

# Cumbria Care Greengarth

## Inspection Report

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# Summary of findings

## Overall summary

Greengarth is registered to provide accommodation for 39 older people, some of whom have dementia. The home is operated by Cumbria Care, a unit of Cumbria County Council. At the time of our inspection there were 34 people resident. The building is purpose built and accommodation is over two floors with a passenger lift giving access to the upper floor. On the day of our visit there were five vacant rooms.

Because there were vacant rooms Cumbria Care had recently opened a small unit for up to four people to provide support to people following a stay in hospital. This unit provided support for people on their discharge from hospital prior to them returning to their own home.

The registered manager had been in post for 12 years and there was a stable staff team that provided continuity of care for people who lived in the home.

People had received a full assessment of their needs prior to moving in in order to ensure their assessed needs could be fully met.

Medication was recorded and administered in line with the Cumbria Care's policy. This ensured people received their medication as prescribed and at the correct time.

The home had three units, one of which provided care for people with various forms of dementia. We spent some time in this unit and observed the interaction between the staff and the people they supported. We found that the staff in this unit had a good understanding of caring

for people with complex needs. We watched as lunch was served and saw people being assisted to eat their meal in an appropriate manner. They were given time to enjoy their meal and were not rushed in any way.

The staff recruitment process was robust and this ensured only suitable people were employed to care for vulnerable adults with differing needs. All new staff completed a full induction programme and were assisted with their professional development through supervision and a staff training programme.

We found that there was sufficient staff on duty to meet all the assessed needs of those people who lived at Greengarth. Staff were pleasant, polite and we saw that people who used the service and their visitors were treated with respect and dignity.

There was a weekly programme of activities. We did not observe any activities during our inspection until just prior to the end of our visit when the arranged musical entertainer arrived. There was a regular church service held for those who wanted to attend.

The home regularly underwent an internal quality audit and there were robust systems in place to monitor the quality and safety of the service. Staff had already completed training in the Mental Capacity Act 2005 and training in the Deprivation of Liberty Safeguards had been confirmed for June 2014.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People who lived in Greengarth were kept safe and protected from abuse. Staff had completed training in safeguarding of vulnerable adults and understood the process to follow if they had to report something they had concerns about.

Staff had completed training in understanding The Mental Capacity Act 2005 MCA (2005) and The Deprivation of Liberty Safeguards (DoLs) and we saw from the training records this training was refreshed annually. Staff had a good understanding of the act and we saw mental capacity assessments had been completed when necessary. Further training in DoLs had been organised for June of this year.

We looked at the administration of medicines and saw that people were given their medication on time and in line with the prescribed doses. The records were up to date and correctly completed.

We saw, throughout our visit, there was sufficient staff on duty to provide care and support people in a safe and appropriate manner.

The service had a robust recruitment and selection of staff in place that ensured only suitable people were employed to care for older vulnerable people.

Risk assessments covering every aspect of life in the home were in place. These were reviewed on a regular basis to ensure any risk was minimised and to make sure they were accurate reflections of a person's needs and wishes. Up to date risk assessments meant people's care was delivered safely and effectively and in accordance with the initial review of needs.

### **Are services effective?**

Peoples' needs were fully assessed prior to them moving in to Greengarth. This was to ensure that the placement was suitable for people wanting to live in the home. Each person had a personalised plan of care that provided staff with sufficient information to provide care and support appropriate to people's assessed needs. Dietary needs were assessed to ensure people did not become malnourished or dehydrated.

People who lived in the home had a personalised plan of care in place. Each contained an assessment of their needs, together with details of any risks that needed to be managed.

# Summary of findings

Healthcare needs were met by input from the local GP surgery and the district nursing service. Chiropody, dental and optical services were available when required.

Systems to support and develop staff were in place through regular supervision with their line manager and annual appraisals were in place.

We saw that there was a suitable training plan in place that ensured staff received training that was appropriate to their role within this service.

We saw that staff had completed training in 'end of life care' which showed personal preferences about care had been discussed with people as part of preparing for the future, should their condition or needs require a higher level of care.

## **Are services caring?**

We saw throughout our visit that staff had a caring attitude to people and treated them with dignity and respect. Staff allowed people time to decide what time they wanted to get up and how they wanted to spend their time during the day.

