

Derbyshire County Council

The Leys Care Home

Inspection report

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Date of inspection visit:
24 November 2017

Date of publication:
10 January 2018

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 ●

Summary of findings

Overall summary

We inspected this service on 24 November 2017 and the inspection was unannounced. At our previous inspection in October 2015, the service was meeting the regulations that we checked and received an overall rating of Good.

The Leys is registered to accommodate 36 people in one adapted building. At the time of our inspection 20 people were using the service. The Leys accommodates people in one building and support is provided on one floor. At the time of the inspection two communal lounges and a dining area were available to people due to ongoing refurbishment. A garden and enclosed patio were also available that people could access.

The registered manager had resigned from post one month prior to the inspection and had been on leave for 12 months prior to this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager's post was being recruited to the week following this inspection and the acting manager was overseeing the running of the service and was supported by two deputy managers.

Staff were clear on their role on protecting people from the risk of harm and understood their responsibilities to raise concerns. Individual risks to people and environmental risks were identified and minimised to maintain people's safety. Assistive technology was in place to support people to keep safe. Systems were in place to prevent and control the risk of infection.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character and there were sufficient staff available to support them. The skill mix of staff ensured people's needs were met. Medicines were managed safely and people were supported as needed to take their medicine as prescribed and access healthcare services.

People were consulted regarding their preferences and interests and these were incorporated into their support plan to promote individualised care. The staff team knew people well and were provided with the right training and support to enable them to meet people's needs. People were supported with their dietary needs and to access healthcare services to maintain good health.

People were supported to have maximum choice and control of their lives and staff understood the importance of gaining people's consent regarding the support they received. The policies and systems in the service supported this practice. People were supported to develop and maintain interests and be part of the local community. The acting manager actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

A positive culture was in place that promoted good outcomes for people. People who used the service and their relatives were involved in developing the service; which promoted an open and inclusive culture. The provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the acting manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective and when improvements had been identified the provider had taken action to address these.

Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights to make their own decisions were respected. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met. When people moved between services this was done in a coordinated way meet their individual needs and preferences.

Is the service caring?

Good ●

The service was caring

People's rights to make choices were promoted and they were treated as individuals. People's rights to privacy and dignity were valued and respected and they were supported to be as independent as possible and maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive

People received individualised support that met their

preferences. People were encouraged to develop their social interests and be as independent as they could be. People were supported to share any concerns they had and these were addressed in a timely way.

Is the service well-led?

The service was well led.

People were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were fully met. Systems were in place to monitor the quality and safety of the service and drive improvement.

Good ●

The Leys 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.

The Leys is a care home located in Ashbourne, Derbyshire and is owned by Derbyshire County Council. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Leys is registered to provide a care home service without nursing for up to 36 older people in one adapted building. At the time of the inspection there were 20 people using the service.

This comprehensive inspection took place on 24 November 2017 and was unannounced. The inspection visit was carried out by one inspector.

The inspection was informed by information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

During the inspection we spoke with nine people who used the service and observed how staff interacted with them. We spoke with three visitors a visiting health professional and the acting manager, one deputy manager and three care staff. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the

service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "The staff here are quite excellent. They make sure I am safe, they are always checking with me that everything is alright. I don't have any complaints but I would tell the manager if there were any problems." Another person told us, "I miss my flat but I wasn't safe there; here I feel very safe, the staff are here for me and they are all lovely." A relative told us, "I am confident that [Name] is safe here. All of the staff are great and I know that [Name] would tell me if she was worried about anything and I know that she is happy here." We saw that people had a good rapport with the staff that supported them and they were relaxed and comfortable with them.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "We get the local authority safeguarding training. It is detailed and covers the types of abuse and reporting concerns. If I witnessed anything or anyone disclosed anything to me I would report it immediately to the acting manager or person in charge." We saw there were safeguarding procedures in place in line with the provider's procedures and the acting manager, who had worked at the home for several years, had a good understanding of these.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the equipment they needed to keep safe. For example one person was at risk of falling. They told us, "I go outside for a cigarette and the staff take me in my wheelchair as I'm at risk of falling." Another person said, "I have to use my frame to get about and the staff always make sure I have it with me." We saw at the lunch and evening meal staff moved people's frames away from where they were seated in the dining area. One member of staff told us, "We move frames at meal times to ensure no one trips over them or bangs in to them. Everyone has capacity so they understand not to get up without them." We saw that frames were brought to people when they wished to leave the table.

