St Philips Care Limited

Kirksanton Care Centre

Inspection report

Kirksanton
Millom
Cumbria
LA18 4NN
Tel: 01229 772868
Website: www.stphilipscare.com

Date of inspection visit: 06/01/2014
Date of publication: 25/02/2015

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 was an unannounced inspection held on 6th January 2015. The inspection was undertaken by the lead adult social care inspector and a specialist advisor.

Kirksanton Care Centre has three distinct areas providing accommodation for up to 45 people. The Croft is in the oldest part of the property and accommodates up to twelve people who may have had problems with alcohol abuse. The annexe to the Croft is for up to 23 older adults, some of whom may have dementia. The Mews, which can accommodate ten people, is currently unoccupied.

Bedrooms are mainly single occupancy. Some rooms have ensuite facilities. There are suitable shared facilities.

It is owned by St. Phillips Care Ltd who owns other homes in the UK. The home has a manager who is registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Summary of findings

We found the service to be safe because the registered manager and her team understood their responsibilities under the local safeguarding protocols. There had been no safeguarding alerts made for some time. Staff had received suitable training in protecting vulnerable adults.

Recruitment, disciplinary matters and staff development were all done appropriately. Accidents and incidents were monitored correctly and any changes to care or services made when incidents were recorded. There were enough staff on duty by day and night to deliver safe and caring services. Medicines were managed correctly.

We found the service to be effective because we saw that staffing levels were sufficient to allow for good care and service delivery. Staff were suitably inducted, trained and developed. Staff understood their responsibilities in relation to deprivation of liberty, human rights and any restrictions on people who lacked capacity to make their own decisions. Staff had received suitable training.

We learned that no one was subject to restraint in the service but we asked the manager to consider updating staff training on restraint so that any potential restraint would be managed appropriately. People in the home were happy with the food provided and we saw good nutritional planning in place. People who lived in Kirksanton had access to GPs, community nurses and health care specialists like dieticians and psychiatrists. The home's environment was suitably adapted for people with mobility issues.

We judged that staff in the home had a caring approach to the people who lived in the home. We asked people in the home and they told us they felt they were treated as individuals and were given respect and their dignity was maintained. People were given privacy and information about people was kept confidential. Records were written in a positive way without subjective judgements. Where possible people were encouraged to be as independent as possible.

We had evidence to show that assessment, care planning and review were done in a responsive way. People had activities and entertainments that they were satisfied with. Some people wanted more and varied activities and we had evidence to show that the manager was developing new activities. Concerns and complaints were dealt with appropriately. People were supported if they had to receive care from other services.

We judged the service to be well led because people in the home and the staff had confidence in the registered manager. The registered manager was suitably trained and experienced. She was, in turn, managed by an operations manager who visited the home regularly and who monitored quality in the home. The company had a suitable quality monitoring system in place and we saw evidence that this was working efficiently. There were good audits in place of all of the systems in the home. The company's visions and values were evident in the home and these met with current good practice and protected people's human rights and personal dignity.

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 because staff understood their responsibilities and kept vulnerable people as safe as possible. Accidents, incidents and concerns were managed correctly. Staff recruitment and staffing levels were appropriate. Medicines were managed correctly.

Good

Is the service effective?
The service was effective because there were enough suitably skilled and experienced staff available to deliver care and services. The staff team understood legislation related to consent and deprivation of liberty that applied to some of the people who lived in the home. People had suitable health care provided and we saw good nutritional planning in place.

Good

Is the service caring?
The service was caring. We observed affectionate and empathic interactions between staff and people in the home. People told us that all the staff were caring and respectful. People told us their privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive to people's needs because there was suitable assessment, care planning and reviews of care in place. People were happy with the activities and entertainments on offer. There were suitable processes in place to help people who had complaints or concerns. We saw that the company dealt with these appropriately.

Good

Is the service well-led?
The service was well led because there was an experienced and trained registered manager in place. She carried out the quality monitoring expected of her by the company and maintained all the services in the home. Her values were known by the staff group and they were happy with the management style in the service. People in the home were happy with the way the home was managed.

Good

Kirksanton Care Centre

Detailed findings

Background to this inspection

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

This was an unannounced inspection that took place on Tuesday 6th January 2015. The lead adult social care inspector was accompanied on this visit by a specialist advisor who had expertise in the care of people with Korsakoff's syndrome which is an alcohol induced form of dementia. The specialist advisor spent the day in the Croft which accommodated people living with this form of dementia. The lead inspector focussed on the care of older adults.