Visitors told us the staff treated their relatives well and were always polite and caring. People who lived in the home said, "The staff here are great, always have time for us".

We saw where people had little verbal communication that the staff read their body language and expressions and knew what they wanted to do.

Care plans were person centred and written in a respectful and positive way. This ensured people received care and support appropriate to their needs.

## **Are services responsive to people's needs?**

People's care plans and records indicated attention was paid to making sure that they were supported to decide what they wanted for themselves and about things that affected their welfare. We saw that care plans and risk assessments were regularly reviewed in order for the care provided to be appropriate and responsive to people's individual needs.

Visitors told us they were very happy with the care their relatives received. They told us the manager or supervisors kept them well informed and that the manager was very approachable.

Staff had completed training in the Mental Capacity Act 2005 and were aware of the reason for best interest meetings. Details of advocacy services were displayed in the home for people to read.

# Summary of findings

People were given information about expressing any concerns or complaints they had and told us they would speak to the manager if this was necessary. Details about how to make a complaint were on display throughout the home.

## **Are services well-led?**

This service had a stable staff team that worked under the leadership of the registered manager to ensure the health, personal and social care needs of people were met. There was an inclusive atmosphere and staff told us the team worked well together.

Cumbria Care's operations manager with responsibility for this service visited every month to support the manager and senior team.

Internal quality audits were completed in order to ensure the service operated with the Care Quality Commissions guidelines.

There was a robust procedure for the recruitment of staff and we found there was sufficient staff on duty to meet people's assessed needs.

# Summary of findings

## What people who use the service and those that matter to them say

Not everyone who lived in Greengarth was able to express verbally what they were feeling but our observations showed that people were happy and settled living in the home. We spent time in the area of the home that cared for people with dementia and could see that people were relaxed in their surroundings and communicated with staff in other ways such as body language and facial expression. Some people were able to tell us that the staff were very good and helped them.

People who lived in Greengarth told us that they saw their doctor when they needed to and district nurses visited the home to provide nursing treatment to those who needed it.

The people we spoke to during our visit were very positive about the quality of the care staff. They were keen to point out that the staff were both kind and compassionate and they considered them as friends. This was fully supported by our observations during the visit. People who lived in the home told us, "The girls are very helpful and always want to get you things", "They (the staff) always come quickly if you need them", "The staff are all very nice and they know what you like."

People who used this service were very positive about the quality of the meals provided and told us, "You get food just like home here" and "The food is always very good".

We spoke to visitors and they said: "The care my relative receives is excellent. He is very happy here and the staff are so kind" and "The manager or supervisors ring us if there is a problem and we can speak to the manager at any time".

We found the staff were well aware of the management structure of the home. They said: "We work together as a team but that is the best way anyway" and "The manager is very supportive and is available if we have any problems.

We found that people who lived in Greengarth were happy with their accommodation and the care and support they received.

Care and support plans were kept up to date and people and their relatives, if appropriate, were part of the review process.

# Greengarth

## Detailed findings

### Background to this inspection

Background to this inspection We visited the home on 10 April 2014. The inspector and the Expert by Experience spent time in all of the units talking to staff and the people who lived in the home. We looked at all of the areas of the building including people's rooms (with their permission), the bathrooms and all the communal areas.

This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services. The inspection team consisted of a Care Quality commission Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1

Before our visit we reviewed all the information we held about this service but were unable to speak to any social workers or health care professionals. The local authority contracts team did not inspect this service as the service was operated by Cumbria Care an internal unit of Cumbria County Council.

We received copies of internal quality audits that gave us information regarding the monitoring of the service provided by this home. We also received a copy of the latest health and safety audit that indicated this service met all the health and safety requirements.

We looked at care records including care plans, medication records, staff files, policies and procedures and staff training records. We spoke to people who lived in the home, visitors who were in the home at the time of our visit and members of the staff team.

During the lunch period we conducted a Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

At the last inspection in December 2014 we found that Greengarth met all the national standards we looked at. Since then there has been one concern raised and after a full investigation it was found that the home acted in the best interest of the person concerned and that the recording of the incident was up to date and comprehensive. The investigation was completed by the local authority safeguarding team with input from the social workers.

