

Sure Healthcare Limited

Derwent House Residential Home

Inspection report

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Date of inspection visit:
24 January 2018
31 January 2018

Date of publication:
23 March 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

This inspection took place on 24 and 31 January 2018 and was unannounced.

At our last inspection in November 2016 we rated the service as 'Requires Improvement'. There was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, because record keeping within the service needed to improve. We saw evidence that care files and risk assessments were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm. At this inspection we found record keeping had improved and the service was now meeting legal requirements.

Derwent House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to support up to 65 older people and people living with dementia. The service is divided into two different areas; Derwent House supports people with nursing and residential care needs and Riverview Lodge supports people living with dementia. The service is set in a rural position, to the east of the city of York. There is a large car park to the front of the building providing ample parking on-site for staff and visitors. On the day of the inspection 53 people were using the service.

The registered provider is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection there was a new manager in post who had been working at the service for about four months; they had submitted their application to register as the manager of the service. Shortly after the inspection their application was accepted. We have therefore referred to them as the 'registered manager' in this report.

Medicines were stored and administered safely by staff. The recording of medicines received by the service was not always clear and protocols for 'as required' medicines were required for some people. We have made a recommendation about this in our report.

People told us they felt safe living at the home. Risks were appropriately assessed and managed. There were sufficient staff available to meet people's needs and the provider had employed a number of new staff recently, in order to reduce the usage of agency staff. Robust recruitment procedures were followed in order to ensure the suitability of workers.

There were cleaning schedules in place and the service was clean, tidy and free from malodours.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported in their role; they received induction, training and supervision. We found staff were knowledgeable about people's needs.

People were able to access healthcare professionals, such as GPs, when they needed to. Information about people's health needs and contact with healthcare professionals was recorded in their care files. We received positive feedback about the quality of meals provided and people were appropriately supported with their nutrition and hydration requirements.

People and relatives we spoke with told us that staff were caring, pleasant and helpful. We observed positive, warm interactions between people and the staff that cared for them. People's privacy and dignity was respected.

Activities were available to people, such as crafts, music sessions and games. The service built links in the community.

Care plans were in place which gave staff the information they needed to understand people's needs and support them appropriately. There were some occasional gaps in monitoring documentation, but generally records were well completed and showed that care was provided in line with people's needs and wishes. Care plans contained information about people's wishes in relation to end of life care.

People we spoke with told us they would know how to raise a concern and felt confident they would be listened to and action taken. We saw complaints records which showed that concerns had been investigated and responded to.

There were quality assurance systems in place to enable the provider to monitor the quality and safety of the service and drive improvement. This included a range of audits, satisfaction surveys and 'residents meetings'. Accident and incidents were analysed in order to learn from incidents that had occurred and prevent recurrence.

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.

Risks were assessed and appropriately managed. Staff demonstrated knowledge of safeguarding vulnerable adult procedures.

Medicines were administered safely by staff, but clearer recording of medicines received was required.

Robust recruitment procedures were followed. Additional staff had been recently recruited in order to reduce the number of agency staff used.

Is the service effective?

Good ●

The service was effective.

Staff received relevant training and supervision in order to meet people's needs.

People were appropriately supported with their nutrition and hydration, and had access to external healthcare professionals when required.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The environment was suitable for people's needs and the provider demonstrated knowledge of legislation and best practice.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and attentive staff. People's privacy and dignity was respected by staff. Staff encouraged people's independence where possible.

Staff made suitable adjustments to meet the diverse needs of people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place and regularly reviewed. These gave staff the information they needed to support people in line with their wishes and needs.

Activities were available at the home, where people wished to participate.

People were able raise complaints and give feedback about the service they received. Complaints were investigated and responded to.

Is the service well-led?

Good ●

The service was well-led.

Record keeping within the service had improved since our last inspection and the provider was now meeting legal requirements.

Some policies and procedures had been reviewed but work was on-going to complete the review of all policies to ensure they reflected current regulations and best practice guidance.

Quality assurance systems were in place to monitor the quality and safety of the service provided.

