Brunelcare

Saffron Gardens

Inspection report

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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

The inspection of Saffron Gardens took place on 26, 27January and 4 February 2015 and was unannounced. At the last inspection on 23 August 2014 we found the service did not meet the regulations we inspected. These were in relation to the care and welfare of people who used the service, staffing and quality assurance. We found that the provider had made the improvements required.

Saffron Gardens provides accommodation for nursing and personal care for 72 people living with dementia. It also has a re-ablement unit which provides support for 24 people who had been discharged from hospital before going back to their own homes or a different care setting.

A registered manager was in post at the time of our visit. 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 requirement of the law; as does the provider.

Summary of findings

People, who were able to answer our questions, told us they felt safe living at Saffron Gardens and felt able to raise any concerns. Comments included “I didn’t like it at first but I got used to it I feel safe”.

Staff knew how to keep people safe. They were able to describe the different types of abuse and what they should do if they suspected abuse. The provider had a policy on protecting people from abuse. It contained detailed information about definitions of abuse.

There was sufficient staff to meet the needs of people using the service. People were observed to receive a consistent and safe level of support and received their medicines as they needed them.

There were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). This guided staff on how to protect people who lack capacity to make their own decisions.

Effective systems were in place to reduce the risk and spread of infection. The home was clean, hygienic and well maintained. The environment had been adapted to meet the needs of the people using the service.

People told us staff were caring, kind and compassionate. One person said “ staff are kind to me, they are really nice”

Appropriate checks were undertaken before staff began work. This helped to make sure people were supported and cared for by staff that had been judged safe to work with vulnerable people.

Equality and diversity were promoted at the service. People's needs in relation to ethnicity, gender, age and disability were recorded in their care plans so that these needs would be met. People told us staff were caring, kind and compassionate. One person said “staff are kind to me, they are really nice”.

There were various effective quality assurance systems in place. These included audits, house checks and through regular discussions during the annual care plan review.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People's medicines were looked after safely. Suitable systems were in place for the ordering of medicines. Records showed that people's medicines were available for them

There was sufficient staff to meet the needs of people using the service.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Appropriate checks were undertaken before staff began work to minimise the risk of unsafe staff.

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There were effective systems in place to reduce the risk and spread of infection.

Good

Is the service effective?
The service was effective

People had their needs assessed and their preferences and choices met.

Staff understood the importance of gaining consent to care and giving people choice.

There were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). This guided staff on how to protect people who lack capacity to make their own decisions.

Good

Is the service caring?
The service was caring.

People were involved in the planning of their care and steps were taken to identify people's preferences. Staff were caring, kind and compassionate.

People were supported and involved in decisions about their treatment and care.

People were treated with dignity and respect. Equality and diversity were promoted at the service.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People had their preferences and choices met in their daily lives.

The provider took account of complaints and acted on them to make improvements..

Good

Is the service well-led?
The service was well-led

Good

Summary of findings

People who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted on.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Policies and procedures were in place to provide guidance to staff about their work practices.

Various audits were undertaken to maintain quality of the service.

Saffron Gardens

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 26, 27January and 4 February 2015 and was unannounced. The inspection team comprised of five inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the last inspection on 23 August 2014 we found the service did not meet the regulations we inspected. These were in relation to the care and welfare of people who used the service, staffing and quality assurance.

Before the inspection we looked at the information we held about the service including notifications they had sent us. Notifications are information about specific important events the service is legally required to send to us. 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 spoke with two professional visiting the home on the day.

During the visit, we spoke with 20 people using the service, 10 relatives, three nursing staff, 21 care staff, an activities organiser, the training manager, registered manager and a member of the senior management . We observed how the staff interacted with people who used the service. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building. We looked at a sample of 20 records of people who used the service and 10 staff records. We also looked at records related to the management of the service.

Good

Is the service safe?

Our findings

People's medicines were looked after safely. Suitable systems were in place for the ordering of medicines. Records showed that people's medicines were available for them. Doctors visited the home regularly and reviewed people's medicines. Staff recorded when they gave people their medicines. Records confirmed that people were given their medicines correctly.

We saw people being given their lunch time medicines in a safe way. Staff on two units described how some people were more likely to take their medicines if they were supported to take them in a particular way. This helped make sure people had their medicines as prescribed to maintain their health. One person told us that staff were very good with managing their medicines.