Prior to the inspection visit we had received a Provider Information Record (PIR). This is where we ask the provider to give us details of the way the service was operating. The PIR was detailed and comprehensive and returned on time. We spoke with the local social work team and to the health care commissioning team about the service prior to our visit. This was done at a regular meeting held nine times a year to discuss all the services in the area. We had on going information about the service from these professionals.

On the day of the visit we spoke to people who used the service. We spoke to twelve people in some depth but we saw every person in the home. On the day of our visit there were 26 people in residence. We spoke with two visitors on the day and had contact with one visiting health care professional but did not have the opportunity to speak to this person in depth. We looked at twelve care plans and also checked on some issues in another four files. We observed interactions between staff and service users and we observed the mid-day meal.

We spoke to the registered manager, the administrator, the maintenance person, the cook and to domestic staff. We spoke to the activities organiser, three care staff and two senior care staff in depth. After the visit we spoke to the head of care for the company by telephone.

We looked at care files and we also looked at forms in use in the home. We saw forms related to consent, care planning, nutrition, moving and handling, food preference and personal care. We looked at the safeguarding and deprivation of liberty records and we checked on the record of complaints kept in the home.

We looked at staff rosters, supervision and appraisal notes and communication records kept by staff. We looked at five staff files which included records of recruitment and staff development. We saw the fire and food safety records and we checked on the money kept on behalf of five people in the service. We looked at the maintenance records for the home.

Good

Is the service safe?

Our findings

We spoke to people about how safe they felt in the home. Here are some of the things people told us: “I feel very safe and well looked after.” “I would tell someone straight away but there is nothing wrong here.” “I am glad I came here and I feel safer than I did at home”. We spoke to two visiting friends who told us they came every day and had never heard or seen anything untoward.

People told us that they received their medicines in a timely fashion and that the medicine “never ran out.”

We asked people in the home about staffing and they told us that they judged there was enough staff on duty. One person said: "The staff are always there for me. I understand that sometimes they are busy with people who need more help than I do but they do their very best."

The people we spoke with were happy with the cleanliness and hygiene in the home. One person said: “The staff keep everything nice and they make sure the toilets are always clean to use.”

We had evidence to show that where there were any concerns about a person’s safety and well-being the registered manager would make an appropriate safeguarding referral to the local authority. She also made the Care Quality Commission aware of any safeguarding issues. We asked for a copy of the training received and we saw that all of the staff were trained in understanding what was abusive and how to report any safeguarding concerns.

We spoke to three members of staff about adult protection and they had a good understanding of what was abusive. They were also able to talk about how they would report concerns. One member of staff told us that they were asked about safeguarding during their formal 1-2-1 meetings with the deputy manager. Staff told us that they were confident in their manager but could contact the company if they felt this was necessary. Even very new staff said they would be able to talk to the manager, the company or external agencies if they were concerned.

There had been no recent safeguarding issues reported to the local authority and when we spoke to staff they told us that there had been no issues between people in the home, or with staff or any person coming into the home. We looked at files and daily notes and found nothing of concern.

We looked at five staff files and saw that staff were recruited in the correct way. References and checks on background were completed before staff had access to vulnerable adults. One new member of staff said: “I had to wait until my police check came through even although I was working in another care job. It is a good thing and I didn’t mind as they were doing the right sort of checks.”

We asked the registered manager about disciplinary actions in the home. She said that she followed the policies and procedures of the company and she would be supported by her line manager if this had to be used. We also had evidence that the head of care for the company would take a lead when any allegations were made that needed to be explored by the provider. We had evidence in quality monitoring reports to show that staff development was a high priority in the home.

We looked at the accident records in the home and we saw that the registered manager and her line manager analysed these accidents and incidents. They put risk management plans into place when they discovered anything that might put people at risk. We judged that accident levels recorded in the home and our own data showed that this service was good at keeping people safe.

We looked at staffing levels. We asked for and received four weeks of rosters which also covered the Christmas period. We saw that normally there were two senior care staff on duty and three care assistants by day for a total of 26 people. At night there was one senior care assistant and two care assistants. They were supported by the manager, an administrator, catering and housekeeping staff.