Derwent House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 31 January 2018 and was unannounced. On day one the inspection team consisted of two inspectors, a specialist advisor who was a nurse, and two experts by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. Day two was conducted by one inspector.

We used 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. Prior to the inspection we requested feedback from the local authority contracts and commissioning team and they provided us with feedback from their most recent contract monitoring visit. We reviewed the information we held about the service including notifications about any incidents in the service. We used all of this information to plan the inspection.

At the inspection we spoke with the registered manager, the deputy manager, the operations manager, the training manager, ten care workers (including nurses and care staff) and a member of domestic staff. We also spoke with ten visitors and 19 people who used the service. We looked around the home and observed daily activities, including the support people received with their medicines, the mealtime experience and interactions between staff and people who used the service. We looked at records relating to the care of 14 people. We also reviewed three staff recruitment records, induction and training records, and a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Derwent House. Their comments included, "I feel very safe living here; it's like home from home" and, "[It is] very safe here, plenty of staff around." Another told us, "It's lovely here. It's warm and comfortable and I have nothing to worry about." Relatives confirmed they had no concerns about people's safety, and one told us, "We think our relative is very safe here, we have no concerns."

At our last inspection in November 2016 we found there were areas where infection prevention and control practices could be improved and we recommended that the provider reviewed their infection control practices and took action to ensure staff followed best practice guidelines at all times. At this inspection we found the premises were clean and there were no malodours. There were cleaning schedules in place and clinical waste was disposed of appropriately. We observed staff wearing personal protective equipment (PPE) such as gloves and aprons. We saw staff used sanitising gel after they had supported each person with their medicines. A copy of the local NHS Foundation Trust's best practice guidance in relation to infection prevention and control was available for staff to refer to. A visiting health professional, who visited most days, told us. "The home is always clean and well maintained."

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and how the administration of medication was recorded. This included controlled drugs, which are subject to strict controls over their administration and storage. Medicines were stored safely, at the right temperatures, and records were kept for medicines received and administered. However, the method of recording when medication had been ordered and received was difficult to follow on one unit. Staff took immediate action to establish if the medication had been received, but there had been errors made in the booking in system. We also noted there were not always clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. Staff we spoke with were able to ask people if they required any pain relief, however protocols help staff, especially those who are less familiar with people, to determine the signs and symptoms people would display if they were in pain or distressed and may be in need of PRN medication.

Staff who were responsible for administering medication had received training. We also found periodic competency checks were carried out to make sure staff were working to expected standards. We observed staff supporting people with their medicines. They did this in a safe way that reflected good practice guidance. Staff used a medication administration record (MAR) to confirm they had given people's medicines as prescribed. We found the sample checked had been completed appropriately.

We recommend the provider takes action to ensure consistency of best practice in relation to recording the receipt of medicines and the use of PRN protocols.

Staff we spoke with were very knowledgeable about safeguarding policies and procedures. They told us they would report any concerns immediately to the registered manager or the local authority if required. Staff were also able to explain different types of abuse and how they would recognise abuse. We saw details

of safeguarding referrals made to the local authority in the year prior to our inspection, and these showed us the provider had reported concerns appropriately and taken action in response to investigation findings.

Robust recruitment procedures were followed, ensuring required employment checks were undertaken for new staff before they commenced in post. The provider obtained references and conducted a check with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were personal emergency evacuation plans (PEEPs) in place to ensure people's safety in the event of a fire or other emergency at the home. Health and safety checks were regularly completed. There were up to date servicing and maintenance certificates in relation to gas safety, electrical installations, fire extinguishers and the fire alarm systems. Portable electrical equipment was regularly checked and hoisting equipment and emergency lighting regularly serviced.

The service had received a rating of five at its most recent food hygiene inspection undertaken by the local authority Environmental Health Department in December 2017. Five is the highest score available.

Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, including the use of equipment such as sensor mats (used to detect when a person has got out of bed and may fall) and bed rails to prevent falls from bed. Risk assessments to prevent people developing pressure sores and risks associated with nutrition and hydration were also in place and evaluated monthly.

Staff used appropriate methods to ensure people were safe when they were supporting them. For example, we saw staff walked closely behind one person as they walked around using a walking frame. This enabled the person to be independent but with the assurance that staff were close by in case they needed assistance.