The care plans demonstrated that risks to people's health and wellbeing were assessed. We saw that equipment was in place as reflected in care plans, such as sensor mats where people were at risk of falls. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use.

The acting manager had implemented a monitoring form for falls to enable them to identify any patterns or trends. They told us, "I have just started this as we didn't have anything in place to monitor falls and identify if there are any patterns." We saw that accidents or incidents were reviewed and actions taken as needed; for example one person due to their falls had been referred to the appropriate professionals for assessment.

Assessments were undertaken regarding the environment and had been reviewed due to the refurbishment that was taking place at the time of the inspection. The acting manager confirmed that some people had temporarily moved to another of the provider's homes whilst this refurbishment took place. An additional member of staff had been rostered on to the night shift to ensure the safety of a small group of people that

slept in one area of the home where communal areas were out of use. They told us, "There is one night staff in this area all night and they rotate with the other two staff throughout the night." The people sleeping in this area of the home accessed other communal areas during the day that were safe to use. A temporary corridor had been constructed to enable people to access their bedrooms whilst this work was undertaken.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was available within their bedrooms for quick access and staff confirmed they had received training to use this equipment.

We saw and people confirmed that staff were available to them. One person said, "There is always staff around when I need them." Another person told us, "Night and day if I call for the staff they come. They are a good lot and very obliging." We saw that staff were present within communal areas of the home throughout the day and spent time sitting chatting with people in-between supporting with care needs. Some people told us they preferred to stay in their bedrooms and confirmed that staff checked on them on a regular basis. One person told us, "They always pop in and check if I need anything but I can press my buzzer if I need anything." The staff told us there was sufficient staff to meet people's needs. One member of staff said, "Our staffing levels are fine, there is enough of us to support people. We all work together as a team so if anyone is off we cover for each other." We saw there was a good skill mix of senior staff and care staff on duty. The acting manager confirmed that the staffing levels were assessed on a continuous basis to ensure people's needs were met. Due to the reduced number of people that were using the service the current number of staff employed were sufficient to cover the shifts. We saw that adverts were on display regarding staffing positions available. This was to ensure enough staff were employed once the home was back to full capacity. The acting manager confirmed that some staff had left employment due to changes in the staffing roster; as the rosters now required staff to work days and night shifts on a rotational basis.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. The acting manager discussed involving people that used the service in recruiting new staff and told us, "There are several people here that would be interested in being part of the interview panel and I think it would be beneficial to involve them as they should have a say in the staff that will be supporting them." This demonstrated that the acting manager considered ways to enable people to be further involved in the running of the home.

People told us the staff supported them to manage their medicines safely and this was seen when we observed the support people received at the lunch time meal. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. The provider had up to date guidance which was accessible for staff who dealt with medicines.

There were systems in place to ensure the prevention and control of infection was managed within the home. Staff confirmed and we saw that personal protective equipment such as aprons and gloves were used within the home. Cleaning checks were undertaken in bathrooms throughout the day and records were maintained to demonstrate this. A visiting professional told us the home was always clean when they visited. We saw that monthly infection control audits were undertaken to identify any areas for improvement. For example it had been identified that new hand wash basins were required and shower areas required re-tiling for easy cleaning and this work had been completed in some areas of the home and was being completed in other areas at the time of the inspection. Infection control guidance was in place for staff regarding prevention and control and we saw this was followed. For example, since the last inspection there had been a health outbreak within the home, the acting manager told us the action they had taken which including contacting Public Health England as required and closing the home to visitors during the outbreak. Public Health England (PHE) is an executive agency of the Department of Health that began operating on 1 April 2013. Its formation came as a result of reorganisation of the National Health Service (NHS) in England outlined in the Health and Social Care Act 2012. We also saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food had completed training in the safe handling of food.

Is the service effective?

