Tricuro Ltd

The Lawns

Inspection report

Fernhill Avenue
Weymouth
Dorset
DT4 7QU

Tel: 01305760881

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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

This inspection took place on 30 and 31 January 2017 and was unannounced.

The Lawns provides accommodation and personal care for up to 41 people. There were six vacancies at the time of inspection, one of these was a respite bed which was used for people who wanted to have a short stay in the home. The service is located in Weymouth and is a large detached building with bedrooms on both the ground and first floors. There are several fully accessible showers and assisted bathrooms available for people. There are lifts available to access the first floor of the home. The ground floor has a large lounge and dining area and people have access to a level garden to the rear of the home and use of a sensory room and several quiet lounge/seating areas throughout the home.

There was a registered manager in post. 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.

People felt safe at the service, they were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

People had individual risk assessments. Staff were knowledgeable about the risks people faced and their role in managing risk. We observed that risks were identified, communicated and managed promptly.

There were enough staff available so that people did not have to wait for support. People had support and care from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs.

People received their medicines safely and we saw that staff checked with people where they had medicines which were 'as required. Medicines were stored and recorded accurately.

The home had good links with health professionals and regular visits and discussions meant that people were able to access appropriate healthcare input promptly when required.

People were supported by staff who had the necessary training and skills to support them. Training was provided in a number of areas and refresher sessions were booked for certain topics on a regular basis. We identified that more specialist training would be of benefit and the registered manager arranged this promptly.

Staff understood and supported people to make choices about their care. People's legal rights were

protected because staff knew about and used appropriate legislation.
Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely this was in place.

Staff received training in areas which were relevant to their roles and were encouraged to undertake learning and development in other areas relating to the needs of the people living at the home.

People were supported by staff who respected their privacy and dignity and told us that they were encouraged to be independent.

People were supported by staff who knew their likes, dislikes and preferences. Staff told us that they communicated well and there were regular handovers at each shift change. There were clear processes in place for each shift and staff knew their roles and responsibilities.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

People had access to a range of activity options and had opportunities for one to one time with staff if this was their preference. The home had a sensory room which was used by staff to spend time with people who had advanced dementia.

Relatives told us that they felt welcomed at the service and people and relatives said that they would be confident to make a complaint or raise any concerns if they needed to.

There was a clear management structure at the service and the registered manager was available and acted on suggestions and feedback. There was a focus on high quality care which was expected by the registered manager and shared by staff.

Quality assurance measures were regular and information was used to identify issues or trends and actions were planned and taken in response to this.

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 had individual risk assessments and staff understood their role in
managing identified risks.

People were protected from the risks of abuse because staff knew how to recognise and report concerns and were confident to do so.

People were supported by staff who had been recruited safely with appropriate pre-employment, reference and identity checks.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

People at the service told us that the food was good and they had a choice about what they wanted to eat.

People had access to healthcare services regularly and communication with health professionals was effective.

Is the service caring?

Good

The service was caring.

Staff knew people well and were aware of their likes, dislikes and preferences.

People told us that they had choices about their care and staff

understood their role in supporting people to make choices.

People were supported to maintain their privacy and dignity.

People were encouraged to be independent by staff.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

People enjoyed a range of activities and there was support for people who preferred to not join group activities.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so.

Is the service well-led?

Good

The service was well led.

Staff and management communicated well and the registered manager was available for people and staff.

Staff felt supported and were confident and clear about their roles and responsibilities within the service.

Quality assurance measures were regular and used to drive high quality care at the home.

The Lawns

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 January 2017 and was unannounced. The inspection was carried out by an inspector and an Expert by Experience on the first day, and a single inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider had not been asked to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We gathered this information during the inspection. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also contacted the local authority quality improvement team to obtain their views about the service.