We looked at the arrangements in place for ensuring that the provider learned from any incidents and accidents that had occurred, in order to prevent reoccurrence. We saw that documentation was completed following any falls or accidents, and this included information about the action staff had taken in response. There was a monthly incidents analysis which recorded detail such as where incidents had occurred, the time of day, whether the incident was witnessed and the type of incident. This enabled the provider to analyse any patterns or trends and take any necessary action.

We asked people, staff and visitors about whether there were enough staff to safely meet people's needs. People told us there were, and their comments included, "[There are] plenty of staff around. Very rarely have to wait," "Seems to be well staffed here," "Always seems to be lots of people working here. Everything seems to get done" and "There is always someone around." Views from relatives and staff were more mixed. One visitor told us the service, "Sometimes seems to be a bit short staffed" but others said, "[I have] never seen anyone waiting for any length of time" and "[There are] usually enough" staff. Most staff felt there were sufficient staff but three staff commented that staffing was more stretched on a weekend and that the use of agency staff put pressure on regular staff.

We reviewed staff rotas for the four weeks prior to our inspection and found that staffing levels were generally consistently maintained, using agency staff where required. We found there were always staff available in the communal areas of the home throughout our inspection, and staff did not appear unduly rushed. They responded promptly to any requests for assistance. The registered manager told us they had

recently recruited a lot of new staff from another home locally that was closing. Four of these staff had already started but others were awaiting their recruitment checks. The registered manager told us they anticipated the recruitment of these new staff would enable them to reduce the number of agency staff required.

Is the service effective?

Our findings

We asked people if they felt staff had the skills to care for them well and everyone we spoke with felt they did. People's comments included, "They are all very good," "[Staff] couldn't be better" and "I think they do very well here. All seem to know what they are doing." Visitors told us that staff were approachable and communicated with them well.

Staff received induction, supervision and training. We reviewed the provider's training matrix and this showed that staff completed an appropriate range of training. A small number of staff had some gaps in their training but there were plans in place to address this.

We spoke with staff about the support they received. They confirmed they had regular opportunities for formal supervision and also attended staff meetings. They said they felt supported by the registered manager, deputy manager and community lead and that their concerns were listened to. Staff also confirmed that they were able to access training both face to face and on-line, and were encouraged to develop their skills and knowledge. One told us, "I have worked for other organisations in care but the training here is far better." We spoke with a recently appointed training manager who told us that they had completed a four day 'train the trainer' course to enable them to deliver moving and handling training to staff. They said, "If staff identify a person's mobility is changing which may require the use of equipment to move them I can deliver training quickly to staff so we can keep people safe."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were appropriate consent documents within the care files, for issues such as the use of photographs, agreement to go on outings and sharing of information. People had also indicated if they consented to be given the influenza injection. These were signed by the person, where this was possible, or their representative. Similarly people signed agreements to care and treatment and to the content of their care plans. Throughout our inspection we observed staff offering people choices and asking for people's consent before assisting them with aspects of their care.

The DoLS register for the service showed that, at the time of our inspection, there were people who were subject to a restriction and had a DoLS authorisation in place. The provider had also submitted DoLS applications for other people who were awaiting assessment by the local authority. The records we viewed showed that the provider had taken appropriate steps to ensure any restrictions on people's liberty were lawful and the least restrictive option. Not all staff were aware of specific conditions on some people's DoLS authorisations and the registered manager agreed to address this.

We found people's health care needs were met. Care records showed people had access to a range of health care professionals such as GPs, community nurses, dieticians and opticians. Staff contacted emergency services as required and used the out of hours call centre for advice. Records were made when healthcare professionals visited and what treatment or advice they provided. We spoke with a visiting healthcare professional who said, "I have no concerns about the care provided and staff notify us if they have concerns about someone. They make appropriate referrals at the first sign of any pressure areas developing and they are knowledgeable about people's care and medical needs."

There was guidance for staff around actions to take in the event of certain episodes or illnesses that may occur to individuals. Any allergies were clearly recorded within the file containing the medication administration records. The care files also included a 'hospital passport' which included basic information about the person's health and support needs. This helped enable easy transition between services.