Medicines were stored safely on each of the units. However on one unit the arrangements for keeping medicines needed additional security as was not fully safe. Staff told us the action they were already taking to address this.

The re-ablement unit provided facilities for people to look after their own medicines, if this was appropriate. Staff told us that no-one currently staying on the unit was able to look after their own medicines. We saw information about the type of support people might need to help them manage their own medicines if they returned home.

.People who used the service were protected from the risk of abuse. Staff spoken with were able to describe their responsibilities in safeguarding people in their care. They were able to identify the different types of abuse and what they should do if they suspected abuse. Staff told us they had received training and records we saw evidenced this.

People told us they felt safe. Comments included "I didn't like it at first but I got used to it I feel safe. They're nice to me. They would come quickly if I asked for help I am happy here, happy enough the way things are.

The provider had a policy on protecting people from abuse. It contained detailed information about definitions of abuse. The policy provided guidance for staff on the action they must take if they suspected any abuse, the acceptance of gifts and gratuities and whistle blowing. For example, they would report any concerns to the local authority safeguarding adult's team. One staff member said, "if I had a concern I would report it to my manager. I know that if nothing was done about it, I will definitely go further and there is a number on the notice board to call".

The whistle blowing policy outlined the protection given to staff who disclosed any alleged or suspected abuse and staff knew they could report any abuse without fear of being found out.

We had been notified about an incident between two people. We looked at the care plan for one of these people and found that appropriate action had been taken in response to this incident to keep them safe. Staff had been offering meaningful occupation and monitoring the person's behaviour.

Staff were able to describe how they would respond to an incident and ensure it was correctly reported. We saw incidents were fully reported by staff and assessed by the registered manager to ensure measures were taken to minimise the risk of it happening again.

There were enough qualified, skilled and experienced staff to meet people's needs. Some people were not able to comment about the staff working in the home. Each person using the service had been risk assessed to determine their level of need and how much support they needed. People's level of need was reviewed on a regular basis to ensure it accurately reflected the level of support the person required.

Due to the complex health care needs of people living in the home there were three staff including a team leader on duty in each unit with the 12 people who used the service. At least two qualified nurses were on duty during the day and one qualified nurse at night. There was one carer on each unit at night and two carers floated between the four units. We looked at previous staffing rotas and those planned for the next two weeks and there were no inconsistences. The numbers were also met the needs of the people cared for in those units.

Staff told us they felt they had sufficient staff on duty during each shift to enable them to meet people's needs. One member of staff said, "it gives us time to talk to people and chat to them". Staff told us they enjoyed working in a relaxed atmosphere, and that they didn't feel they needed to rush when delivering care. One staff member told us "We have more time; we can go at our own pace and at the pace of the residents".

Good

Is the service safe?

One relatives told us, ‘’there are always lots of staff about, we come at different times of the day and it’s always the same”. Another relative told us “I never tell staff in advance when I’m going to visit, so I feel in the last two years or so I have seen my relative in good and bad moods, and seen the unit at both calm and hectic times. I have always felt re-assured that my relative is safe and being cared for in a way I would expect”.

Care plans contained individual assessment of people’s needs to ensure staff were aware of the level of care and support to be delivered. This included individual risk assessments relating to people's skin integrity, bedrails, falls, moving and handling and nutrition. These included the action needed to manage any identified risks and keep people safe. Risk assessments were reviewed regularly, with the care plans.

There were effective systems in place to reduce the risk and spread of infection. The premises were clean and free from odours. The bathrooms were well maintained, clean and bright which aided people's vision.

There were appropriate safety hand rails throughout the home These were safety feature that supported people who could easily lose their balance. Flooring was appropriate with non-slip flooring in the bathrooms and some bedrooms. Carpets were clean and in good condition with no trip hazards.

People's bedrooms were clean and tidy. The staff told us they had cleaned the mattresses when someone vacated the room to promote infection control. There were six domestic cleaning staff who were able to keep the service clean and free from infection.

We found there was dedicated hand washing facilities throughout the home and staff and visitors were encouraged to use the hand sanitizers in the designated area within the home. There were protective clothing such as gloves and aprons available for care staff. One member of staff told us “I think people’s awareness has really improved and I would not hesitate to stop someone doing something if they weren’t wearing gloves”.

