

Helme Hall Limited







# Helme Hall and Helme View Care Home

## Inspection report

Helme Lane  
Meltham  
Tel: 01484850165  
Website: [www.helmehall.com](http://www.helmehall.com)

Date of inspection visit: 5 and 9 March 2015  
Date of publication: 14/05/2015

### 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 took place on 5 and 9 March 2015 and was unannounced. We previously inspected the service on 22 September 2014 and, at that time we found the registered provider was not meeting the regulations relating to care and welfare of people who use services, safeguarding people who use services from abuse, management of medicines, staffing and assessing and monitoring the quality of service provision. We issued warning notices telling the registered provider and the registered manager they must make improvements. The

provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Since that time the registered manager has left the service and the registered provider has taken over the day to day management responsibilities. The registered provider has also employed the services of a consultancy firm to support them in making the necessary improvements to the service.

# Summary of findings

Helme Hall and Helme View Care Home is registered to provide nursing and residential care for up to 46 people. Although registered to provide nursing care, the home is not currently offering this provision. The home is set over two floors with the first floor being a dedicated unit for people living with dementia. At the time of our visit there were four people living on the ground floor unit and fourteen on the living with dementia unit.

At the time of our visit there was no 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 provider has been actively involved in trying to appoint a manager since our last inspection and in the meantime has taken on this responsibility themselves.

We found that the registered provider had taken sufficient action to meet with the breaches of regulation we identified during our inspection in September 2014.

People told us they felt safe and staff knew how to maintain people's safety. Personal emergency evacuation plans were in place.

The home was clean and staff followed good routines in relation to infection control. An infection control champion had been appointed from within the care staff.

Staff received good levels of training and support and treated people with kindness and respect. People told us they were well looked after. A dignity champion had been appointed from within the care staff.

Staff respected people's right to make choices and knew how to support them in this. People received a nutritious diet and found the food enjoyable although some people did not receive the consistent support they needed with their meal. A diet and nutrition champion had been appointed from within the care staff.

The environment of the living with dementia unit had been improved. Small areas had been created throughout the unit for people to sit quietly enjoying music, reading materials or other items of interest left in place for people to interact with. A dementia champion had been appointed from within the care staff.

Improvements had been made to the environment of the residential care unit.

Care planning had improved since our last inspection and plans were in place for further development. Particular attention had been given to the care plans for people living with dementia to make sure staff understood how to support them effectively.

Activities were provided but this was not at a level which would meet the needs of all the people living at the home.

Robust processes were in place for auditing the quality of service provision.

# 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.

Staff were able to tell us what they would do if they felt somebody was at risk or if something was happening that was not in the person's best interests. Good whistleblowing procedures were in place.

The premises were clean and we saw evidence of good practice in relation to infection control.

Each person's care file included risk assessments and plans in case of emergencies.

Accidents and incidents were recorded and analysed for any trends or patterns.

Staff were recruited safely and staffing levels were arranged in line with people's needs and routines.

Good



### Is the service effective?

The service was effective.

Staff received training appropriate to their role. Some staff had taken on the role of 'champion' in various areas to improve staff knowledge and quality of service. Staff felt supported by the registered provider.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and were working with appropriate agencies in making assessments of people's capacity and identifying any issues relating to deprivation of liberty.

People enjoyed a varied and nutritious diet.

Good



### Is the service caring?

The service was caring. Staff supported people with kindness, understanding and respect.

People were afforded dignity and respect by staff.

People who lived at the home spoke highly of the staff.

Good



### Is the service responsive?

The service was responsive.

People's individuality was considered and included in the care planning process.

Activities were available but these were not at a level which met the needs of all the people living at the home.

Complaints were managed appropriately.

Good



### Is the service well-led?

The service was well led.

The registered provider conducted robust quality service audits and responded to any areas identified as requiring improvement.

Good



# Summary of findings

Quality of service questionnaires had been sent out and were on display and resident and staff meetings had been held.

Staff said the registered provider was supportive.

# Helme Hall and Helme View Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection began on 5 March 2015 and was unannounced. We arranged to return on 9 March 2015 to view further documentation.