We saw that there were sufficient numbers of staff to keep the eighteen people in the Annexe and the eight people in the Croft safe. We learned from staff that the two sides of the home worked together and that sometimes staff would move between the two areas to “help out if there was a lot of personal care to do with older people”

We spoke to all three care staff on duty. Two of them thought that there were enough staff to deliver good standards of care. One person said: "The senior carers and even the manager and the deputy are out helping us to give people care. We are well organised and can manage to give people the help they need."

We looked at medicines in both units. We saw that the staff team were careful to order, store administer and dispose of drugs appropriately. During our visit we saw staff

Good

Is the service safe?

undertaking all of these tasks. We noted that senior carers wore tabards while giving medicines that would alert people not to disturb them. We saw medicines being given out with care. People had their medicines explained to them and staff signed for them straight away. Medicines records were up to date and completed properly. We looked at strong medicines kept in the home and we saw extra security built into the system for managing these. The senior carer on each unit kept the key for the controlled drugs for the unit they were not in charge of. This meant that two senior carers had to deal with these drugs together at all times. The controlled drugs book was completed correctly. We checked on these drugs and these were in order.

We were told and we saw written evidence of audit checks on medicines completed by management, the pharmacist they used and by senior officers of the company. The drugs were stored in locked cabinets and trolleys that were fixed to walls. All drugs were kept in locked rooms with secure windows and doors.

We had evidence to show that the local GPs were systematically reviewing medicines in the home and we saw that staff were supporting people to take fewer medicines where possible. There was guidance available to staff about how to give “as required medicines” and plenty of information on file about what medicines and creams were for.

We saw that there were suitable measures in place to control the spread of infection. Staff used the equipment appropriately and the home was tidy and clean.

Good

Is the service effective?

Our findings

We spoke with people in the home about how effective they felt the care and services were. People told us that they were satisfied with the way their needs were met. They told us that the staff were: “Good at their job”. “Seem to know what they are doing…they help me move and I feel fine in the hoist.” “They are all very good and I trust them.”

People told us about the health care support they received. One person said: “The staff get the doctor if I am not well and the nurse comes into see me. I get the chiropodist too and I think I could go to the dentist if I needed to.”

We also asked people about how the staff gained their consent. People were able to tell us that they were “asked nicely and respectfully.” We were told that staff explained what they needed to do before they did it. We also heard that people went to reviews of their care.

We asked people about the food in the home and everyone was satisfied. People told us that the food was "very nice, home-made and just what I want." We spoke to one person who was able to discuss at length their nutritional needs. This person said: "When I came in I hadn't been eating but I have put on weight. The staff asked me about what I liked to eat and I am quite fussy. The cook makes me the kind of meals I like and I can go to the kitchen and asked for something different. There is a plan for me so that I can keep my weight up."

We also asked people in the home about how skilled and knowledgeable the staff team were. We spoke to twelve people in some depth and most of them were satisfied with the way staff supported them. One person told us: "The staff understand me… I think they do a good job."

We asked staff some questions about the work they did and we received full and detailed responses even from staff who had only been in the home for less than a year. Staff told us that they received a full induction and that they had "plenty of training" and received regular supervision. We saw evidence that supervision and appraisal was carried out on a regular basis.

We also had evidence to show that senior officers of this company monitored training and staff development. We asked for a copy of the training matrix and the training planned. This was sent to us in an electronic format. The administrator told us that the company checked on this and alerts would be sent if training was not completed. The manager kept individual files for each member of staff and we could see from these files that she checked on training completed. The company had gone to mainly e-learning but the manager told us that they also did practical training for things like moving and handling and infection control. We also had evidence to show that in supervision, staff meetings and informal supervision staff competence was checked.

We spoke with care staff about their understanding of mental health needs because some people who lived in this home lived with the symptoms of some form of dementia. We also noted that some people had a history of other types of mental ill health. Staff could talk about these disorders and also understood their responsibilities in relation to individual freedoms, consent and mental capacity.

We saw in files that where people were under the care of the mental health team there were regular reviews of their care. Some people were in the home on leave from an inpatient stay. We saw suitable paperwork in place showing that these people had the appropriate care after discharge from psychiatric care.