During the inspection we spoke with 14 people and four relatives. We also spoke with two healthcare professionals who had knowledge about the service. We spoke with seven members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care files of four people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us its "very nice here, I feel safe". Another person said they felt safe because staff were "helpful and professional". A relative explained that they felt their loved one was supported safely and said "they have been brilliant with my loved one ever since she has been here, also apply their cream safely". A relative explained that on one occasion their loved one had been supported safely because their sensor alarm alerted staff when they had got up and staff had responded promptly and prevented potential injury. We observed a person choosing a hot drink with their main meal. A staff member went and got this for them and checked the temperature before giving it to the person to make sure it would not scald them. We also observed a staff member supporting someone to the dining room in a wheelchair. They reminded the person to mind their hands when they moved them up to the table and made sure that the breaks were on the wheelchair so that the person was safe.

Staff understood about the possible signs of abuse and how to report any concerns. One told us about how they would identify possible abuse. One explained that because they knew people well, they were able to pick up on more subtle concerns including changes in facial expressions or changes in character. Staff were aware of the policies around protecting people from abuse and whistleblowing and told us that they would be confident to report if needed.

People had individual risk assessments which explained what risks they faced and what support staff should provide to manage the risks. For example, a person had a risk assessment around managing a medical condition. The assessment identified what the risks were and signs and symptoms staff needed to be aware of. It also gave clear directions about how to support the person to ensure that their medical condition remained stable. We observed staff discussing the risks of a person falling. They had fallen previously but had limited ability to recognise that they would be at risk of they tried to walk. Staff had observed the person trying to walk and reported this. The registered manager was aware of this and there were plans to use a piece of equipment to alert staff if the person got up to manage this risk. We saw that this was put into place promptly for the person. Accidents and incidents were reported promptly and included detail about what had happened, what actions were taken immediately and any actions to prevent reoccurrence.

People generally felt that there were sufficient staff but some felt that staff were sometimes rushed. One person said "we could do with some more staff, they are very tied to time". Another said "could do with more staff as at times bells are ringing for a long time". Another person explained that they sometimes had to wait because they needed two staff to assist them to move safely and this was difficult if they needed to access the bathroom. The registered manager explained that they had struggled with staffing at the beginning of the year due to an outbreak of infection which meant that staff had been off work. During the inspection we observed that call bells were answered promptly, within two minutes and the registered manager explained that the call bell system alerted if a bell was ringing for longer than this without being answered. Staff told us that although they were busy, there were enough of them to support people and to respond to call bells promptly.

Recruitment at the service was safe. Staff files included references from previous employers, applications

forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role. The registered manager told us that recruitment was one of the biggest challenges for the service and they were considering other opportunities to recruit including the use of social medias this had been positive in other Tricuro locations. The location had a large banner displayed externally to be easily viewed by students from the local college and the registered manager explained that they used some agency staff regularly and ensured that these were staff who had previously worked at the service and knew people and they were closely observed by senior staff. At the time of inspection, the service had some night and day staff vacancies and had block booked agency cover to ensure that staffing was sufficient.

Fire evacuation procedures were in place and each person had a person emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely. Emergency contact numbers for services and contractors in the local area were recorded and there were regular checks of the fire alarms, fire doors and fire safety equipment. The registered manager explained that any maintenance issues were raised with the local authority and they had a list of contractors who managed any repairs. The service had a sprinkler system and we saw that the local fire and rescue service had visited in December 2015 and found that there was a satisfactory standard of fire safety at the service. This demonstrated that the service maintained a safe environment for people.

Medicines were stored securely and given as prescribed. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines. We looked at the MAR (Medicine Administration Record) for four people and saw that the medicines correlated with the MAR. Some people had medicines prescribed 'as required'. Each of these medicines had a separate sheet in the MAR which outlined how the person would notify staff if they wanted their 'as required' medicine. We observed the staff member asking three people whether they wanted this medicine before administering this and they recorded this correctly in the MAR. We saw that MAR included important information about how people wanted to take their medicines. For example, one person only liked a little bit of water with their medicines and another preferred to take them with food. Staff were aware of these preferences and administered medicines for people in the ways described. We noted that some medicine stock which was stored was out of date and the registered manager told us that they would ensure that any out of date medicines were disposed of.