The inspection was carried out by one adult social care inspector and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in caring for elderly people, particularly those living with dementia.

Prior to this inspection we looked at all the information we held about Helme Hall and Helme View Care Home. This

included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority contracts and Infection control team visits. We had sent a provider information return (PIR) to the provider and this had been completed and returned to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with seven people who lived at the home. However five of these people chose not to engage with us for any length of time and, due to complex care needs, were not able to tell us details about their experience of living at Helme Hall and Helme View Care Home. We spoke with five members of staff, the registered provider and two people from the consultancy firm employed by the registered provider to assist in the running and improvement of the service. We looked around the home, observed practice and looked at records. This included five people's care records, three staff recruitment records and records relating to the management of the service. We were not able, on this occasion, to meet with relatives of people living at the home.

# Is the service safe?

## Our findings

We asked people who lived at the home if they felt safe. All of the people we spoke with said they did. When we asked what made them feel safe people said “There’s always someone about” and

“Safe? I feel alright here.” We asked people if they were bothered by other people displaying behaviours that challenged. They said, “Nothing upsets me. I’m not bothered by other people.” And “The whole set-up is very friendly. People get on and don’t fall out.”

We asked people if there were enough staff to help them and to keep them safe. One person said “There are a reasonable number of staff. They are busy most of the time but they’re not rushed.”

All of the people we spoke with thought the home was clean. One person said “They always keep the home clean, it doesn’t smell.”

When we inspected the service on 22 September 2014, we found the registered provider was not meeting the regulations relating to safeguarding people who use services from abuse, management of medicines and staffing. On this visit we looked to see what improvements the provider had made in these areas. Our findings in these areas are recorded in this section of the report.

We saw from the training matrix that the majority of staff had received recent training on safeguarding people and that updates were planned. Staff we spoke with demonstrated an understanding of how to keep people safe and what their responsibilities were if they thought something was happening that might not be in a person’s best interests. Staff told us: “We need to make them safe in the environment; there shouldn’t be hazards and they need to be safe around each other.” And “It’s about protecting residents – the environment and health and safety. It’s about protecting residents from abuse as well.” All of the staff we spoke with were confident they would know how to report any suspicion of abuse. One member of staff said “It’s everyone’s job to report it.”

The provider has made notifications to the Care Quality Commission and referrals to safeguarding about matters

that had occurred in the home since our last inspection. This meant that they had recognised incidents when people might have been at risk and taken action to protect them.

Matters relating to people’s personal safety were assessed and formed part of the person’s ‘Keeping Safe’ care plan. This care plan also included an individual personal emergency evacuation plan (PEEP) so that staff knew what to do to ensure people’s safety in the case of emergency.

We saw that staff had been provided with wallet sized cards informing them about the internal whistleblowing procedures and who to contact if they had any issues. Staff we spoke with also knew that they could contact the local authority safeguarding unit or the Care Quality Commission if they needed to.

We saw that accidents and incidents that happened in the home were recorded and analysed both individually when the incident occurred and then collectively on a monthly basis. This was so that any trends or patterns could be identified and action taken to reduce the likelihood of it happening again.

We saw from rotas that staffing was arranged at five care staff on duty throughout the day and three at night. During the day, care staff were supported by housekeeping, administrative and maintenance staff. The registered provider was also available throughout the day.

Staff we spoke with did not raise any issues about staffing levels other than at meal times. We observed that during the lunch time meal, staff were not always available to dedicate time to people who needed support. We spoke to the registered provider about this who told us they had recognised this as an issue and had changed future staffing rotas to make sure there were extra staff on duty at critical times including meal times.

During our visit we did not observe people in communal areas being left for any significant amount of time without a member of staff either in sight or within easy calling distance. Neither of the people we spoke with at length expressed any concern when asked if they had ever had to wait for any assistance that they needed. We did not observe any of the people who lived at the home having to repeatedly ask for assistance.

We looked at the processes in place for staff recruitment. We saw staff members had completed an application form

## Is the service safe?

and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. The provider told us they had sought the advice of the community pharmacist in relation to management of medicines and that improvements had been made in line with their advice. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff that had been appropriately trained. We observed some people being given their medication during our visit and saw that staff supported people appropriately.