Nutritional and hydration needs were assessed and documented. Staff recorded people's weight in their care files, so they could identify if the person required additional supplements or high calorific meals. Any special diets required were provided for. Weekly and monthly weights were audited to identify people with issues of weight loss and address these promptly. There were complete and up to date food and fluid charts for people who required extra support and monitoring in this area. Staff gave us examples of how they had supported people to gain weight, where this had been required.

We received positive feedback about the meals available. People told us, "Food here is good. There's always plenty to choose from," "Food here is super" and "The food is always very good." Throughout our inspection we observed staff regularly offering people hot and cold drinks and snacks. Meal times were well organised and enabled people to have a calm and enjoyable dining experience. People were offered a choice of meals. Clothes protectors, plate guards and specialised cutlery were used for those that required them. The food looked appetising and was served from a heated trolley which ensured people got their meal whilst it was hot. There was also a night time menu available from 10:00pm to 07:00am, with a choice of drinks and snacks.

The environment was pleasant, with good signage to help people orientate around the home. Stencils had been used on the corridor walls so that people could relate to objects to locate their bedroom. For example, there was a wall that had a sky line showing buildings in a major city. Other walls had pictures of flying planes and trees. The colours were bright, which helped people with poor vision move around safely. Bedroom doors were different colours and had the appearance of a front door with a letter box, which people would see on streets in the local community. The operations manager told us they were hoping to further develop the grounds of the property during the warmer weather, taking into account dementia friendly design features. One relative told us they thought the home was, "Very comfortable, very appropriate for people living with dementia; colour schemes, everything. Most uplifting."

The registered manager advised us that the service did not follow one specific recognised model of dementia care, but used a person centred approach, including elements of different models and best practice in relation to the environment and the care delivered. They demonstrated awareness of dementia best practice guidance and told us they intended to develop a dementia strategy for the service over the forthcoming year. Staff received training on person centred care and dementia awareness.

Is the service caring?

Our findings

We observed many positive, caring and kind interactions between people and staff. People told us, "Staff care about me. They are all nice to me," "They (staff) talk to me. I know them all" and "I have never had a problem and the important thing is they care." Others commented, "They are all lovely, very kind" and "My room is lovely. It's not my house but it's the next best thing and the staff are like family." Relatives and visitors told us, "The staff are very caring, pleasant and helpful. It's lovely," "Staff definitely treat people as individuals" and "I am sure they care about my relative. They help them to be as independent as they can and really seem to understand their needs." Another said, "My relative was very lonely and very sad before they came here. Now they join in everything. I can hear them singing. They have come on in leaps and bounds since they've been here."

From our discussions with staff, we found they knew people well and were familiar with the routines, preferences and personalities of people they supported. Staff spoke about people with respect and affection. Two staff had completed a fundraising bike ride and donated the money to the home in order to build a feature for the garden, for people's enjoyment.

Staff approach was person centred and people were treated as an individual. We observed staff encouraged people to do things for themselves where possible, in order to maintain their independence, but offered appropriate assistance where this was required.

We observed staff sitting with people engaging in meaningful conversations. We saw staff taking time to sit with one person who was distressed; they were asking where a close familiar member was. Staff used calm encouraging words to explain that their family member would visit them later in the day. This seemed to calm the person and they became more settled. We observed another person laughing with care staff as they were being supported to mobilise down a corridor. We heard the person referring to a staff member by saying, "She knows how much I love her." We also noted that ancillary staff took time to chat to people and demonstrated care and respect in their interactions. For instance, an administrator took one person their post and, with the person's permission, helped them to read and understand it, including liaising with their family. Interactions like this throughout our inspection showed that staff had built positive relationships with people.

People were treated with dignity and their privacy was respected. We observed staff knocking on people's bedroom doors and asking for their permission to enter before going in. Staff were able to describe how they maintained people's privacy and dignity when providing personal care. A relative told us, "From what I've seen, staff are very good at maintaining my relative's privacy and dignity."

