Roseberry Care Centres (Yorkshire) Limited

Norbury Court

Inspection report

Devon Road
Sheffield
S4 2AJ
Tel: 0114 280 0990
Website: info@roseberrycarecentres.co.uk

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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

Overall summary

This inspection took place on 27 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 14 October 2013 and was meeting the requirements of the regulations we checked at this time.

Norbury Court is a nursing service that provides care for up to sixty people. It is a purpose built care service. At the time of our inspection fifty eight people were living at the service. The service has three floors; the ground floor is primarily used for people living with dementia who do not require nursing care. The service has five lounges, five dining rooms, a library room, a music room, a hairdressing room, an activities/games room and an enclosed garden.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There was a calm and friendly atmosphere in the service. The service was clean and had a pleasant aroma. During

Summary of findings

the inspection we heard people and staff singing along to music. We observed staff encouraging people to get up and dance with them. One person spoken with told us it was always like this at the service.

Our observations during the inspection told us people's needs were being met in a timely manner by staff. People told us staff responded promptly when they called for assistance. A few people told us they did not use a call buzzer or want one and they preferred to shout for assistance. One person demonstrated how effectively this worked. We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Our discussions with staff told us they were fully aware of how to raise any safeguarding issues and were confident the senior staff in the service would listen.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had personalised their rooms and they reflected their personalities and interests. There were memory boxes outside some of the rooms. There was good signage in the service to help people navigate around the building. People living with dementia may need such signs every time they move around a building. People spoken with told us they were satisfied with the quality of care they had received and made positive comments about the staff. Relatives spoken with also made positive comments about the care their family members had received and about the staff working at the service.

People had a written care plan in place. People's records were updated on a daily basis.

Individual risk assessments were completed for people so that identifiable risks were managed effectively. People and/or their representatives were included in the completion of these and they were reviewed regularly and in response to changes. There was evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food and said their preferences and dietary needs were being met.

Staff told us they enjoyed caring for people living at the service. Staff were able to describe people's individual needs, hobbies and interests, life history, likes and dislikes and the name people preferred to be called by. Staff completed induction, training and received ongoing support. Staff received specialised training to meet the needs of people they supported.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a range of activities available which included: sing alongs, arts and crafts and games. A group of people had gone on a trip to Cleethorpes earlier in the year. We looked at the service's newsletter dated 5 August 2014. It gave details of the events the service had held earlier in the year, a sports day and a summer fete. On the morning of the inspection a small group of people were carving pumpkins in the activities room. The service was in the process of recruiting an additional activities worker to enable more people to participate in activities in a group or on a one to one basis.

The provider had a complaint's process in place. We found the service had responded to people and/or their representative's concerns, investigated them and had taken action to address their concerns.

Regular residents and relatives meeting were held at the service. A copy of the latest relatives meeting minutes was available for people and visitors to the service to read. In the reception area there was an information board with details of future projects planned for the service. For example, changes to the garden area. This meant people and their relatives or representatives were kept informed about information relevant to them.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. There were effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt "safe". Staff were fully aware of how to raise any safeguarding issues. People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff. People and relatives spoken with did not have any concerns about the service's staffing levels.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Is the service effective?

Good

The service was effective. Staff received induction and refresher training to maintain and update their skills. Staff were supported to deliver care and treatment safely and to an appropriate standard.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated. There was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were met.

Is the service caring?

Good

The service was caring. People and relatives made positive comments about the staff and told us they were treated with dignity and respect. The staff were described as being friendly and approachable.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes, hobbies and interests, their life history and their personal care needs.

Is the service responsive?

Good

The service was responsive. People's care planning was person centred. Care plans were reviewed regularly and in response to any change in people's needs.

Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

Summary of findings

Is the service well-led?

Good

The service was well-led. People spoken with knew who the registered manager was and knew they could speak with her if they had any concerns. The registered manager actively sought peoples and their representative views, by sending out surveys and holding regular meetings at the service.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

There were regular checks completed by the registered manager and deputy manager within the service to assess and improve the quality of the service provided. The provider also completed regular checks at the service.