There was a process for segregating clean and dirty laundry. This ensured the risk of cross contamination was minimised. There were also suitable arrangements in place for the handling and disposal of clinical waste. The staff told us that regular checks were carried out of the environment and we saw cleaning rotas were in place and checks regarding cleanliness of facilities were completed.

All fire safety equipment was in place and were regularly serviced. There was a completed inspection reports carried out by Avon Fire and Rescue Service in 2013 and the provider's fire risk assessments were current with a review date.

Records showed that the provider carried out weekly fire alarm tests. The service employs a handyman who carried out repairs on reported faults. This ensured that people who lived at Saffron Gardens were cared for in a safe environment.

Appropriate checks were undertaken before staff began work to ensure that they were suitable to work with people. For example, the sample of records we looked at confirmed staff had been subject to a Disclosure and Barring (DBS) check. Proof of identity, two written references and information about applicants’ physical and mental health, had also been obtained. Carrying out pre-employment checks helped to make sure people were supported and cared for by staff that had been judged safe to work with vulnerable people. The completed application forms we looked at required applicants to provide a full employment history.

Good

Is the service effective?

Our findings

We observed lunch in different units and saw that people were offered a choice of what to eat and drink. People were asked where they wanted to sit to eat lunch; some people chose to eat in the dining area, whilst others chose to sit elsewhere. One member of staff told us "we try and sit people at the table with others because it creates a more social environment, and if possible we (the staff) sit with them as this helps to get the conversation going and it encourages people to eat". Another member of staff told us "I will often have a coffee with X and a chat; I know that they are more likely to drink their coffee if I'm having one too".

Another member of staff told us "I think that there could be a bit more variety in the menu" and "lunch isn't too bad but the choice during the evening is more limited". Another staff member told us "The food is a bit bland, but we try to offer as much choice as possible".

Care staff helped people to choose their meals by showing them two different types of main course and dessert and asking them to choose. There were sufficient staff to help people eat their meals. They were all attentive to people's needs and focused on the person. For example, they gave people their food at the person's own pace, they offered people encouragement to eat their food, they told people what was in each mouthful and they listened to what people had to say. They offered people a choice of drinks and listened to what they have to say.

There were snacks available throughout the day, including fruits. A coffee morning was held at 11am on the first day of our inspection and we saw a variety of small cakes and doughnuts had been provided as well. Hot and cold drinks were available all the time – if people were able to make their own drinks as part of their reablement plan they could, or staff would make them. One member of staff told us, "the great thing here is that it is not institutionalised. People can have food or drinks whenever they want, not just at set times". In general people liked the food. People told us, "the food's nice. I like a roast dinner but you don't get that so often. I get enough to eat" and when we asked another person if they had enough to eat they told us, "yes, definitely". However, one visitor told us they thought the portions were not big enough "for a man".

Some of the people had complex dietary requirements, such as a need for food supplements or a diabetic diet. The staff monitored food and fluid intake where needed, and where risks had been identified, these were acted upon and clinical indicators (care plans) had been implemented. For example, we saw one care plan that had been developed where staff had raised concerns about a person whose food and fluid intake had reduced.

On the day of our inspection, the GP was visiting. We saw that staff knew which people needed to be reviewed by the GP and the reason why. For example, we saw that staff had raised concerns about one person was experiencing bladder problems. Staff had identified the risk of a urine infection and had referred the person for a review. The care notes reflected this. The GP reviewed the person and the outcome had been documented in the notes and the family had been informed. One visitor told us their relative saw the doctor regularly and confirmed that staff told them when a doctor had been called. Another visitor told us, "we only had to mention something like X's swollen ankles and the doctor is called immediately". Another relative told us, "they're quick to call the GP and tell the family if X has got a cold or anything".

We saw from records that each person's care was monitored regularly. There were contact with health professionals such as the palliative nurses, district nurses, opticians, hospital consultants and dentists. People's records clearly identified which professionals were involved in their care, their contact details and any instructions given to the home to promote a person's wellbeing.

