective systems in place to ensure training was completed in a timely manner and registered nurses completed training for their registration requirements.

Records showed there was an induction programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role and shadowing experienced staff to allow them to develop their role. Staff we spoke with told us they had a good induction training when they started work.

Staff spoken with had a good understanding of their role and responsibilities and of standards expected from the registered manager and provider. They told us they were supported and provided with supervision. Handover meetings were held at the start and end of every shift and a communication diary helped keep them up to date about people's changing needs and support needed. Records showed key information was shared between staff. Staff spoken with had a good understanding of people's needs, which meant people received effective, person centred care.

Good

Is the service caring?

Our findings

People we spoke with said they were cared for very well. One person commented, “They treat me very well. We’ve ‘nowt’ to complain about here. Everything is good, I have a nice bedroom.” Another person said, “I’m quite happy. I can’t walk and they help me get into my wheelchair. They do lots of things for me and always willingly.” People we spoke with also considered staff helped them maintain their dignity and were respectful to them. From our observations over the three days we were at the home, we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. One person said “It’s like a five star hotel here.” We observed staff communicated very well with people and particular attention was being given to people with dementia care needs. Where people required one to one support such as with eating and personal care this was given in a dignified manner.

We spoke with five relatives visiting people in the dementia unit. They told us they were always kept informed about what was going on. One relative said, “The care is spot on. From day one I have had no concerns whatsoever. Whatever she wants she gets. They always pay particular attention to how people are dressed. The women always have their hair done by the hairdresser. I’m impressed how they know mum inside out and definitely keep me informed of how she is. Mums key worker is very caring. She knows mum and helps her get involved with activities going on and mum trusts her. I wouldn’t want mum to go anywhere else.” Another relative told us, “I’m very impressed with the place. I have a huge amount of faith with the unit manager. She tells me about mum and discusses her care. Dignity is definitely considered. They keep her room lovely and I notice she has her nails varnished. They tempt her with fruit and things she likes.” Relatives told us visiting arrangements were very good and they were made to feel welcome by all the staff.

We looked at eight people’s care plans and found they, or their relatives had been involved in on-going decisions about care. What was important to people receiving care had been recorded. This helped ensure people received the care and support they both wanted and needed.

There were opportunities for people to express their views about the service. From a review of records and from talking to people we found they had been encouraged to express their views and opinions of the service through regular meetings, care reviews and during day to day discussions with staff and management.

People said their privacy, dignity and independence were respected. We observed people spending time in the privacy of their own rooms and in different areas of the home. One person commented, “They don’t just walk in. They always knock on my door to see if they can come in even if it is only to return my clothes from the laundry.” We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, “I do most things for myself. I struggle a bit with dressing but I get the help I need.”

People had created a home from home environment in their room with personal effects such as family photographs, pictures and ornaments. Each person had a single room and could have a key to their room if they wished. People told us they liked their rooms. Comments included, “It’s lovely. I have my own TV. It’s kept spotless.” “I love my room. I have everything I need and it’s kept clean.”

We noted end of life care was planned for. People and their relatives were involved in decisions relating to this. We saw that GP’s had been involved in care planning and staff at the home had established good links with health care professionals should their support be needed to prevent unnecessary admissions to hospitals. This meant staff knew of people’s wishes and of their duty of care to provide dignity, comfort and respect at the end of their life.

Good

Is the service responsive?

Our findings

We looked at pre-assessment records for three people recently admitted to the home. These had been carried out by a suitably qualified member of staff. They included information about the person's care and welfare needs, their mental capacity and provided staff with some insight into their needs, expectations and life experience. We also looked at continuing assessments of five other people living in the home. These were detailed and kept under review. People identified as having some difficulty making choices were supported during this process. We noted staff working in the dementia unit supported people to maximise their choice. The way people with limited capacity to use words communicated their wishes was recorded, such as 'will say yes and no'. We saw people who would act in their best interests were named, for example a relative. Emergency contact details for next of kin or representative were recorded in care records as routine. The care plans were detailed but did not provide a concise over-view of people's needs. The registered manager told us the format of the care plans was currently being discussed with senior management of the company.

Relatives we spoke with told us they were always contacted if there were any significant changes to their relation's needs. They also told us they were involved in making decisions about their care.

One relative commented, "They definitely keep me informed of mums care. I'm here often and we discuss how she has been." Another relative told us, "I'm fully involved in mums' care."

The home had systems in place to ensure they could respond to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. They discussed how people were and any concerns they had. They also had meetings to discuss any incidents that had occurred so preventative measures could be put in place to prevent a re-occurrence, such as increased supervision of people who presented behaviours that challenged others.