People's confidential information was stored securely in locked cupboards and the office. We noted one occasion where staff left a confidential information cupboard open and unattended for a short period, and drew the registered manager's attention to this. They locked the cupboard straightaway and said they would issue a reminder to staff to ensure greater vigilance in this area. The provider had a policy in relation to confidential data and systems in place to protect electronic data. They were also aware of forthcoming

changes to data protection laws and preparing for this.

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in people's care plans and the staff we spoke with knew the needs of each person well. For example, they were able to describe one's person dietary needs relating to their faith, along with particular terminology the person used for certain items. All staff completed equality and diversity training.

No-one who used the service at the time of our inspection had an independent advocate but people were able to access the support of one if they wished. Advocates provide independent support for people to express their views and ensure their rights are upheld. We were given examples of people who had previously accessed the support of an advocate. People who were subject to a DoLS authorisation had a relevant person's representative (RPR). RPRs are required to independently represent people as part of their DoLS authorisation. The registered manager agreed to display the contact details of local advocacy services for people's information.

People were offered choice about day to day decisions, such as what to wear, what to eat and do. They were also encouraged to be involved in decision making about other aspects of their care where possible, via individual review meetings. There was opportunity for people to attend resident meetings to discuss issues about the service or give feedback. People were able to have visitors at any time, and relatives we spoke with confirmed that they were made to feel welcome.

Is the service responsive?

Our findings

At our last inspection in November 2016 we found the provider was in the process of transferring care plans on to a new format and further work was required to improve the quality and consistency of care planning documentation and care monitoring records. At this inspection we found the provider had made improvements in this area.

The provider completed an initial assessment of people's needs before they moved to the home, to ensure the service could meet their needs. A care plan was then developed for each person. Care plans contained information for staff about how to meet people's individual needs in a variety of areas, including communication, eating and drinking, washing and dressing, mobility and skin integrity. There was information about the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes. We found care plans were reviewed regularly, to ensure that information was reflective of people's current needs.

Staff completed monitoring records where these were required due to people's individual needs, such as repositioning charts, food and fluid intake charts and daily records. We noted some occasional gaps in records, such as gaps on a record of communication with relatives and missing dates and times on a catheter care record, but the majority of monitoring records were well completed and showed that care was provided in line with people's care plans and wishes.

Staff we spoke with were knowledgeable about people's needs and preferences and could describe the support people required.

Care plans contained information about people's wishes in relation to end of life care, including whether they would prefer to stay at the home or go into hospital, along with people's choice of funeral arrangements. Where appropriate there were Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in place for people. Some of these had minor anomalies or gaps, such as full next of kin contact information. We discussed with the deputy manager ensuring vigilance that any healthcare professional completing these documents does so accurately, and drawing their attention to any gaps as necessary. This would help to ensure people's wishes are upheld and there is no delay in communication, should the circumstance arise.

There was an end of life care resource file available to staff in the office. We also saw positive feedback in a compliment card the service had received from a relative, in relation to the support their relative had received in the final stages of their life.

People had access to a variety of activities. The provider employed an activity co-ordinator. We observed a number of people received hand massage therapy from a visiting professional and from staff. We also observed a music and singing session, run by an external facilitator, which was well attended. People joined in enthusiastically, singing and answering questions in relation to the music. There was a good selection of art materials, jigsaws, games and puzzles available and we saw displays of people's artwork in one of the

lounges. A relative told us, "They have lots of activities here. Old films, craft work, singing. There's always something going on."

At our last inspection we noted that the complaints procedure on display in the home was not in format which was suitable for people with dementia. At this inspection we found the complaints procedure in both entrances to the home needed updating to reflect the details of the new manager and the up to date contact details for the local authority. The format also needed further work to make it more accessible for people who used the service. The registered manager told us they would address this straightaway. Despite this, people we spoke with told us they would know how to raise a concern and felt confident that they would be listened to and responded to properly. Relatives told us, "I could always go to reception and speak to someone if I had a problem" and "Staff listen to your comments."