Good

Is the service effective?

Our findings

Staff had the correct knowledge and skills to support people. One person told us "staff are well trained and I don't need a lot of help". Two further people told us that staff were skilled and a relative said "staff are skilled enough, my loved one has always spoken highly of the staff". A health professional explained that staff were knowledgeable about the people they were supporting and said managers and staff "know a lot about their patients here". Staff spoke with confidence about people they supported and knew how to interact with people and what approach was appropriate for each person. For example, a member of staff explained about how a person could become upset later in the day. They understood why the person became upset and how they supported and reassured the person.

Staff spoke positively about the training they received at the service. Staff received training in a number of topics which the service considered essential, these included moving and assisting, infection control and dementia. Other distance learning options were available and included end of life care, diabetes and nutrition. Additional courses were offered in areas relevant to people living at the home. A staff member explained that they had been offered and completed training in diabetes which had helped them better understand how the condition affected people in the home. They also said that if they identified any training then they only needed to ask and were supported to attend where possible. When staff needed updates in essential training topics, the registered manager requested these and showed us training records which identified when updates were required and had been booked and completed. New staff completed an induction at the home and we saw an induction pack which included information about the home and Tricuro as well as information about a range of areas relevant to people at the service including information about nutrition and hydration in dementia and end of life care. New staff were also supported to undertake the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager explained that senior staff had received training as assessors and worked with new staff to meet the 15 standards and signed off their competence.

Staff received regular supervision and told us that they had opportunities to discuss practice and any learning and development needs. There was a supervision structure in place for staff and supervision was provided by senior staff and the registered manager. There was a schedule in place for 2017 so staff knew when they would have protected time with their supervisor. We saw that where supervisions had raised practice issues or observations about staff, these had been fed back to the registered manager who had followed these up with staff.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).
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.

We saw that people had MCA assessments in place and that these were decision specific and provided evidence about how the decision had been made. For example, one person had several MCA's and had been found to lack capacity with regard to some decisions but was assessed as having capacity with regard to receiving care at the home. Where people required decisions to be made in their best interests, these were documented and included who had been involved in the decision and whether it had been the least restrictive option for the person. The home had made DoLS applications for several people and some of these had been assessed and authorised. One person had conditions attached to their DoLS authorisation and the registered manager was able to tell us about these and their role in ensuring they were met.

Without exception, people told us that the food at the home was good. One person said its "lovely food and all home cooked". Another said "the food is amazing, really good". There were four choices for each main meal and the chef explained that they went to each person every day to ask them what they wanted to have. The menus were available daily on the dining room tables and outside the main lounge and included photographs of the actual meals. The chef was able to competently explain the dietary needs of the people living at the home and how they met these. For example, they were aware if people needed a softer diet so that they were able to eat safely and we saw that meals were provided in the way described. People were asked again about their choices at the point of the meal being served and the kitchen were prepared for these last minute changes. For example, a staff member explained that five people had ordered one choice but they had prepared eight just in case people changed their minds.

People had prompt access to healthcare service when needed. The home had weekly visits from two nurse practitioners from two local GP surgeries. They used a communication book to record any concerns or queries people had or requests to be seen and when the nurse practitioner visited, a senior staff member sat with them and discussed each person living at the home and any concerns or observations. The home had two treatment rooms which visiting health professionals were able to use which gave people a private space to discuss any health concerns. A visiting health professional told us that staff knew people very well, were welcoming when they visited and always accompanied them to see people. Staff sought advice from health professionals promptly if they had any urgent concerns and we saw that one person who had complain of pain received a visit quickly from a health professional following a referral from staff. The registered manager was in the process of making referrals for people for a visiting dental service and also ensured that people had regular eye check ups and chiropody input.