We asked staff about how they managed people who had behaviours that might challenge the service. Staff told us that there was no one in the home they could not work with using distraction techniques, reassurance and suitable medication regimes. We had evidence that people regularly saw community mental health nurses and psychiatrists where necessary. Staff said that they received training in challenging behaviour. We learned that in the past staff had also had some training on restraint but that this company did not advocate restraint. The specialist advisor asked the manager to consider training staff in restraint techniques in case there was a potential incident staff might have to deal with. The manager said that she could easily access this and would discuss it with her line manager

We spoke to the manager about her understanding of the Mental Health Act 1983 and the Mental Capacity Act 2005. She had a good understanding of her responsibilities. We also spoke to some senior carers who understood their responsibilities when people had some restrictions placed on their liberty. We were told that the manager had applied for Deprivation of Liberty safeguards and we saw evidence to show that these applications had been turned down by the local authority. The registered manager said that she

Good

Is the service effective?

would continue to monitor this because she did feel that some people had their liberty curtailed. She said that both she and her line manager would continue to review this and make new applications where appropriate. We spoke to several people who did not feel their liberty was being compromised. One person said “They want to know what I want and don’t force anything on me.”

The manager told us that they consulted people in the home about their needs and wishes in a variety of ways. We saw that people had regular reviews of their care and their care plans. The manager said that they did have residents’ meetings but that some people found these meetings difficult to participate in. We saw in files that people were consulted about their care and where possible consent was gained from each individual. We noted during our observations that staff asked for people's consent at each interaction. We also heard staff explaining things to people.

The inspection team were in the home from around 9 AM and saw some people having breakfast. We also observed lunch and went into the kitchen. We could see that people were given a varied and nutritious diet. Menus gave people choice at each meal. The kitchen had good supplies of fresh foods. On the day of our inspection we saw well-prepared and nutritious foods being given at mealtimes.

We looked at one person's file in-depth and we saw that there was a nutritional assessment in place and a simple, but effective, nutritional plan on file. We observed this person receiving their chosen kind of foods at mealtimes. The cook and the care staff told us that they fortified this person's meals so that they received enough calories in the type of foods the person preferred.

We saw similar assessments in all of the files we read and we saw that where there were risks identified nutritional plans were in place. Where there were concerns about nutrition or swallowing the staff asked for assessments and advice from relevant professionals. We saw that a number of people needed a soft diet and we saw that the staff made sure that foods were of the right consistency and still looked appealing. We also observed two people being assisted to eat and this was done at the right pace. We did not see anyone in the home who appeared to be malnourished.

We saw in files that speech and language therapists, dieticians, opticians and dentists came to the home. We also noted that people were taken out to see health care professionals. One person told us that the chiropodist was coming specially to see them because they had a problem. We saw in the diary that the chiropodist was coming the day after our inspection.

We learned that the registered manager had been working with the local GP surgery to make sure that everyone saw a healthcare professional to have their health care needs reviewed. This ensured that the staff team made arrangements for health prevention and also dealt with ill-health issues. One of the local GP's had started to come to the home twice a month to review medication and check on the health needs of each person. We had evidence on file and from people we spoke to that this relatively new initiative was bringing health benefits to everyone in the home.

We had evidence to show that professionals from the local mental health team could be called on to assist with any mental health problems. The registered manager said that a local community mental health nurse was happy to give some in-house training and advice on any issues they found difficult.

During our inspection the inspector went into all areas of the home and saw that there were suitable aids and adaptations for people who had problems with their mobility. The home had a functioning call bell system so that people could alert staff. During the day we observed staff responding to an emergency bell. We judged that these arrangements meant that staff could respond appropriately and in a timely fashion.

This home was in an isolated rural location and we noted that exit doors were secure and alarmed. People had access to keys for their rooms and some people preferred their rooms to be locked at all times. People could enter and leave the building and could have a key to outside doors if appropriate. We saw from the maintenance records that equipment and systems were checked on regularly.

Good

Is the service caring?

Our findings

We measured this by observation, talking to people in the home and to two visitors. We also looked at the way the staff wrote about people in the care plans and daily notes.

People said that the staff team were all "very nice" and that they judged them to be "very caring". One person said: "These lasses are wonderful" and other people in the group reminded this person that the two male care assistants were also very caring. We observed one person giving the activities organiser a hug. This person later told us that they were "very fond of the staff because they are all good people".