Care plans showed when people had been referred to a chiropodist and an optician and that these had taken place. Where necessary the care plans had been put in place to reflect any changes in people's care needs. One staff member told us "I read all the plans when I started so that I knew everything about the people living here". Another staff member told us "I read the care plans to make sure I'm doing things the right way, like hoisting for example, it's important to know which sling to use". Other staff told us that they hadn't read the care plans, but they knew they could if they wanted to. When we spoke with some staff though they not all had read the care plans it was clear however, that they were familiar with the needs of the people they were caring for. They knew people by name and were able to discuss their likes and preferences.

Good

Is the service effective?

Staff told us they had completed a five day induction programme prior to working unsupervised. They told us they had completed training on topics such as safeguarding adults, The Mental Capacity Act 2005 (MCA), infection control and moving and handling. During discussion, staff demonstrated their learning to us. For example, one staff member told us "some of us are doing a year long dementia course, which is brilliant. We are encouraged to bring our learning back to work and to share it with the teams". They told us what they had learnt which enabled them to carry out their role more effectively. Another staff member told us "I've learn new ways of stimulating people with dementia that doesn't necessarily mean planned activities. These shorter activities can still have a positive impact on people; one of the team is just reading the news headlines to X over coffee, but you can see that they are involved".

People's rights were protected as required by MCA and Deprivation of Liberty Safeguards (DoLS).

This is legislation that protects rights of people who are unable to make decisions about their care and treatment. DoLS provide legal framework to deprive a person of their liberty I it is in their best interest to do so. Applications had been submitted to the local DoLS team for three people and these had been granted so they could receive care and treatment at Saffron Gardens.

People had had an assessment of their capacity to make the decision about whether they wished to be resuscitated. Where they did not have the capacity to make that decision there was a record on the form to say that the decision was made in their best interest in discussion with their relatives.

Three people had bedrails to stop them falling out of bed. Each of these people had had an assessment of their capacity to make a decision about the use bedrails. Where they did not have capacity the decision to use bedrails had been made in their best interests.

Staff had attended training on mental capacity and how this links with deprivation of liberty. Staff were knowledgeable and were able to explain how they assessed people's ability to make decisions and how to gain consent when delivering care.

Staff understood the importance of gaining consent to care and giving people choice. For example, one member of staff told us "we always ask if someone wants a wash, a shower or a bath. If they refuse, then we go back later and ask again in case they have changed their minds. Just because someone doesn't want a shower at 8 am doesn't mean they don't want one at 9.30 am, and if they want one at 7pm then that's fine too". Another member of staff told us "It's important that people are kept clean and that we meet their hygiene needs, but we always ask them first".

We reviewed the training plan at Saffron Gardens. We saw that gaps in training had been identified and that training had been booked during the first part of 2015 to fill these gaps. 100% of staff had completed dementia awareness training and there were plans to provide bi-annual mental capacity and DoLS training and equality and diversity training for staff by August and September 2015 respectively. Staff told us the training was informative and relevant to their roles.

A system was in place to monitor staff training and supervision meetings to review staff development and performance and this was also overseen by the provider. Staff told us they were given the opportunity to express themselves through regular one to one meetings. One staff told us "it is much better and more positive than last time. One member of staff told us they were due to be supervised that day.

The environment had been adapted to meet the needs of the people using the service. The units were decorated in line with best practice guidance for dementia care. All the bedroom doors were painted a different colour and had the person's name and photograph on them so that people could find their rooms. Each door had a door knocker on it to give the person the idea that it was their front door and their space. The walls were painted in soft colours and the bedroom doors were painted in contrasting colours so they stood out. The doors, like the staff room and cupboards, were painted in neutral colours so that they would blend in with the walls and discourage people from entering

Good

Is the service caring?

Our findings

People told us staff were caring, kind and compassionate. One person said " staff are kind to me, they are really nice". One relative told us , "I have observed on so many occasions that staff will take time to comfort residents who seem to be showing signs of distress, even during busy period like mealtimes"

A relative told us "I can honestly say that they have had the best treatment there. The staff showed considerable kindness in what was sometimes challenging circumstances. The work they do there is second to none, many staff when above and beyond what they needed to do for her and they showed their dedication and considerable patience, care and understanding towards my relative".