Good

Is the service caring?

Our findings

Staff were kind and caring and had a good rapport with the people they supported. One person said staff were "more than kind and do what they can to help us". Another person told us staff were "very kind, if I ask anything they do their best for me". A relative explained that staff were "definitely very kind and always have time for a chat". A health professional told us that they "observe staff to be kind and have caring body language". They said that people were calm and relaxed and this showed that the approach of staff was kind and caring. We observed that staff were tactile and reassuring with people and spent time chatting with people. Conversations showed clear rapport with appropriate humour and a relaxed atmosphere.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. A member of staff told us about how they supported one person to choose what they wore and assisted them to put the rest of their clothes away. Another explained that people decided when they wanted to get up and go to bed. They said "we talk to people, if they don't want to go to bed, they don't go". A person told us "they ask me if I need help and I either say yes or no but they help if I need it". We saw staff offering people choices throughout the inspection in ways which were appropriate for them.

People told us that staff knew what their preferences were and how they liked to be supported. One person told us "they know me and that I'm cheeky and chatty". Staff spoke confidently about several different people they supported and what they liked and what was important to them. For example, they told us about one person who liked to be involved in tasks around the home and how they supported them with this. It was important to another person to have their hair and makeup done nicely and a staff member explained how their face had lit up when staff supported them with this. People were supported by staff who were familiar to them. Although people did not know the names of all the staff, they were staff who were familiar and this meant that people were relaxed in their company.

Staff were aware of peoples communication needs and we observed that they changed their approach to speak with people differently in response to their individual needs. For example, one person had difficulty hearing so staff used a white board and pen to communicate with them.. A staff member explained that they used open questions to encourage the person to communicate with them and we saw them communicating with the person in the way described. The activities co-ordinator explained that they arranged some activities which encouraged people to communicate with staff and also with each other. They had found that using reminiscence cards of famous faces worked well as people often knew the faced and they then discussed what they were famous for and information about them. On the first day of inspection we observed several people in the lounge with the activities co-ordinator discussing some of the cards as they had described.

People were supported to maintain their privacy and dignity. One person explained that when they had visitors, they were offered a private room to talk if they wanted. We saw that when a relative visited during inspection, the person chose to use a quiet private room to spend time with them. A relative explained that

staff always shut the door and respected the privacy of their loved one. Another person told us "they always shut the door if I want them to and ask me as well and encourage me to be independent". Staff explained that one person had a medical condition which affected their dignity, they had found ways of supporting the person to retain their dignity and prevent other people from being aware of the condition which had been important to them. We saw that their wishes around this were clearly recorded in their care plan.

People were encouraged to be as independent as possible and we observed one person assisting with washing up after breakfast as this was a task they liked to undertake themselves. A staff member explained that another person liked to help to fold laundry which they encouraged and we saw that independence had been considered when people had their meals. For example, two people with sight loss had coloured plates as this enabled them to see sufficiently to be able to eat independently. Other people had plates with raised sides so that their food was easier for them to manage without assistance from staff. Another person was encouraged by staff to manage their own dental care as much as possible and staff assisted if they needed support.

The service had recently received re-accreditation with the Gold Standards Framework in September 2016, which sets out high standards for end of life care for people. Information about GSF was included in the information people received when they moved into the home and the senior care and community officers supported people in considering their wishes for their end of life care and we saw that this was recorded in people's care plans. The registered manager explained that senior staff met to discuss end of life support for people regularly and where people had required end of life care and wished to remain at the home, they had worked closely with health professionals to support them to do so. A relative explained that a senior carer had planned the end of life support for their loved one and they had been involved in this process. Where someone was receiving end of life care, we saw that they had a separate care plan which moved with them around the home and meant that staff had immediate access to relevant information about the person's health at all times.

Good

Is the service responsive?