# Are services safe?

## Our findings

We spoke to 10 people during our visit and most were able to tell us they were happy and felt safe living in Greengarth. Some people who lived in the dementia care unit were unable to communicate verbally but their body language and demeanour evidenced they were happy and relaxed in their surroundings. Interactions between the staff and people living in the home were positive and caring.

Staff informed us that all residents were fully assessed prior to entering the home to make sure that the home would be a safe environment for them. We saw evidence of the assessment documentation on the individual care plans. The completed assessments covered all aspects of daily living and gave staff with sufficient information to provide safe care. Risk assessments were in place covering falls, dietary needs and mobility.

The home had an up to date policy and procedure in place to inform staff what to do if they became aware of potential safeguarding issues. The policy was used throughout Cumbria Care services and the support staff had all completed training in safeguarding vulnerable adults. Information leaflets were displayed throughout the building giving people information of the procedure to follow if they thought they had identified a safeguarding concern. A recent incident had been referred to the safeguarding team but, following a strategy meeting with the local authority it was found that the manager and staff had acted correctly and ensured all the details had been correctly documented.

We spoke to staff about the abuse of vulnerable adults and they had a good understanding about how to look for signs of potential abuse and what to do if they suspected anything was wrong. Staff who were working in the dementia care unit told us they always looked for facial expression and body language where people found it difficult to communicate verbally.

Staff had completed training in understanding The Mental Capacity Act 2005 MCA (2005) and The Deprivation of Liberty Safeguards (DoLS) and we saw from the training records this training was refreshed annually. When we spoke to members of staff they showed a good understanding of the act and what it meant for the people they supported.

We learned from the supervisor on duty that one person had a Deprivation of Liberty Safeguards (DoLS) order in place and that at a best interests meeting they had been represented by an Independent Mental Capacity Advocate (IMCA)

We looked at staff personnel files for three members of staff, two of which had only recently joined the organisation. We found that the recruitment practice was safe and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by the manager.

We found, on the staff files, evidence that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed by this service. The manager was fully aware of her accountability if a member of staff was not performing appropriately. Cumbria Care had suitable policies and procedures in place for managing employment issues. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

We looked at the medication records and found these to be up to date and correctly completed. We checked the medicines and the amounts held corresponded with the written records. We observed the supervisor administering a controlled drug. This was medication that was liable to misuse and was, as a precaution, administered by two people. We saw that this procedure was carried out correctly with the drug's register being checked and signed by two members of staff.

We saw, throughout our visit there were sufficient staff on duty to safely meet the needs of people who used this service. The manager was responsible for the deployment throughout the home and the staff rosters evidenced there was always two members of staff in the dementia care unit. The remaining staff worked between the other two units. The supervisor was also available for assistance should this be necessary. People told us there was usually enough staff on duty as they didn't wait long for assistance when they needed it.



## Are services safe?

Staff in Cumbria staff worked within the framework of the Cumbria Safeguarding Adults Board and completed The Safeguarding Adults Passport in order to achieve a standard of competence required by those who worked to safeguard vulnerable adults. Part of this document concerns understanding the need for dignity and respect when working with vulnerable adults. The organisation had

policies in place with regards to bullying, harassment and discrimination and staff were required to understand their roles and responsibilities in this area. When we spoke to staff during our visit they understood the need to keep people safe and to treat all those they supported as an individual recognising they had freedom of choice to make their own decisions.

# Are services effective?

(for example, treatment is effective)

## Our findings

The provider had recently opened a four bed re-enablement unit within Greengarth. This unit provided short term support to people whilst they were waiting to return home after a spell in hospital. People in this unit had a trained care worker dedicated to their support and linked to the local community hospital. The people we spoke to who were living in this unit told us how much better they felt since moving in although it was only for a short period of time. They said it gave them time to become stronger before they returned home.

A full assessment of a person's needs was completed by the manager prior to them moving in to the home. This assessment then formed the personalised plan of care that was drawn up as soon as possible after admission. Appropriate risk assessments were in place and were reviewed each month with the care plans.

Staff we spoke to told us there was a handover period at the start of each shift so that any changes in people's needs were discussed and staff would be aware of these changes.

Care plans identified the areas that people needed help with and the things they could manage to do for themselves, independently. These included how people wanted their care to be delivered, how they wanted to spend their time and if they like to spend time in their own room. Preferences about their personal care were also included and if they needed help with their mobility needs. We looked at four care plans for people who had dementia care needs. We found that all of the people had been fully assessed prior to moving in to Greengarth to ensure the service was able to meet their individual needs. We read the daily records that formed part of the care plans and saw these were up to date and provided current information about people's care and support needs.