Some people in the home found communication difficult because of the symptoms of their mental ill-health. We observed the way staff dealt with people living with the symptoms of dementia. We saw staff who dealt patiently and sensitively with these people. People living with dementia responded well to the staff group. Their body language was open and receptive when staff approached them. We judged that this meant that people with dementia or other disorders were being treated properly.

We spoke with one person who told us that the staff understood why they had come into the home, how important their relationships were and supported them in their wishes to return home. We also spoke to another person who had been in the home for some years. This person felt that the staff team where "like my family and my friends".

We observed staff treating people with respect and making sure that their dignity was maintained. We spoke to staff about their work and we learned that they were trained in person centred care and understood equality and diversity. We noted that staff were not judgemental about the people they cared for. We judged that staff were particularly good at this with people who had previously abused alcohol.

There were only two visitors to the home during our inspection and we asked them about the caring attitude in the house. They said that they were very impressed with the way their friend was cared for: "The staff are very open and friendly. We are really pleased with the care that our friend has been given. We are always made very welcome and that means we come as often as we can."

Good

Is the service responsive?

Our findings

We spoke to people about the way their care was planned and delivered. We spent time with three people who were able to talk about the way the staff assessed their needs and planned their care. Other people were able to say that the staff talked to them about their preferences. One person could talk in depth about what was in their care plan and was able to discuss how the staff had helped with their mobility, nutrition and future planning. Another person told us "I am asked about what I can do and what I need help with…then they write it all down and the staff follow this…I can ask for different things and they will change what they write down in the plan."

We asked people about activities and they said that there were things to do but that they wanted to go out more. People in the home told us that they had been out over Christmas and that there had been parties and entertainment in the home during the festive period. People in the home were very positive about the new activities organiser and they thought, as someone said: "She is a breath of fresh air!" People said they were being asked about their preferences. One person said; "I like going to the beach and I was taken when we had a good day and I am going to go more often when it isn't so cold."

On the day of the inspection we met with the activities organiser. This person had not long been appointed to the post and although they had never done the work before she told us that she was enjoying the work. We saw her doing some puzzles and board games with people in the annex. She told us that she took people out to the hairdresser, out for coffee and to local activities and entertainment. One person told us that they went out with her to do some shopping.

The registered manager and the activities organiser were booked onto a course about activities for people living with dementia and they had some plans for introducing new hobbies and activities into the home. We had discussions with staff and with people in the home about expanding the range of activities. This specialist adviser gave the manager some advice about activities for people who lived in the Croft.

We did however note that people in the Croft were encouraged to play pool, join in board games and quizzes and that some people from this part of the home also joined in with the twice-weekly exercise classes. Everyone in the home was included in parties and entertainments.

People in the home said that they thought it was really good that the activities organiser spend time with people who were very frail and couldn't join in with group activities. We were told by people in the home that one person with complex needs had been given attention by this member of staff. We learned that she had read some short stories with this person who appeared to have enjoyed this.

Two people were able to talk to us at some length about how they would complain about any aspect of care or services. One person said: "If the complaint was about food I would go to the kitchen door and talk to the cook. If I still wasn't satisfied I would talk to the manager." Another person said: "I would happily complain to any member of staff but if nothing happened I would go to the top. The manager does listen!"

We looked at how care was planned. We saw that there were comprehensive assessments in all of the plans we read. We spoke at length with the registered manager about initial assessments. She gave us a number of examples of assessments that she had done. She said that recently a local GP and a mental health professional had assisted her in these assessments. She was aware of the need for good assessment so that she would only admit people that the staff team could care for appropriately.

We read care plans after meeting with people and we could see that the written plans of care reflected the individual's personality, strengths and needs. The care plans gave details of both small and large things that people needed support with. We did note that some care plans for people with dementia needed a little more detailed descriptions of how staff managed disorientation. We did however speak with staff who understood how to manage these issues.

We saw from the files that care plans were reviewed on a regular basis. We spoke to one person who told us about their imminent review with members of their family and social worker. This person said that they had not read their care plan but did understand what was in the plan. They said that the staff had written it with them and that they had been consulted about the care and support needed.

Good

Is the service responsive?

We also noted in care files that, where appropriate, relatives or advocates were involved. We saw in files that when a person had given lasting power of attorney to a relative this was taken into account. We looked at one file where a relative had this legal right to comment on some aspects of the support needed. This relative was consulted appropriately.