Our findings

People had individualised care plans which reflected what support they needed and how they wished to receive their support. Information was recorded about people's personal histories and about how they wanted to receive support. For example, one care plan described that the person had a good sense of humour and enjoyed singing and helping out. It gave details about the person's life before they moved to the home and explained that to support the person, staff needed to be mindful that they needed advice about what order to complete tasks in and sometimes needed time on their own and reassurance from staff. Individual information meant that staff were able to have conversations with people about subjects which were meaningful to them. Care plans were regularly reviewed and we saw what changes had been made to people's care as a result of these reviews. For example, one person's care plan reflected what support they required at night. We saw that following a review with other professionals, the persons night support was changed to effectively meet their changing needs. This demonstrated that people received personalised care which was responsive to their needs.

Visitors and relatives told us that they were welcomed at the service and visited whenever they chose. There were several visitors during the inspection and the front door was always answered promptly by staff who welcomed people and ensured that they signed in the visitor's book before entering the service. Relatives told us that they were welcomed at the service and the chef told us that if visitors wanted to stay for meals, they set up a separate table so they could eat together as a family if they wanted this.

People enjoyed the activities at the home and there were enough staff to support people with a range of opportunities. The service had two activities co-ordinators who worked part time and enabled activities to be available Monday to Friday each week. Both co-ordinators worked on a Wednesday so this provided further opportunity for people to be supported out into the community or participate in individual activities. We saw that activities were planned and displayed in the communal areas so people could access the information. Planned activities included pet therapy dogs who visited weekly, yoga and outside entertainers. Other activities were arranged within the home and included opportunities for art and craft, musical afternoons and trips out to areas of interest in the local community. The activities co-ordinator explained that they were also completing a round the world topic where they focussed on different countries and had the native music, photos and foods and people talked about their experiences of visiting other places. On the second day of the inspection we observed people engaged in a physical activity and that they were communicating with staff and each other, encouraging and giving tips on how to do well with the activity.

The home had a Namaste room which was used for a programme of one to one care with people who had late stage dementia. The room included sensory items with lights and tactile materials and objects. We saw that people had spent time in the room with staff interacting in sensory occupations. For example, a staff member had given a person a pamper spa with a hand and face massage and painted their nails. Another had received a hand massage and had enjoyed the lights and scented oils and told staff they liked the smell. We saw that people had person centred plans for activities. For example, one person had a plan centred on

remembrance day and had been involved in chatting about their memories and singing songs from that time period. The activities co-ordinator said that they used online resources often to find opportunities which might appeal to people at the home and had recently introduced a new physical activity which had been enjoyed by people and would be something that they would repeat because of people's reaction and feedback.

Relatives told us that the home kept them updated and communicated effectively regarding the care of their loved one. One said "they are very caring and they will ring us if they have a fall". Another said that the home had involved her in discussions about their loved ones health condition and what actions to take. We saw that a visiting health professional had advised that an item be purchased for one person. This information had been shared with senior staff and recorded and a call made to the family during the same shift to let them know. The home had regular residents meetings to which relatives and those important to people were invited. Minutes from these meetings included staffing updates, updates about activities booked and ideas for other activities and any issues which people wanted to discuss. The home also produced a newsletter for people which let people know about planned dates for trips and included photographs of activities people had enjoyed. This meant that people and relatives had opportunities to feedback their views about the service and be updated about changes or developments. .

People and relatives knew how to raise any concerns and told us that they would feel confident in doing so. One person said "There is a lady I would talk to if I had any problems, but they are all approachable". A relative explained "if I had a complaint I would talk to one of the managers". Another person explained that they had mentioned to a staff member that they found something uncomfortable and staff responded straight away and replaced the item with something more comfortable for the person. The home had not received any complaints in the year prior to the inspection but there was a policy in place which was included in information given to people when they arrived at the service and we saw that documentation included what issue had been raised, what investigations had been undertaken and what the outcomes had been.