Our findings

People's support needs were assessed prior to using the service. One person told us, "Someone came to the hospital to see me and discuss the help I needed, as I couldn't go home; it wasn't safe for me to do that. I knew about The Leys which made it better for me as I knew it was a nice place before I came here." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, pretences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

Information in people's care plans reflected the support they told us they needed and the support we observed on the day of the inspection. For example one person's records confirmed that an assessment had been made to a health care professional as the person had been identified as at risk of choking. We saw the assessment advised they required supervision when they were eating and their food cutting into small pieces and this information had been included in their care plan. We saw that staff followed this guidance and supported the person according to their care plan when they were eating. This demonstrated that appropriate referrals to external health care professionals were made to ensure people's needs were met.

We saw the provider ensured people were protected under the Equality Act. This varied from call systems that enabled people to call for staff support, adapted utensils to enable people to eat independently, to the accessible facilities within the home to enable people to move around the home independently. We saw that renovations were being undertaken to widen doors to make bathrooms easily accessible to people that used wheelchairs. The adaptations that had and continued to be undertaken at the home met the diverse needs of the people using the service. We saw that signage was clear throughout the home to support people to find their way around. The design of the building enabled access for people that used wheelchairs and accessible outdoor spaces were available for people to use.

People were happy with the support they received from the staff team. One person said, "It's very good here; the staff know what they're doing and they help me when I need them to." Another person told us, "The staff are all trained and very competent, I can't fault them." Staff received training and they confirmed this supported them to meet people's needs. One member of staff told us, "We get regular training updates which is important to ensure we are following current guidance, especially in areas like moving and handling. We need to make sure we are following safe practice." The acting manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. One member of staff who was in their first week of employment told us, "So far I have been reading policies and care plans and have shadowed some of the staff. The acting manager and all of the staff have been very supportive. I am unable to provide any moving and handling support until I've had the training which is booked. Although I've worked in care before I am going to complete the care certificate. I think that's a good idea as I've had a break from care so it will be a good update." This demonstrated that new staff received the support and training required to support them to meet people's needs and maintain their safety.

All of the staff we spoke to told us they felt supported by the acting manager. One told us, "The acting manager is very approachable and we can go to her with anything, she has a nice way about her." Another member of staff told us, "The acting manager has been very supportive to me, I find her very easy to talk to about anything; she always makes time for the staff." The acting manager told us that staff supervisions were due and discussed her plans to delegate senior staff to provide supervision to care staff and told us; "Although I make myself available to staff I am conscious that supervisions are due, so to ensure we can provide them to everyone on a regular basis I am going to share out the supervisions. I also think the senior staff will be empowered and it's important for them to professionally develop."

Everyone we spoke to complimented the food available to them and confirmed choices were offered. One person said, "It's always very good." Another person said they are always choices but to be honest everything is tasty; I haven't had a meal I didn't enjoy." We saw that flexible mealtimes were available to people if they wished. For example, breakfasts were served over a period of time for people that preferred to stay in bed a little longer. People were encouraged to eat a healthy balanced diet and work had been undertaken to raise people's awareness of healthy eating. Nutritional assessments were in place that identified people's specific needs and people were weighed on a regular basis. We saw that assessments and weights were monitored to ensure any changing needs were identified and managed; so that people could be referred to the appropriate health care professional. For example one person that was new to the service had a limited appetite. The acting manager organised for the person's dietary intake to be monitored over the weekend and told us, "I will review this on Monday to see if a referral is needed." This demonstrated the acting manager was proactive to ensure people were supported with their dietary needs.

People confirmed they were supported to see health care professionals as needed. One person said, "If you're ill the doctor is called; they are very good at getting the doctor out here." Another person said, "There's a chiropodist comes in and the optician." The acting manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. For example one person recently admitted appeared disorientated on the morning of the inspection. The acting manager instructed the staff to obtain a urine sample. The doctor was called to visit the person and by the end of the inspection it had been confirmed that the person had an infection and the antibiotics they had been prescribed were collected and the first dose administered to them. One visiting professional confirmed that staff followed their guidance. We saw that people were also supported to access the community health and mental health teams as required.