Records of visits by doctors and other health care professional were kept and people who lived in the home told us they saw their doctor when they needed to. District nurses also visited the home regularly and dental and optical treatment was available. These visits were recorded on the care plans and supervisor's notes and this information provided details about how people's health needs were being met.

We saw on the care plans that there was a dietary assessment in place following a recognised assessment tool. Staff throughout the home told us they were very aware of the importance of good nutrition and diet. If people had a small appetite and were in danger of becoming malnourished staff provided higher calorie meals and encouraged people to eat extra snacks. This was evident when we sat in the unit for people living with dementia and observed lunch being served as some people did not sit for long to eat their meal.

Staff were attentive to this and we saw people being encouraged to eat and given the opportunity to enjoy their meal in their own time.

We were told by the staff that skills training in subjects such as manual handling, safeguarding, infection control health and safety and dementia awareness were provided and regularly updated. Staff development in a recognised health and social care qualification up to level two was expected and they were encouraged to progress to the next level if they wished. Professional development by the care staff meant that the people they supported benefitted from care provided by staff who had completed further training in subjects appropriate to their role within the service.

Systems to support and develop staff were in through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff were in the process of completing their training in 'end of life care' as the manager was able to facilitate this. We saw that individual preferred priorities of care had been recorded in the care plans and advanced decisions were in line with legislation. Appropriate documentation was in place and multi-disciplinary meetings had been held with the people and their families, if this was appropriate. The processes in place meant that people's individual wishes about their future welfare were discussed and their best interests supported at all times.

# Are services caring?

## Our findings

Greengarth provides accommodation and personal care for up to 39 older people, 10 of whom have dementia.

We spent time observing how people in the dementia care unit were supported by staff and made use of the Short Observations Framework for Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily verbally communicate with us.

We completed our observation in one of the dining rooms during the lunch period. There were two members of staff in the unit serving the lunch whilst, at the same time, encouraging people to eat their meal. We saw the staff had a warm and caring attitude toward people and assisted them with their meal in a patient manner. There was no one that required assistance in eating their meal it was more reassurance on the part of the staff. Staff were always on hand to speak to people when necessary. The atmosphere was relaxed with some people walking around whilst others ate their meal. People were given all the time they needed to finish their meal before the tables were cleared. One of the people was helping to clear the tables and wash the dishes. The staff told us that taking into account the positive risk regarding carrying dishes and hot water it was important for the person to 'do what she used to do when she was at home'.

Care plans were written in a respectful and positive way. We saw that people living there and their families had been included in developing the care plans and life stories about themselves. Most people had chosen to do this but some had chosen not to talk about their past history. This decision had been respected and recorded. Staff told us this information was useful because it helped them to understand what was important to the people they supported.

Every person we spoke to during our visit was very positive about the quality of the staff who cared for them. They were keen to tell us how kind and compassionate they were and they considered them as their friends. This was fully supported by our observations during our time in the home. People told us they could remain in their room if they wanted to and staff respected their wishes. They told us that the staff were always polite and respectful when speaking to them. Some people who lived in the unit that

provided care for people with dementia were unable to communicate verbally but their body language and demeanour evidenced they were happy and relaxed in their surroundings. Interactions between the staff and people living in the home were positive and caring.

Cumbria Care had in place a full set of policies and procedures that included information about dignity, privacy and human rights to help staff understand how people in their care should be treated. All staff must read the policies and sign to say that have done so. These were then discussed during staff supervision meetings. We saw records showing the policies that had been read and discussed and staff told us that this formed part of the regular supervision programme. They also told us it was a way of keeping up with any changes implemented by the provider.

People told us they were able to follow their religious beliefs and said there was a regular church service held for them to attend if they wished. Arrangements were also made for people to receive Communion from their minister. People told us that receiving communion was an important part of their life. Church services and visits from the local clergy meant that people's spiritual and religious needs were being met. There was nobody living in the home at the time of our visit who belonged to a different faith or culture.