Good

Is the service well-led?

Our findings

A staff member told us that the registered manager was available when they needed them and felt that the way the staff team worked and the high standards they worked to was led by the registered manager. Another staff member said the registered manager knew the people living in the home well and understood what support they required. Another said that the registered manager was "available and approachable". People did not all feel that they saw the registered manager often, but explained that they could speak with them if they needed to. We saw the registered manager speaking with people in the communal rooms and also saw people visiting the registered manager in their office to ask questions during our inspection.

The service had a clear structure in place and staff had different roles and responsibilities. The registered manager explained that they had senior care and senior community officers and night shift leaders who supervised care staff and also ran the day and night shifts. Other staff roles included care and community services officers, care assistants, activities, administrative, kitchen and housekeeping staff. Each role has different responsibilities within the home and we saw that staff worked in the way the registered manager described and that the clear structure meant that information was shared and recorded promptly. Staff used a handover sheet to ensure that information about people was shared between shifts effectively. Staff had a verbal handover but the sheets were colour coded and provided an oversight of what had been happening for each person, each day. For example, for one person the handover gave clear direction for staff to monitor a health condition in the morning, a health professional then visited and gave further advice and prescribed medicine. Later in the day staff noticed a sore area of skin and reported this to a health professional for them to visit. The system worked effectively because staff were able to tell us the most up to date information about people.

There were regular staff meetings at the home which gave opportunities for discussions about best practice and to ensure that staff were aware of the priorities and challenges for the service. Minutes included suggestions from staff about increased infection control options following sickness at the home and agreement was given to purchase suggested items. Minutes also included best practice guidance about different areas of the service and reminders about roles and responsibilities of staff. We saw a written compliment which had been received from an agency member of staff which commented on how welcomed they had felt by the registered manager and by the staff team. It also highlighted the focus on person centred care and staff we spoke with during the inspection echoed the individualised approach to supporting people. Staff were positive about their roles and it was clear that they genuinely cared for people they supported. The registered manager explained that they were confident in their staff team and that communication between staff was good.

The registered manager explained that they had regular supervision from the operations manager and also had regular opportunities to discuss practice and updates with the other local registered managers at organisational meetings. They explained that they were supported well and able to contact someone when needed to discuss practice. They also attended cluster meetings which focussed on developing best practice for end of life care. Regular practice updates and information was received from several national organisations and the registered manager explained that they had used a dementia care audit tool from a

national organisation in the home to identify any areas for improvements. This led to the registered manager attending further dementia training to ensure that they were able to implement best practice for dementia care.

Feedback was sought from people through the use of surveys which were sent out annually to relatives, staff and involved professionals as well as people who used the service. The last surveys were collated in July 2016 and included responses from 15 people, 12 relatives and six health professionals. The majority if responses were positive with a few negative comments which related to the laundry and activities. The registered manager explained that they had made improvements and acted upon suggestions made. For example, some people commented that they struggled to see the television in the main lounge so a larger one was purchased and meant that people were able to better see the programmes and the subtitles. A staff survey completed in 2016 also showed that the majority of staff were happy in their role and this was further evidenced by good retention of staff.

Quality assurance measures were regular. The registered manager completed a number of monthly checks across the home including audits of falls information, building maintenance and care plans. These also included spot checks of two MAR each month and we saw that in addition there were health and safety audits completed regularly. The registered manager explained that accident and injury information was sent to Tricuro who collated it but that they also used the information to audit and identify if there were patterns or trends to the accidents. We saw evidence of this data being used in this way and the registered manager explained how it had been used with one person who now had additional equipment in place to minimise the risk of falls. The registered manager also explained that incidents of a person becoming upset had been audited and identified that there was a correlation with which staff supported them. They were able to alter the staffing support for the person and found that this had a positive impact. This demonstrated that audit information was used to change and improve the service delivery.