We looked at the medication administration records (MAR) file. We saw that MAR charts were monitored to make sure they had been completed appropriately. For medicines delivered to the home in boxes or bottles we saw countdown sheets had been put in place. This enabled

staff to check the number of tablets still available against the number received from the pharmacy and the number administered to the person. When we looked at some of these medicines we found the countdown sheets were accurate.

We noted that for medicines given on an 'As required' or PRN basis, a protocol had been put in place. This gave information about why and when the medicine should be used and what side effects people might experience.

This meant that medicines were managed safely.

We walked around the home, looking in all communal areas, bathrooms, toilets and some bedrooms. We found the home to be clean and tidy throughout with no offensive odours present. We saw that a member of staff had taken on the role of 'infection control champion' and would therefore liaise with the local council's infection control team and would be instrumental in supporting staff at the home to maintain good practice in this area. This was in response to an action required by the infection control team during their last inspection and shows that the registered provider had responded positively to this inspection.

# Is the service effective?

## Our findings

We asked people who live at the home whether they felt that they were looked after by skilled staff. One person said ‘Staff seem to be in charge of what they are doing.’

We asked people what they thought of the food provided to them. One person said “We get choice. You can ask for something different if you want, they’re very good.” Another told us ‘We get plenty to eat and drink.’ When we asked if the food was served hot, both people said it was.

We saw from the training matrix that staff received regular training in areas including supporting people living with dementia, health and safety, moving and handling, nutrition and first aid. The registered provider told us that if staff persistently miss training, they will be taken off the rota until they have completed it.

When we asked staff if they had regular supervision. One staff member said “I have recently had supervision. It was nice to be listened to and heard. It (supervision) used to be patchy but now the management are pushing for it to happen.” A member of staff who undertook supervision told us “I have the management and another care coordinator to talk any issues through with. I make sure I listen (when giving supervision) and would advise staff to go to management if there was something that they didn’t want to tell me.” Two members of staff told us they felt well supported by the registered provider and felt that they could talk to him at any time. One said “He’s always available – he makes it clear we can contact him even when he is not at work. His involvement is at the right level, he backs off if you say you are ok.”

We saw that some staff had been identified as ‘champions’ in areas such as infection control, first aid, dignity, diet and nutrition, diabetes and dementia. We spoke with one of the ‘champions’ and found them to be enthusiastic about their role. They told us they would be doing their own research and would go to meetings with people from other care settings.

Staff told us about the training they had recently undertaken in relation to supporting people living with dementia. One member of staff told us “This helped me think about how people (with Alzheimer’s disease) would feel. One person will often ask if their husband has died. Instead of saying ‘yes’ we start to talk about him – ask what they used to do together and things that they liked.” The

staff member also referred to an anecdote told to the staff by the registered provider which they had found useful in understanding dementias and how this impacted on people. They said “It’s like nodding off and waking up wearing different clothes, in a different room with people you don’t recognise speaking in ways you don’t understand.”

We asked the registered provider what else they had done to make the home more supportive of people living with dementia. The registered provider showed us a number of improvements that had been made to the environment. This included areas for people to stop and sit as they walked about the unit. Small areas had been arranged with easy chairs, books and magazines and some with a picture of a fireplace, old fashioned radio’s tuned to play soothing music and soft lighting to help people to relax. A large television screen had been placed on the corridor displayed changing photographs of people who lived at the home taking part in activities. The registered provider said they had permission from people before putting these images on display. The registered provider also told us that the living with dementia unit had been named ‘Living Well Street’. A bus stop had been created on this ‘street’ with an overhead shelter and bench to sit on. One person told us “I like to be here, it’s too busy in there (the lounge). The staff leave me alone because that’s how I like it.” The person said that the staff did check on them from time to time and we saw staff greet them and speak to them as they passed. Another person told us “It’s my place – that’s how I look at it. When I feel a bit uptight I go for a walk about.” We noticed that some rummage items were placed in the corridor of ‘Living Well Street’ for people to look at or engage with.