Norbury Court

Detailed findings

Background to this inspection

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

This inspection took place on 27 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a second adult social care inspector and a specialist advisor. The specialist advisor was a registered nurse who had experience in caring for older people. The service was last inspected on 14 October 2013 and was meeting the requirements of the regulations we checked at that time.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from health care professionals who had visited the service, the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The health care professionals we spoke with were a member of the specialist falls assessment team, two district nurses, a social worker and the local GP. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with ten people living at the service, five relatives, the registered manager, two nurses, four care workers, two domestics, an activities worker, an administrator and the assistant cook. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets, storage rooms and with their permission where able, some people's rooms. We reviewed a range of records including the following: six people's care records, twelve people's medication administration records, four people's personal financial transaction records, four staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People spoken with told us they felt "safe" and had no worries or concerns. One person commented: "I'd talk to the boss if I didn't feel safe". Relatives spoken with felt their family member was in a safe place.

The registered manager had a process in place to respond to and record safeguarding vulnerable adults concerns. We saw a copy of the local authority safeguarding adult's protocols and the registered manager told us relevant staff followed them to safeguard people from harm.

Staff received training in safeguarding vulnerable adults. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the senior staff in the service would listen.

We looked at the care records of people who use the service. We saw that care records were colour coded so staff could clearly identify whether people received nursing care or residential care. People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. For example, a person may need to be regularly repositioned in bed to reduce the risk of them developing a pressure sore.

We spoke with the administrator at the service; they showed us the provider's care service software management system to manage people's personal allowances. The administrator told us the provider paid for any expenditure. For example, for the hairdresser or the chiropodist. We looked at four people's financial transaction records and saw where monies had been paid in by a relative or a representative that a receipt had been issued. We looked at the personal allowance records for two people. The amounts invoiced to each person showed the correct balance remained. A statement could be generated for each person with a personal allowance. We found there were satisfactory arrangements in place to record people's financial transactions to safeguard people using the service from financial abuse.

We looked at the systems in place for managing medicines in the service. This included the storage and handling of medicines as well as twelve people's Medication Administration Records (MAR). We did not identify any concerns in the sample of MARs checked. We noted that five people had been prescribed a medicine that must be given thirty to sixty minutes prior to food for best effect. We spoke with staff and found the arrangements in place could be more robust to ensure this advice was followed. We spoke with the registered manager who assured us that more robust arrangements would be put in place.

An external medication audit had been completed by a pharmacist in July 2014. It included an action plan which the registered manager had completed. The senior staff completed regular medication audits and identified any action staff needed to take. We looked at the medication audits completed in September 2014 and October 2014. We saw evidence that action had been taken by the deputy manager when errors had been identified and/or to improve the management of medicines. This told us that people were protected from the risks associated with medicines because the service had appropriate arrangements in place to manage medicines.

The service had a nominated infection control lead and regular infection control audits were completed at the service. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas. The service's communal areas smelled pleasant and the communal bathroom and toilets were clean and tidy. There was a cleaning schedule in place for staff to follow. There was also a cleaning schedule in place for equipment. For example, a schedule for cleaning wheelchairs. Where there were any ongoing concerns about unpleasant aromas in a few people's rooms domestic staff told us they undertook additional cleaning in these areas. For example, using the carpet cleaner more frequently to enable people to live in a pleasant environment. We also spoke with people in their rooms. We found people's rooms had a pleasant smell and were clean. People and relatives spoken with did not have concerns regarding the cleanliness of the service. One person commented: "the service is kept really clean". A relative commented: "on the odd occasion there is a smell but it is sorted out quickly by staff".

There was a system in place for staff to record any areas in the service that needed attention and a maintenance worker was employed by the service. We saw evidence that regular checks were undertaken of the premises and equipment. For example, staff call system checks, a mattress audit and wheelchair visual checks.

Good

Is the service safe?

We reviewed staff recruitment records for four staff members. The records contained a range of information including the following: application, interview records, Disclosure and Barring Service (DBS) check, references including one from the applicant's most recent employer and employment contract. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This told us that people were cared for by suitably qualified staff.

The registered manager told us they reviewed the staffing levels within the service on a regular basis by using a dependency assessment tool. This is a tool used to calculate the number of staff they need with the right mix of skills to ensure people receive appropriate care. For example, number of nurses and number of care assistants for each unit. We looked at the last two dependency assessments completed by the registered manager. We saw they reflected the increase in the number of people living at the service and their level of need.