People we spoke with told us if they needed their GP to visit this was arranged. We could see from their records people were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed. There was evidence of involvement with district nurses, dietician, community mental health team and other health and social care professionals.

We asked the registered manager how essential information was relayed when people used or moved between services, such as admission to hospital or when attending outpatient clinics. We were told staff escorted people if needed and all relevant details were taken with them and any information or guidance from the hospital, GP or outpatients was recorded and discussed to support people's continuing care.

We spoke with the activity co-ordinator about the activities people were involved in. We were told activities were varied and she tried to accommodate people's choices. Some people liked personal time and others enjoyed group activities. Group activities were usually held in the afternoons such as crafts. People went out in the community. They had an eight seated mini bus and visited places such as a local café and garden centre. They also did biscuit decorating and involved people in fund raising. Each person had a journal to record what they had been doing. Staff we spoke with said activities were good. People using the service told us activities were good and they had enjoyed the festive season and celebrations.

Visitors we spoke with told us they were invited to any social event planned for and if requested could have a meal when they visited. Visitors were seen to make themselves a drink and were given privacy when visiting people in their rooms. A hairdresser visited regularly. Religious needs were taken into account. Staff had requested a visit from a priest for one person confined to bed.

People we spoke with told us they were quite happy to make their views known and felt that staff generally responded well. One person told us, "I can say what I think although I find the staff are very good. I'd soon complain if they weren't right with me. I'm well able to handle myself."' Another person told us, "I can tell them what I want but others can't. I don't really need to ask for anything because my son brings me all I need."

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us they welcomed any comment or complaint about the service as it helped

Good

Is the service responsive?

improve customer service. They sent out quality monitoring questionnaires to people using the service and their relatives. People we spoke with told us they knew how to make a complaint and felt confident any issue they raised would be dealt with promptly. We looked at details of a complaint received at the service. This was currently being investigated using the procedure. Records showed complaints were taken seriously with details of the investigation carried out and conclusion recorded.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager at Highfield Hall was registered with the Care Quality Commission to manage the service. The registered manager was supported and monitored by the regional manager who visited the service on a monthly basis as part of the company quality monitoring. This was to check the registered manager was meeting their obligations in meeting the required standards in the day to day running of the home. They also regularly attended meetings with managers from other services in the group and had a team of unit managers for the nursing, residential and dementia units. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

There were effective systems in place to seek people's views and opinions about the running of the home. People living in the home, their relatives, health and social care professionals and staff were asked to complete annual customer satisfaction surveys. This enabled the home to monitor people's satisfaction with the service provided.

People we spoke with described the unit managers as 'approachable'. Relatives visiting told us they had 'complete faith' with the registered manager and unit managers. One relative told us they had a "Huge amount of faith" in the unit manager on the dementia unit. They said "She leads staff by example. I've seen staff improve in their understanding and care of people with dementia and in how staff relate to people. I'm impressed with their work ethics and how they care for people as individuals." Other comments people made included, "First class. They are not hidden away somewhere." And "They are very good. I've always found them to be very supportive and ready to listen to me if I'm worried about anything."

Staff indicated they were happy with the management arrangements. They told us, "We all work very well together. We know what we need to do when we start work and if we need any help they are there for us." And, with reference to the dementia unit manager "She's very much hands on to help us. I could go to her with any problem and I know she will listen, an excellent manager." "This has to be the best place I have ever worked in. I always know what I am doing and if I need any support I get it."

Staff were aware of their roles and responsibilities. We found there were processes in place to support the registered manager to account for actions, behaviours and the performance of staff. Accountability for staff performance was evident with check lists completed for daily tasks and personal care provided. We discussed with the registered manager the responsibility of unit manager's to keep records up to date. We had found in one unit an instance when this had not been monitored. The registered manager told us she had already spoken to the unit managers and better auditing would be in place. Keeping records up to date helps to ensure staff are fully aware of people's presenting and changing needs.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, care plans, money, activities, staff training, infection control and environment. For example we saw that checking people's medication on admission to the home had improved and staff training updated following an incident that had occurred. All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement.

We found quality assurance was carried out regularly with regard to the operation of the home that included the environment. A comprehensive file of safety certification and maintenance carried out was shown to us. Guidance was also followed such as health and safety in the work place, infection control, fire regulations and control of hazardous substances.

Information we hold about the service indicated the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **The registered provider must ensure documentation relating to people's care is kept up to date and provide sufficient information to ensure people receive safe, effective and co-ordinated care.**

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.