When people moved between services this was done in a caring and considerate way. For example the acting manager discussed how a person had been admitted following incorrect information from their previous placement. They discussed how they had supported the person to ensure they received the correct support and appropriate placement. We saw an email from a health care professional complimenting acting manager on their support and caring approach to ensure the best outcomes were achieved for this person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The acting manager confirmed that all of the people that used the service had the capacity to make decisions and we saw and people confirmed that they consented to the support they received. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example people were asked before support was provided and choices were offered at meal times and

regarding activities. One person told us, "They are very polite always checking with me that I'm happy to do things. It's never assumed I'm always asked."

Is the service caring?

Our findings

People liked the staff. One person said, "They are wonderful extremely thoughtful and always checking on me." Another person told us, "The staff are very nice, always willing to do anything for me." We observed a positive and caring relationship between people and the staff. The staff demonstrated a good understanding of people's needs and were able to effectively communicate with them.

People confirmed they were in agreement with their care plans and had been consulted regarding the support they received. One relative told us, "I'm involved in [Names] reviews and invited to meetings and am involved in any issues, that's [Names] choice and they tell me the care they get is very good."

People were supported to be as independent as they could be and we observed this throughout the day as people moved around the home freely and decided which activities they wanted to participate in. One person told us, "I'm a bit of a loner, always have been and the staff are ok with that, they never try and force me to joining in with things. Sometimes I do but most of the time I like my own company."

The acting manager confirmed that no one currently required or was using the services of an independent advocate; but information was available regarding these services. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. The acting manager confirmed that people were supported to use their right to vote and told us, "Lots of people choose the postal vote but some prefer to go out to the polling station."

Staff respected people's need for privacy; for example, we observed staff knocking on bedroom doors before entering. People confirmed that the staff supported them to maintain their dignity when they received care and support. One person told us, "The staff are always very respectful and cover me over when they are helping me wash." A visitor said, "The staff support [Name] to look her best and little touches like painting nails makes all the difference." One member of staff told us, "It's really important to get the details right. I remember when my mum lived in a care home and the staff had combed her hair on the opposite side to the way she liked it and it really upset me. It's important to get things just right for people." We saw people were supported to maintain their appearance, by choosing clothing that met their preferences and personal style. The acting manager showed us the bronze dignity award the staff team had achieved in 2016 and confirmed that designated staff were dignity champions to promote dignity awareness. This demonstrated that people were supported to be partners in their own care and were treated with consideration and respect.

Staff understood their role in ensuring people's right to confidentiality were maintained and confirmed they did not discuss people outside of work. One visitor told us, "The staff are very professional I never hear them talking about residents."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "I visit regularly there are no restrictions and the staff are very

welcoming and offer me a drink and have a chat."

Is the service responsive?

Our findings

We saw social activities were provided and people told us they enjoyed these. For example people told us about the clothes show that had taken place the day before our visit. One person said, "A few people bought jumpers; they are really nice. It was good I really enjoyed it." Another person told us, "The other week someone brought reptiles in like snakes and spiders and we could hold them, I've never done that before it was interesting." On the day of the inspection the majority of people participated in a game of bingo. One person told us, "We are a bit bingo mad here there are lots of us that love it. I think it keeps my brain active." People proudly showed us the prizes they had won at bingo.

Throughout the day people were supported to be actively involved in activities of their choice and we saw people accessing the community. One person told us, "I have been out with my relative Christmas shopping." Another person said, "I go out with the staff, it's not healthy to stay in the same environment all the time." Another person was discussing the planned events for Christmas and told us, "We always go out for a Christmas lunch and we have a party here; we know how to celebrate and have a fun." Staff confirmed people were supported to stay as active as they could be. One member of staff told us, "We go out for lunch and to dances and encourage people to walk about throughout the day. It's important to keep people active."

At the time of the inspection all of the people who used the service were able to verbally communicate. The deputy manager confirmed that in the past white boards and pictorial information had been provided to support people to communicate. Some people were supported to contact their relatives using skype; which allows people to have a spoken conversation over the internet and can include the use of a webcam. One person told us, "I speak to my son and we can see each other; it's great."