We also saw that memory boxes had been created on people’s bedroom doors to assist them in recognising their room.

Staff told us that the changes in the environment had resulted in a much more settled atmosphere. One staff member said “It’s calmer here now – there are new areas we can take people to or people can go to. We’re basing things more on what people like, tapping into their lives. Some people like space and they can find it now. De-escalating can be about physical positioning and distraction.”

We also noted that the furniture in the lounge had been moved to create clusters of seating rather than a single

## Is the service effective?

ring. On the ground floor unit, communal rooms had also been reorganised. For example the dining room had been moved to a smaller space more appropriate for the number of people living on the unit at that time and a new quiet lounge had been created with clusters of chairs. This was smaller and more intimate than the previous room used as a lounge. Sofas had also been placed in the ground floor unit corridors.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw that, where appropriate, assessments of people's mental capacity had been completed. These included consideration of, for example, the restrictions posed on people by the use of numbered key pads on doors and use of the hoist. The registered provider told us they had been working with the local authority safeguarding team to look at which of the people living at the home, who did not have capacity, might be having their liberty restricted. The registered provider told us that DoLS applications would be made if assessments indicated that people were being deprived of their liberty.

Neither of the people we spoke with were aware of any restrictions or 'things that they had been told they could not do'. The entrance to the 'Living Well Street' on the first floor was protected by a key code lock. Both people we spoke with referred to spending time in the garden, both telling us that a member of staff went with them. When we spoke with the registered provider, they told us they were giving consideration to how the home could be adapted to allow all people safe access to the garden without having to ask staff.

People told us they enjoyed the food at the home. We saw people were supported in making choices from the menu with a pictorial guide if they wished. The registered provider told us the pictures were not good and he was seeking better photographs from the supplier. During the service of the lunchtime meal on the living with dementia unit we saw staff were thorough in giving people options and ascertaining their choice. People were asked which option they would like once they were seated at the table, meaning that there was the shortest possible time between

making the decision and receiving the food which supported people living with dementia. Before the service of hot food people were offered a choice of two flavours of juice and we observed staff encouraging people to drink.

The service of the meal was arranged into two sittings. This meant the meal was not rushed. Ambience was provided by music from the 1950s and 1960s which several people clearly enjoyed, this was evidenced by occasionally singing along and the tapping of feet and hands. The music was used a number of times as a catalyst for conversation. Staff asked questions such as "who is this one by?" and "do you remember this one?" as they worked. During the second sitting however the CD came to an end and was not replaced or restarted.

During the sittings two people received assistance with their full meal and staff asked two others if they would like assistance when they appeared to be struggling or were eating very slowly. I observed one person receiving assistance. Although the staff member spoke to the person and asked questions such as 'is that nice?' there was a high volume of demand for attention from other people and the staff member could not devote unbroken attention to the person that they were helping. The registered provider told us they had already identified this as an issue and had made changes to the staff rota to make sure enough staff were available to support people at meal times.

We saw one person being served a pureed meal. The plated food had an appearance which was similar to the two non-pureed options, with distinct colours visible on the plate. This meant the person would be able to identify and taste, the different components of the meal

During the visit we saw that snacks including biscuits, cakes, crisps and fruit had been made available in various locations around the home. The fruit was all fresh in the bowls that we checked.

This meant that people received a nutritious diet suitable to their needs and preferences.

We saw from people's records that the advice of healthcare professionals including GP's, district nurses, falls specialists and dieticians were sought as needed. This meant that people's healthcare needs were met. Following our visit we spoke on the telephone with a district nurse who visited the home. The district nurse told us that there used to be some problems with the home but things had got much better and there were no issues at the moment.

## Is the service caring?

### Our findings

We asked people who lived at the home if they received caring treatment from the staff. One person said, "The staff always speak nicely to me. They are respectful when they are helping me." Another said, "The staff seem nice enough." Neither could tell us about a time when they had witnessed or experienced staff speaking or acting in an unkind way. One person said, "It's fair to say I'm happy here."