People told us staff responded promptly when they used their call buzzers to call for assistance during the day or night. People did not express any concerns about the staffing levels within the service. Two people spoken with who had good mobility told us they didn't want a call buzzer in their room, they told us they preferred to shout if they wanted a member of staff. One person shouted out to a staff member to come and join us in their room to show us how effectively this worked to call for assistance. Relatives spoken with did not have any concerns about staffing levels. One relative commented: "I have had no concerns about staffing levels; there is always somebody [staff] around. You hear the bells ringing but they (soon stop) always go off".

Our observations during the inspection told us that people's needs were being met in a timely manner. However, on the ground floor we noted the availability of staff to provide assistance during a meal time was limited. We observed a person asking another person in the lounge area to support them to use the toilet as there were no staff located nearby to ask for assistance. This resulted in the person not being supported appropriately to maintain their dignity as the toilet door was left open by the person assisting them. We spoke with the registered manager who told us normally an additional member of staff was available to support people during the meal time.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible. The registered manager showed us an example of one person's records and the type of incident that had occurred during the last month. The registered manager had also recently completed a falls data analysis which considered the general pattern of falls, staff numbers and activity and people's individual risk assessments. The registered manager showed us the action they had taken as a result of the analysis. For example, reviewing a person's falls risk assessment and putting additional measures in place to prevent recurrences.

Good

Is the service effective?

Our findings

Throughout the inspection there was a calm and friendly atmosphere within the service. During the inspection we heard people and staff singing along to music. We observed staff encouraging people to get up and dance with them. One person spoken with told us it was always like this at the service. They commented: "it is not miserable at all, it is a lovely atmosphere". Another person commented: "it's nice in here, its lovely".

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently. One of the nurses spoken with told us there was plenty of equipment and if they needed anything they just spoke with the registered manager.

People spoken with told us they were very satisfied with the quality of care they had received. Their comments included: "the staff treat me really well, they have done a great job putting cream on my legs today", "it's first class and the staff who work here are first class" and "I like living here, you get looked after really well". During the inspection we observed staff explaining their actions to people and gaining consent.

Relatives spoken with told us they were satisfied with the quality of care their family member had been provided with and were fully involved. Their comments included: "there is nothing you could improve, it is so good", "they [staff] encourage [family member] to have drinks, she is so much better", "anything we ask we always get told", "since [family member] came here, he eats a lot better and has two or three breakfasts" and "I have been invited to all the reviews and the GP reviews as well".

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. One relative commented: "the doctors been to see [family member] two or three times, they [staff} bring the doctor in pretty quick". The service had a written and verbal process in place for the staff handover between shifts. The documentation used included details of people's individual dietary needs. This helped staff to identify and respond effectively to people's changing needs.

On one of the floors staff told us that a few people had chosen to have early breakfast at eight am and then have a second breakfast later in the morning. We saw there was a variety of food available for breakfast. For example, toast, cereals or a cooked meal. People could choose to eat their meals in the dining room or in their room. People told us they were satisfied with the quality of the food. Their comments included: "the food is lovely", "the food is not bad" and "the meals are the best bit, somebody gets them ready for us". One person told us that on occasion the serving of a meal would be interrupted because staff had to support one or two people who had behaviour that could challenge. They understood why they needed support but the meal would end up not being as hot as they liked it. We spoke with the registered manager who told us they would review the arrangements in place at meal times.

We spoke with the assistant cook; they were baking cakes on the morning of the inspection. They described how they planned people's meals and they described people's individual likes and dislikes. They were aware of the people who needed a specialised diet and/or soft diet. They showed us a list which was kept in the kitchen for the catering staff to refer to. There was also a list of people's birthdays so staff could bake a cake for them. This told us that people's preferences and dietary needs were being met.

The registered manager used a staff training spread sheet to monitor the training completed by staff. We looked at staff records and saw staff received training relevant to their role. The training provided covered a range of areas including the following: moving and handling, fire safety, infection control, dignity and respect, dementia, and health and safety. The nurses completed specialised training to meet the needs of people they supported.

The registered manager had a supervision and annual appraisal schedule in place for staff. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. With staff permission we looked at two staff files and saw evidence they had received regular supervision. One staff member had also received an annual appraisal. Staff spoken with told us they felt supported by the senior staff in the service and encouraged to maintain and develop their skills. Their comments included: "I can't fault the manager, her door is always

Good

Is the service effective?

open", "we get support from the deputy manager, nurses, and nothing is too much trouble for them". This told us that staff were supported to develop their skills and deliver safe care to an appropriate standard.