Meetings were held for people who lived in Greengarth when they were given the opportunity to discuss any changes to the way in which the home was run. We spoke briefly to the staff about this and were told that people did attend but most of them preferred to speak directly to the manager or one of the supervisors. We did ask relatives about meetings with the manager and they said, "We visit three or four times a week and have plenty of opportunity to speak to the manager". The manager had a high profile in the home and talked to people every day.

We saw that people were given choices about their care and lives in the home in a way they could easily understand. Where people needed additional time to be able to express their views and wishes we saw staff gave them the time they needed to do this.

## Are services caring?

We spoke to two relatives who were visiting a family member on the day of our visit. They told us their relative was always treated with dignity and respect. They said the staff were "wonderfully kind" and that their personal care was of a very high standard.

Throughout our visit we saw that people were treated with respect and that dignity was preserved at all times. Staff knew the people they supported very well and were able to tell us how some people liked to help with domestic tasks such as helping with the washing up after meals.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We spoke to the staff about the care plan review process and they confirmed that those who were able, took part in the care plan reviews and where possible signed the review document. Relatives were also invited to take part in the review process but were not always able to attend the meeting. Reviews of care plans were completed each month by the supervisor and the relevant key worker. A key worker was a member of the support staff team who had particular responsibility for a small group of people who lived in the home. Key workers ensured the daily notes were written during or at the end of their shift and were involved in planning how people's daily needs were met. We watched staff speaking to the residents about what they had done during the day and saw that some of this information was written in the records. There was evidence in the care plans and daily reports that some people liked to remain in their rooms for part of the day and the staff respected this decision but made sure people did not become isolated. This demonstrated that, as far as possible, people were involved in their care and decision making.

People's individual records indicated attention was paid to making sure that they were supported to decide what they wanted for themselves or be supported in their best interests about things that affected their welfare. When people were admitted to Greengarth they or their families were asked if they would like to provide some social history details. This information was written in to the care plan and gave staff an insight into people's lives before they moved in to the home. The staff told us that this information very useful in particular when people had limited vocal communication. It helped them to understand the needs of the people they supported in a more appropriate way. We saw that care plans and risk assessments were regularly reviewed in order for the care provided to be appropriate and responsive to the individual needs.

We spoke to two relatives told us they were always kept informed about their family member's care and welfare. They said the lines of communication were very good and the manager was available if they wanted to speak to her. They told us they were very impressed with the care and

support their relative received. They told us they were always dressed appropriately and was always relaxed when talking to the staff or other residents. They also said that they enjoyed their meals.

Where people struggled to make some decisions we saw examples of where their decision making capabilities had been assessed through formal processes. Best interest meetings were held and a record made with appropriate professional and family involvement to help make sure people's rights were upheld. These actions helped to demonstrate that the provider acted in accordance with legal requirements to uphold people's rights when they may lack the necessary capacity. The approach being taken in this sensitive matter was personalised and clear about why a decision was needed in different situations.

One person had a Deprivation of Liberty Safeguards order in place and also had an Independent Mental Capacity Advocate to speak on their behalf. Records showed that after a recent meeting the order had been renewed. Staff had completed training in the Mental Capacity Act 2005 and were aware of the reason for best interest meetings. Details of advocacy services were displayed in the home for people to read. This information meant that people were able to access the services of a person who could act on their behalf or even just provide advice and support if this was required.

Cumbria Care had a policy and procedure in place that outlined the way people could raise any concerns they had about the care and treatment provided to people who lived in Greengarth. There were copies of the procedure around the home for people to read. There were also some copies of Cumbria Care's booklet about how to make a complaint and to whom in the reception area. There was a complaints log in place and there had been no complaints made since the last inspection. We looked at the policy and found it had recently been updated by the organisation and staff had signed to say they had read it.

We asked people if they knew how to make a complaint and they told us they would speak to any of the staff. They also said they had never has cause to complain. Visiting relatives told us they would not hesitate to raise any issues they felt were necessary and would speak to the manager or supervisor on duty.

We spoke to the staff in the unit that cared for people with dementia and they told us they would be able to tell if

# Are services responsive to people's needs?

(for example, to feedback?)

people they supported were worried or upset but were unable to voice their concerns. They told us they observed body language and facial expressions and were then able to find the cause of the problem and deal with it as soon as possible.