We looked at records relating to the management of complaints, and these showed that complaints had been investigated and action taken to resolve the issue. The provider had also received compliments and thank you cards. People had opportunity to raise any concerns and give feedback and suggestions about the service they received in resident and relative meetings and satisfaction surveys. We saw that people had discussed issues such as food, décor and activities at recent meetings, although it was not always clear from the minutes of these meetings what action had been agreed in response to people's feedback. The results of the most recent satisfaction survey conducted in March 2017 indicated there was generally a high level of satisfaction about the service. When sending out the survey the provider had also taken the opportunity to remind people how to raise a complaint should they need to.

Is the service well-led?

Our findings

At our last inspection we found that despite the quality assurance systems in place the provider had failed to ensure there was an accurate, complete and contemporaneous record in respect of each person using the service. Other areas of improvement were needed, such as infection control practices and the frequency of staff supervision. In addition, policies and procedures needed updating to reflect current legislation and guidance. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Good Governance.

At this inspection we found record keeping, infection control practices and the frequency of staff supervision had improved. The provider was no longer in breach of legal requirements. We found that work had been started to review policies and procedures, and we saw examples of policies that had been recently updated. However, further work was still required to complete the review of policies and procedures to ensure they all referenced current legislation and guidance. The registered manager advised us they were working on this as a high priority.

There was a new manager in post who had been working at the service for about four months. At the time of our inspection, the manager had already submitted their application to register with the CQC as the manager of the service. Shortly after our visit their application was accepted and they were registered as the manager.

People who used the service that we spoke with could not recall who the new manager was or having met them as yet. However, we saw the registered manager interacting with people who used the service throughout our inspection and noted that there had been opportunity for people to meet the registered manager at a recent 'resident meeting'. Staff told us they felt supported and their comments included positive feedback about the management team. Staff received supervision, appraisal and training, to provide them with opportunity to develop their skills and discuss any development needs.

We looked at minutes of recent staff meetings. These showed us that staff had opportunity to discuss practical issues in relation to the running of the service and individual's care needs, as well as reminders about training, health and safety, and learning from safeguarding investigations. The registered manager had also introduced nurse and senior carer meetings focussing of clinical aspects of care and quality improvement; including nutrition, continence and infection control.

We found the service had a positive and friendly atmosphere and staff were motivated to provide good quality care. Several staff members told us how much they enjoyed coming to work, including one who said they "Really liked the home, staff and residents." Despite some staff expressing concern that the use of agency staff and covering extra shifts had an impact on work pressures for regular staff, they were aware the management team were working to address this. Staff spoke warmly of people they supported and our discussions with staff indicated a culture where staff put the needs and wishes of people at the forefront of their work.

Prior to the inspection we sent the provider a provider information return (PIR). This was completed and returned with the given timescales. Services that provide health and social care to people are required to submit notifications to CQC in relation to significant events that happen in the service. The provider had notified CQC of events in a timely way since our last inspection. This meant we could check that appropriate action had been taken.

There was a quality assurance system in place to monitor the quality and safety of the service provided. This included the completion of a variety of monthly audits, such as infection control, medication, kitchen standards, catering and dining, laundry systems and environment checks. The provider had also developed key performance indicators to assess monthly statistics in relation to accidents and incidents, weight loss, pressure sores, occupancy and sickness, and complaints and compliments. This enabled them to monitor any trends and take appropriate responsive action. In addition, the provider contracted an external consultant to undertake regular audits of the service and provide objective feedback.

Audits were generally appropriately completed and we saw examples of action taken as a result of audits. For example, the completion of specific cleaning tasks identified in a kitchen audit, plus improvements to the presentation of tables, crockery and cutlery as a result of a catering and dining audit. The registered manager also provided us with examples of how quality assurance processes had led to improvements, such as behaviour monitoring recording. However, we noted that the issue we identified in one area of the home in relation to the recording of medicines received, was not picked up in the most recent provider audit.

In addition to the audits completed, the provider sought feedback on the quality of the service provided through annual satisfaction surveys.

The provider built links with the community. For instance, a local brownies group visited at Christmas to sing carols. A summer fair was held which was open to the local community. The service worked with a local community music group who ran coffee and music sessions at the service. People also attended the music group's events elsewhere in the community. Other local groups used space at the home on occasions for meetings.