Care staff spoken with were able to tell us how they supported people who had behaviour that could challenge others. Staff described how they would change their communication style and/or approach. For example, a different member of staff would approach the person as they may react differently to them.

Staff received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. They aim to make sure people in care services, hospitals are looked after in a way that does not inappropriately restrict their freedom. That this is only done when it is in the best interests of the person and there is no other way to look after them. Our discussions with staff told us they had gained a good understanding of MCA and DoLS.

The provider had policies and procedures in relation to the MCA and DoLS. The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person.

Good

Is the service caring?

Our findings

In the reception area of the service there was a range of information available for people and/or their representatives. This included: Alzheimer's Society, help available for carers and information for when a person dies. There was also a pictorial display providing information if someone was worried about someone close to them losing their memory.

One person we spoke with described how they came to visit the service, meet the staff and look all around it. They had decided to come and live at the service as the staff seemed really welcoming and it was nice place. A relative described how they had brought their family member to visit the service and to meet the staff. They decided at the visit they wanted to live at the service and to choose a room.

We saw people could choose where to spend their time. For example, two people had decided to stay in bed and get up later. Some people had chosen to stay in their rooms or to sit in one of the lounges. Other people liked to wander up and down the corridors. One person told us they liked to keep their door open so they could see people and staff going by.

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "the staff are marvellous, can't fault them", "the staff are very good and they look after us", "I can't grumble about the staff", "staff are alright", "they [staff] are smashing", "[nurse] is lovely, she is very nice" and "they [staff] are really easy to talk to".

Relatives spoken with also made positive comments about the staff. Their comments included: "they [staff] are lovely" and "[nurse] is amazing, if I have any worries I will go and speak with [nurse]". Another relative described how staff had arranged a party for their family members' wedding anniversary in the service's training room. Their family members' relatives and other people living at the service had attended. The relative told us it had been a great success.

The registered manager told us there were two dignity champions at the service. They were the registered manager and one of the activities workers. We saw information about the champions and about treating people with dignity and respect displayed in different areas of the service.

It was clear from our discussions with staff that they enjoyed caring for people living at the service. Their comments included: "I believe I treat people how I would like to be treated", "I love it here, I am learning all about dementia and how it effects everybody in a different way" and "I love my job, it is very satisfying". Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, likes and dislikes and the name people preferred to be called by. For example, one staff member told us one person was interested in steam trains and cars. Another staff member described the type of music a person liked to listen to.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. For example, explaining the different options available to eat for breakfast and giving the person time to make a decision. We also observed that staff adapted their communication style to meet the needs of the person they were supporting. For example, singing to a person as this provided reassurance whilst they supported them with their personal care.

Where people found it difficult to communicate when they were in pain, the nurses used a pain tool to help people tell them where the pain was located and the level. We also saw there was information kept with people's MAR charts which gave details on how people communicated they were in pain. For example, this could be by facial expression or by demonstrating a particular behaviour.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The registered manager told us that staff would be attending further training in end of life care; to introduce the "five priorities for care". This is a new new approach to caring for people in the last few days and hours of life, that focuses on the needs and wishes of the dying person and those closest to them, in both the planning and delivery of care wherever that may be.

Good

Is the service responsive?

Our findings

People's care records showed that people had a written plan in place with details of their planned care. We found people's care planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. People's individual needs had been assessed and any risks identified. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. Two relatives expressed how well staff knew their family member. One relative commented: "they [staff] know her really well".

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs. However, in one person's care record's we identified that some of the information contained in their records needed updating as it held contradictory information. For example, changes to how the person was supported with their moving and handling had not been reflected in all the documents relating to this area. We found this had not impacted on the care and support being provided to the person and staff were aware of the person's individual care needs. A care worker spoken with was able to describe in detail how the person's needs had changed since they had come to live at the service. We spoke with the registered manager who assured us the care plan would be reviewed.

We saw people's records were updated on a daily basis. One of the nurses told us that each person's wellbeing was checked daily. This check was recorded in the person's daily notes and on the staff handover sheet. There was a written and verbal system in place for staff handover between shifts so information was shared about people's wellbeing and care needs.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. We saw that there was a range of activities available for people to participate in, which included: games, arts and crafts and quizzes. There was an activities board displayed on each floor of the service. On the morning of the inspection a small group of people were carving pumpkins in the activities room. We observed care workers spending time with people that was not task orientated. We saw there were examples of art work that people had completed displayed in the activities room. A relative spoken with told us that their family member really enjoyed sitting and listening to the singer who came to visit the service regularly. One person told us they would like more activities to be available, another person told us they would like to spend more time outdoors. We spoke with the registered manager, they told us the service was recruiting an additional activities worker and applicants were attending interviews on the day of the inspection.