We asked people if they had flexibility and choice in their personal routines. One person said "I get up when I want and just go to get some breakfast. I go to bed when I want too." Another person told us that they could have an assisted bath whenever they wanted and another said they could use the bathroom independently when they wished.

We did not have the opportunity to speak with any visitors on the day of our inspection but one person told us "I get visitors, they can just come when they like." We saw one person using a landline telephone independently and asked another whether anyone could use the phone, they said, "Oh yes, it's just there."

We saw staff interacting with people who lived at the home in a respectful manner. They used friendly and caring tones when speaking to people and used humour and appropriate touch to facilitate communication.

We saw several occasions where staff acknowledged people as they passed. On one occasion a staff member

had to pass a person in close proximity. The staff member paused and spoke to the person who smiled. The staff member said, "You've lovely sparkly eyes today (name), always a big smile."

We noticed that staff did not always use respectful terminology when speaking to each other and to us about people who lived at the home. For example staff used the term 'feeders' when speaking about people who needed assistance with their meals and one member of staff said they were 'watching the lounge' when referring to the fact that they were sitting with people who lived at the home to ensure their safety.

We saw that one member of staff had recently been appointed to the role of 'Dignity Champion'. This is a positive action in raising staff awareness of people's needs in this area.

One member of staff told us enthusiastically about the recent development of the 'resident of the day' initiative. They told us this involved a review of the person's room to check their requirements or any actions needed in relation to their clothing, personal possessions and furnishings. The person was then involved in the review of their care plan and, where appropriate, the staff member would contact the person's next of kin to update them on the general health and wellbeing of their relative.

We looked at the care and support in place for a person who had become frail due to their deteriorating health. We saw this person to be comfortable and that their needs in relation to pain relief and increased support had been anticipated and planned for.

# Is the service responsive?

## Our findings

None of the people we spoke with could tell us about any hobbies or interests which they maintained or had taken up in the home. When asked about activities they were not enthusiastic. One person said “There’s not much to do, but I can’t think what I would want to do. I don’t really like communal living so I like to sit here (in the corridor)” The person said that to sit alone was their choice and it did not worry them. They appeared relaxed and happy every time we observed or spoke to them. Another person said “I like people. There aren’t as many to chat to as I thought there would be but I’m ok. I don’t get bored, there’s plenty of places I can go and sit.”

When we asked people what they would do if they had any complaints, people said “I’d probably talk to my family about any problems.” And, “I would keep any concerns to myself.”

In the morning of the inspection there was music in the upper lounge and some people were dancing with staff. Other people in the lounge were watching the dancing and one person was reading a newspaper. The television remained on although the sound was muted. We discussed with the registered provider about how the television being on without sound whilst music is playing from a different source can be confusing for people living with dementia. The registered provider agreed with this and the television was turned off. In the afternoon people appeared to be having one to one interactions with staff, although it was not clear whether this was a planned activity or was something that had just happened of its own accord. One person was looking at their birthday cards with a care coordinator. At the same time there was a film playing on the television. In the lower lounge a film was playing on DVD with two people present. These people were interacting with each other and appeared to be enjoying the film. However, both people were assisted by staff to the dining room for their evening meal approximately five minutes before the film ended. This meant that staff did not consider the choices of these people at this time.

On arrival we had noted a board at the entrance to the home which had space for ‘am’ and ‘pm’ activity. There was no activity listed for ‘pm’ with ‘11am Quiz’ advertised for the morning. We did not see a quiz take place in the home during the inspection.

We observed that before lunch staff brought round the ‘trolley shop’ from which people could choose snacks, canned drinks and toiletries. People were told about the arrival of this in a way which gave its presence a sense of occasion and event. The registered provider told us this was a recent initiative which people who lived at the home appeared to appreciate.

We spoke to the care coordinator about what activities were provided to engage people living at the home. They said, “we plan activities Monday to Sunday. Sometimes we have singers in. We find that residents with dementia like music and many enjoy reminiscence – we have photos and books to support this. We try to understand what residents like, things like baking and flower arranging. Quizzes are very popular, as are films. We try to please everyone but that can be difficult. They are all individuals.”