We asked people who lived in the service about any complaints that they had. In total we spoke with 12 people and only one person had a minor complaint to make which was being dealt with by the manager. The other people told us that they had no complaints but that they were not afraid to speak up and ask for things.

There had been one formal complaint in 2014 and this was dealt with through safeguarding but the investigation was completed by the company. The local authority had asked the company to do this internal investigation and they were happy with the way this had been dealt with. The complainant had been happy with the outcome.

We had evidence to show that the registered manager supported people if they moved between services. For example she reassessed people's needs when they had had a hospital stay. On the afternoon of our visit one person had been readmitted from hospital and the staff looked for discharge notes so that they could amend the care plan. We learned that the manager had gone to the hospital the day before to assess this person's needs. We judged that this rigorous approach gave people care that was responsive to changing needs.

Good

Is the service well-led?

Our findings

People in the home obviously knew the registered manager well and people told us that she was very involved in all aspects of the home. People spoke about her using her first name and several people told us that they had complete trust in her and would go to her with any concerns or complaints. One person said: "[The registered manager] knows me and I know her well. I would go to her if I had a problem."

People said they thought the home was well led and several people told us the home was run "for all of us…the residents." The people we spoke with could tell us that their wishes and well-being was important to the staff because the manager and "the people from the head office" made sure that everyone in the staff group knew that was the "philosophy".

People in the home told us that the manager often "worked a shift so she could make sure that everything was done in the way she wanted". They also told us that the company visited to make sure the organisational values and vision was adhered to. People in the home were spoken with when senior officers of the company visited. One person said; "A lady comes from the office and I can talk to her. One day there was a very nice man with her and we had a good chat about how things were."

The manager had worked in the service for a number of years as a senior care assistant and then as the deputy manager. She had, over the years, acquired skills and knowledge of the people who lived in the home. She also had suitable qualifications.

Staff confirmed that the manager and the deputy were "very hands-on and they know how we do the job and what residents want." Two staff told us that during formal supervision the deputy manager asked them about their values and good practice matters. Staff also said that they could ask for support at any time and that there were frequent discussions about what would be in the best interest of people who lived in the home.

Staff meeting minutes showed that values were discussed with the team. Staff told us that the manager impressed on them the need to allow people their privacy and that any breaches in confidentiality would be dealt with by the company through their disciplinary procedures. We had evidence to show that the head of care for the company had responded to an allegation of neglectful care. He had come from the Midlands and investigated the issues himself. We judged that this showed that this company took person centred care very seriously.

We had written evidence to show that the manager had support from the operations manager who visited on a regular basis. We received copies of the previous six visits made to the home. We saw that during these "home review" visits the operations manager gave the registered manager formal supervision. She also did quality checks. On all of these visits she looked at the environment, care delivery, staffing, safeguarding and cleanliness and infection control. Each record of the home review also had details of audits of any complaints. The December 2014 visit, for example, gave some guidance to the registered manager and to the administrator about systems but also showed that she had looked at things like food and fluid intake, care plans and staff supervision notes. We judged these visits to be comprehensive and detailed.

The staff team said it was good to see people from the company on a regular basis as it stopped them feeling isolated. These visits were included in the company's quality monitoring system. We also saw that questionnaires were sent to people in the home and other interested parties. The registered manager did not see these when they were returned but the operations manager analysed them and discussed suggestions, concerns and complaints from these. We saw an analysis of the last survey and there were no issues raised. Some suggestions about menus and activities had been taken up and developed with the relevant team members.

We looked at the policies and procedures of the company and the administrator told us that these were undergoing a major review and she was printing off new policies when necessary. She said that senior staff were told of the new procedures and were given these copies. We judged that the revisions meant that the company were keeping the team up to date with legislation and good practice. This meant that there were a clear set of vision and values that included involvement, compassion, dignity, independence, respect, equality and safety.

We also saw that there were systems that required the manager and the administrator to send data to the

Good

Is the service well-led?

company. This was done for things like staffing levels, training and bed occupancy. These were considered along with budgetary issues during the manager supervision sessions.

The company also expected internal systems to be in place. Senior officers would look at things like care planning and medication but they also checked that the registered manager continually monitored care and services and developed the culture of the home. We also had written evidence to show that they monitored all aspects of the home to ensure the team followed the company's values.