# Are services well-led?

## Our findings

From our observations and speaking to staff and relatives of people using the service we found that the culture within the service was individual and open. The registered manager had been in post 12 years and, as in other Cumbria Care services, there was a stable staff team that provided continuity of care for people who lived in the home.

The home operated with a senior team that worked under the direction of the manager to ensure the health, personal and social care needs of people were met. The management structure within the organisation also ensured that the operations manager visited the home every month to supervise and support the registered manager in her position of managing the service.

Staff were supported in their work through regular supervision meetings with their line manager, details of which were kept on file. We were able to see this documentation during our visit. We saw that there was an open atmosphere throughout the service and staff told us the manager operated an 'open door' policy which meant they could talk to her anytime. Relatives also told us that there were good lines of communication and they were kept well informed as to how their relative was.

We looked at the corporate policies and procedures and saw that they included those that covered dignity, privacy, safeguarding and whistleblowing. Prior to staff supervision meeting staff were given a list of policies that they had to read in order to discuss their understanding of the policy in question. This ensured staff were familiar with the provider's values with regards to providing care to vulnerable adults.

Cumbria Care had in place a full set of policies and procedures that included information about dignity, privacy and human rights to help staff understand how people in their care should be treated. All staff must read the policies and sign to say that have done so. These were then discussed during staff supervision meetings. We saw records showing the policies that had been read and discussed and staff told us that this formed part of the regular supervision programme. They also told us it was a way of keeping up with any changes implemented by the provider.

We spoke to staff about the whistleblowing policy and they were all familiar with it. They told us they would not hesitate to report anything they thought was not right and were confident the matter would be investigated and dealt with.

The home had a clear complaints procedure that the staff were aware of. Copies of this were on display throughout the building. In the foyer we saw there were leaflets advising people how to make a complaint or raise any concerns they had. We checked the complaints log and found there had been none to record since before the previous inspection.

Safeguarding issues were dealt with under Cumbria's safeguarding policy and the supervisor said that, although there had been very few they always used the experience as a learning curve. A recent incident had been thoroughly investigated and it was found the staff had dealt with the matter extremely well and the procedure had been followed correctly. The manager had kept the Care Quality Commission (CQC) apprised of the situation via the notifiable incidents procedure.

During our visit we looked at the staffing rosters for a four week period and could see that there was sufficient staff on duty to meet the needs of the people who lived in Greengarth. The manager deployed the staff to maximise the support available. There were always two support workers in the unit providing care for people with dementia and the remainder worked between the other two units. If there were occasions when extra staff, in addition to the roster, were required the manager was able to increase the staffing levels. We checked the training records and found that all the staff had completed their National Vocational Qualification (NVQ) in health and social care at levels two and three. Other training opportunities were also available to staff and we saw that training had been completed in dementia awareness, administration of medicines, safeguarding, fire safety and end of life care. The staff training programme was comprehensive

and included the subjects that were relevant to the care and support of older, vulnerable people. Training at a higher level gave staff the knowledge and confidence to support people with more complex needs such as dementia and challenging behaviour. Care staff we spoke to confirmed that they had access to training relevant to their roles and were supported by the manager to attend and to develop professionally.

## Are services well-led?

We saw from the records of the service's own internal audit that staff recruitment and personnel files were checked by the provider to make sure they complied with the service's policies and the legal requirements. These quality checks had included staff training as well to make sure training was up to date and all staff had the training relevant to their roles.

The provider had an established internal system to assess and monitor the quality of the services that people living there received. A system of checks or 'audits' helped the management to identify and manage gaps or risks in the service provision and the completion of records within the service. This helped to make sure that a consistent level of service provision and record keeping was maintained.

Regular staff meetings were held every four to six weeks with minutes available for inspection. The manager also meets with the senior staff (supervisors) to discuss the running of the home and any other matters relating to the care and support provided.

Internal quality audits and health and safety audits of the service were completed by head office staff each year and details of the outcomes and/or any action plans forwarded to CQC for information. The health and safety audit found that all risk assessments were in place, appropriate and up to date through regular reviews.

From our observations during the day and conversations with people and their relatives we found that the home was well managed and run with person centred values. Staff knew the people they supported well and were experienced in the care of older vulnerable adults. Staff were motivated by an experienced manager and supervisors and we found that everyone worked as a team to ensure people were cared for and supported to live lives that were as meaningful as possible.