We did not see any activity programme displayed however there were pictures of people who lived at the home enjoying baking displayed on the screen in the corridor. We were told that one activity was ‘walking outside (weather permitting)’. We asked the care assistant what this meant. They said “If it was raining we probably wouldn’t go.” We suggested that some people might enjoy the sensation of rain and the care assistant said they had not considered that before but would in future.

The provider told us and some of the staff on duty, that they were disappointed with the provision of activities that day. The provider assured us they would address this immediately to make sure people were offered meaningful activities every day.

Since the last inspection the registered provider has informed the CQC of any complaints or concerns which had arisen at the home. We saw that these were fully investigated and responded to appropriately.

During our visit we looked at care records for five people who lived at the home. We saw that care plans and risk assessments were in the process of being updated and developed with a person centred approach. Care plans included peoples chosen routines and lifestyles and their preferences in relation to the care and support they received. Whilst a person centred approach was evident within the care planning, it was not reflected in people’s daily records. For example an entry in one person’s daily

## Is the service responsive?

record sheet read 'Full body washed, teeth cleaned, toileted, creamed and dressed.' We discussed with the registered provider how this read as a list of tasks rather than provision of care and support to an individual.

We saw that care plans for people living with dementia included information and instruction to staff about how people should be supported in meeting their needs whilst taking into consideration the effect their dementia might

have on them. Where a particular diagnosis had been made, for example frontal lobe dementia or Alzheimer's, information about the condition and its effects had been put in the care file.

We saw that people's individuality and personal life had been considered within a document entitled 'My life before you knew me.' Information contained within this document is an important source of information to assist staff in getting to know the person, particularly when the person may be living with dementia, or when communication is difficult.

# Is the service well-led?

## Our findings

People we spoke with were not able to tell us much about how they were involved in the running of the home or what opportunities they had to give opinions or feedback. One person told us, “No one asks for my opinion.” Another said, “I don’t know about any meetings.”

When we asked people about who was in charge of the home one person said, “I don’t know who is in charge, I think there are a few. I know they are here to look after us.”

When we inspected the service on 22 September 2014 we found the provider was not meeting the regulations relating to monitoring the quality of service provision. On this visit we looked to see what improvements had been made.

We saw minutes of a meeting held with the people who lived at the home in December 2014 and saw that another meeting was planned for March 2015. The registered provider said they were to be organised on a monthly basis in the future.

We saw that questionnaires had recently been sent out to relatives of people who lived at the home and professional visitors. We saw five of the questionnaires which had been completed and returned. All were very complimentary of the service provided and some mentioned recent improvements.

We saw that meetings for staff had been organised to discuss various issues within the home. For example meetings had been held to discuss medication safety and another to discuss health and safety matters within the home. We saw minutes of a staff meeting held in February 2015 during which staff had been asked for any ideas or suggestions they may have for improving the service.

Staff told us that there had been improvements since the registered provider had taken on the management of the home. One said, “Him being here makes a big difference. He is a strong team member and always available to ask for advice. Previous managers were a problem. Patrick is always on the end of the phone.”

Staff told us that they felt involved in the running of the home. One said, “Changes have come through the staff as much as the management. Previously we weren’t heard, we were just soldiers. Now we have more influence.”

We saw that systems had been put in place to ensure effective auditing of the quality of the service provided. Audits were arranged on a weekly or monthly basis and covered environmental and care standards. Environmental audits included laundry service, kitchen, mattresses and bed rails, windows, water and room temperatures and profiling bed safety. Care audits included weekly medication audits, audits of nurse call response time and care plan audits. Accidents and incidents were analysed monthly both on an individual and overall basis. This meant that any person living at the home that was having frequent accidents would be identified and appropriate actions taken and that any trends or patterns relating to all of the people living at the home would be identified.

We saw that the registered provider had conducted their own monthly audits which covered areas including falls monitoring, injuries as a result of falls, pressure sores, complaints and notifications to CQC. We saw these audits were very detailed and included action plans to address any identified issues.

To ensure effective auditing, the registered provider was conducting audits of the auditing process.

To keep people aware of any changes or planned activities, a monthly newsletter had been produced and made available to people who lived at the home and any visitors.