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them to follow their faith. People confirmed that visits from different faith denominations visited them to meet their faith needs. One person told us, "Apart from the fact I am no longer living in my flat; I have everything I need here. I don't want for anything; it's a lovely place to live." Another person told us, "I will never leave, this place is perfect and the staff are brilliant. I wanted a room with a view, so I have moved into this room as I can see everyone coming and going and watch all the birds; the staff go out of their way to make everything just right for me." The acting manager confirmed that people's protected characteristics were met and told us, "We openly welcome people regardless of their gender, culture or beliefs. Each person is treated as an individual within their own right."

People confirmed they would feel comfortable telling the acting manager or staff if they had any concerns. One person told us, "If I wasn't happy about anything I would tell the acting manager or any of the senior staff. I am sure they would get it sorted. They are good bunch." One relative told us, "The acting manager is brilliant; so approachable [Name] loves her and I am sure would have no hesitation in telling her if there was a problem. I personally would put any concerns I had in writing but I don't have any at all. I am very happy

with the care provided." The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. One member of staff told us, "I would tell the senior immediately or the acting manager if they were here." A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and three had been received in 2017 and addressed in a timely way; we saw that the actions taken and outcome were recorded. A system was in place to audit the complaints received each year to identify any patterns or trends. We saw that no trends had been identified regarding the complaints received this year.

None of the people that used the service were receiving end of life care. The deputy manager confirmed that in the past this support had been provided to people with the support of the district nursing team. They told us, "People stay with us at the end of their life if it's their wish to and we can provide the support they need. An end of life plan is written with them and their family." We saw that some of the staff had received training in end of life care. The acting manager confirmed that this training would be provided to other staff if it was needed.

Is the service well-led?

Our findings

A registered manager was not in post. The registered manager had left employment one month prior to this inspection but had been on leave for 12 months prior to this. The provider had informed us of this but at the time of this inspection the registered manager had not cancelled their registration with us. The acting manager confirmed that the manager's post had been shortlisted and interviews were due to take place the week following this inspection. The acting manager managed the home in transparent way and resources were available to drive improvement such as the ongoing refurbishment of the home and the recruitment of new staff.

Staff confirmed they were supported by the acting manager and were confident that any concerns they raised would be taken seriously. We saw a positive culture promoted with the deputy manager being present within the home. The deputy manager encouraged staff to professionally develop and discussed her plans to delegate responsibilities for senior staff to undertake. We saw a positive rapport was in place between acting manager and staff team who told us they felt supported.

The Leys aims and objectives were on display and provided information to people regarding their rights to privacy and dignity and information regarding people's daily life and social activities being addressed and information about care plans and staff training. The homes philosophy of care stated that people and their relatives were encouraged to participate in monitoring and maintain quality standards of care for each person. Discussions with people, observations of care and records seen at the inspection, confirmed that these objectives and the homes philosophy were being met.

Systems were in place to support staff's well-being both physical and emotional through resources that were accessible to staff through the provider. All of the staff we spoke with told us that they felt supported by resources available to them. One member of staff told us, "I feel well looked after in the council; they are good employers."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.

Regular meetings were undertaken with people that used the service and their relatives. We looked at the minutes of these meetings; which included discussions on the amenities funds to discuss how they were to be spent. People were supported to be part of the local community and went out for pub lunches and in to local town. People had been involved in deciding the names of the different wings of the home following the refurbishment.

Staff confirmed they were provided with staff meetings and minutes were available for them if they were unable to attend. They told us that the culture of the service enabled them to speak with any member of the

management team if they had any concerns. One told us, "I can't fault the place; it's a lovely place to work with a great team of staff." Another person told us, "This is the best job I have ever had; I feel very supported."

Quality monitoring was in place and we saw that actions were taken to drive improvement. This included audits of the environment and infection control and food hygiene monitoring, medicine and care plan audits and audits of staff training and support. We saw that where actions were identified these were addressed. For example the acting manager had identified that staff supervisions had lapsed and she had taken action to address this and ensure it could be maintained by delegating responsibilities to senior staff. The acting manager confirmed that they kept up to date with current guidance to ensure they were following best practice guidelines. This included reading journals and we saw up to date guidance was on display such as Derbyshire dignity campaign and information from Derbyshire County Council on keeping adults safe. We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

We saw that the acting manager promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required. They told us, "We have good relationships with the local healthcare teams and they are responsive to our requests."