The complaints process was on display at the service. Details on how to make a complaint had also been included in the 'service user guide'. We reviewed the service's complaints log. We found the service had responded to peoples and/or their representative's concerns, investigated them and taken action to address their concerns. People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member.

Relatives spoken with told us they would speak with the nurse in charge or the manager if they had a concern or complaint. One nurse commented: "I would always make sure the problem was sorted out whatever it is".

Good

Is the service well-led?

Our findings

People knew who the registered manager was and that they could ask to speak with them if they had any concerns. Staff spoken with told as the registered manager was "hands on" and she operated an "open door" policy so staff could speak with her if they had any concerns.

The provider had sent out a quality assurance survey to people, relatives and staff at the beginning of 2014. The outcome of the survey and the action being taken had been displayed on a notice board for people to look at. For example, two relatives had raised concerns that there could be unpleasant odour on occasion at the service. The action taken by the service was to introduce regular checks by the housekeeping supervisor and the registered manager to identify areas that required deep cleaning. Full details of the results of the survey were available in the manager's office.

The service held regular residents and relatives meeting. We looked at the minutes of the residents meetings held in June 2014 and September 2014. A range of topics had been discussed which included: meals and activities. The minutes also included the action agreed as a result of the meeting. For example, to book a dancing act for the monthly entertainment and to move the knitting needles and wool to the activity lounge so it was available for everybody to use. We looked at the minutes of the relatives meetings completed in June 2014 and September 2014. A range of topics had been discussed including: events arrangements, the service's Facebook page, dementia arts festival, Deprivation of Liberty Safeguards and changes to the service and staff. A copy of the latest relatives meeting minutes were displayed on a notice board and a copy was available for people to take away. One relative told us the minutes were really helpful as it enabled them to be involved in any of the planned events at the service.

There was a staff organisation chart with pictures displayed on the ground floor. We noted a few staff were not wearing badges at the time of the inspection. One person told us they couldn't remember people's names so they looked at their name badges. People living with memory impairment may not always remember a staff member's name. Wearing name badges enables visitors to the service to clearly identify staff they have spoken with or the staff on duty.

All staff spoken with made positive comments about the staff team working at the service. The manager told us that the service held regular staff meetings to review the performance of the service. We saw a range of team meetings were held at the services and these included: a laundry team meeting, a general staff meeting, care staff meeting, heads of department meeting and qualified nurses meeting. We looked at the minutes for the qualified nurses meeting completed in September 2014. We saw that a range of topics had been discussed regarding the performance of the service. These topics included the following: new care plan documentation, medication and the delivery of care. Nurses spoken with told us they could raise concerns at the meetings and the minutes were shared with all the units in the service. We also looked at the minutes for the care staff meeting completed in July 2014. A range of topics were discussed including the following: infection control, Deprivation of Liberty Safeguards and team working. Regular staff meetings help to ensure that people received a good quality service at all times.

There were planned and regular checks completed by the senior managers within the service to check the quality of the service provided. The checks completed at the service included: medication audits, equipment checks, infection control audits and care plan audits. These checks were used to identify action to continuously improve the service. For example, the infection control audit had identified that more aprons and additional pedal bins were required.

The provider's regional operational manager and/or nominated individual regularly visited the service to complete checks. We reviewed the audit completed in August 2014 by the provider's nominated individual. The audit covered a range of areas including the following: care plan checks, hospital admissions, medication, environment, infection control, nutrition, complaints and concerns, incidents, activities, staff training, staff meetings and relatives and resident meetings completed. The audit had also included speaking with people, relatives and visitors to the service and speaking with staff. The audit included details of the action completed as a result of the last audit and a new action plan for the manager to complete to make further improvements.

The service was a member of the Dementia Action Alliance and had been awarded the right to use the logo. Members of the alliance complete an action plan setting out what

Good

Is the service well-led?

they can do to make a difference to people living with dementia. The service was a member of the Research Ready Care Service Network. This means the service is working with the National Institute for Health Research to support the delivery of high quality research so that people living in care services and NHS patients can benefit from new and better treatments.

The healthcare professionals we spoke with prior to the inspection gave positive feedback about the service. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.