Another relative told us "I never tell staff in advance when I'm going to visit, so I feel in the last two years or so I have seen my relative in good and bad moods, and seen the unit at both calm and hectic times. I have always felt re-assured that my relative is safe and being cared for in a way I would expect". Comments from other relatives included " The home is a very caring environment. Staff are like angels. They are caring. We are very happy with our relative's care and we have no concerns. Each time we come to visit the place is very calm. The place is very clean and staff are marvellous".

One relative told that when describing the care it was "above and beyond expectations it's like an extended family" One email from a relative in the 'compliments' file read "any relative being transferred here should feel extremely comfortable about it".

People who used the service told us "It's lovely. They (Saffron staff) have got me back on my feet. I've got a walking frame. I'm going home today hopefully". A visitor told us they were happy with their relative's treatment "Yes, you should have seen X before. As far as I can see, staff look after X properly – they're pretty good, very patient".

People were involved in the planning of their care and care was delivered based on people's preferences. Staff who that they got to know people so that they knew about their needs and preferences and what was important to them. They said that the care plans had information in them about people's interests and families. They asked people about their hobbies and their past work so that they could talk to them about these.

All interactions observed between staff and people who used the service showed warmth and sincerity. One qualified nurse took time to tell us about the personal history of one of the people who used the service. The nurse explained that they encouraged staff to sit to talk with this person as she has no family nearby.

Staff said that they provided person centred care. They described this as putting the person first at all times, offering choices and making sure people had a say in how they were cared for. Another member of staff told us that they had come to work in home because they specialised in dementia care and person centred care. One member of staff told us "It feels more natural" and "personally, I think we provide outstanding care here".

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People were treated with dignity and respect. Each person had their own room with an ensuite for privacy. Rooms contained people's personal possessions. Personal care took place in the privacy of people's rooms or the bathrooms. One member of staff told us how they maintained people's dignity and privacy. They said that they kept the door closed when providing personal care. When the washing people they would cover them with a towel. If people were able to wash themselves they would hold up a towel to screen them.

Equality and diversity were promoted at the service .People's needs in relation to ethnicity, gender; age and disability were recorded in their care plans so these needs would be met. Staff told us that there were no people where they worked who needed a specific cultural diet. However, they said that they would make sure that the kitchen had information about any different dietary needs when necessary. One staff member told us that every person using the service was treated equally regardless of their race, age or their sexual orientation.

Good

Is the service responsive?

Our findings

People had their preferences and choices met in their daily lives. Staff told us how they helped people to make choices. For example, in the morning they would ask people if they were ready to get up. They would show people three or four outfits and ask the person what they wanted to wear. They described how they helped one person to make a decision. The person did not like a lot of things so the staff member went through a list of things, listened to what they had to say about them and helped the person to decide which things would make their life easier

People were supported to make choices around the care they received. One relative told us "I have visited my relative on all days of the week, and a variety of times. I never tell staff in advance when I'm going to visit. I have always felt re-assured that my relative is safe and being cared for in a way I would expect".

Social activities and rooms were provided for people living with dementia to encourage their involvement. The units were brightly decorated and people who used the service were able to personalise their rooms if they wished. Staff had placed items throughout that are important to people. For example, we saw memory boxes, and saw that some people chose to have music playing as a form of reminiscence and relaxation.

Staff told us they were arranging day trips for people in the coming weeks. One said "We are planning a trip to Cadbury Garden centre; I know several people who will enjoy that" and another member of staff told us "X had always said they didn't want to do anything, or go anywhere, but they went on a trip recently and really enjoyed themselves. We are planning more trips out for people now, which is good; it can't be much fun staying in all the time".

All of the staff in the building, including staff who were not directly involved in the delivery of care, knew people by name.

We saw visitors at different times of the day during our visit. There was an activity organiser and we saw that activities took place in the afternoon in two units. We saw that the three people were very engaged and interested in the activity while two other people were asleep. One relative told us, "as far as activities go I've always seen a lot going on, especially craft work, puzzles etcetera. My relative doesn't usually want to join in with these, but she is asked. Soon after my relative went into Saffron staff discovered that she enjoyed singing, and they always encourage her to sing whenever the opportunity arises".

People had opportunities to be involved in social activities in the reablement unit. A cognitive stimulation therapy group involving four people was taking place. The purpose of which was to help people with memory difficulties.. All people were included in the activity which centred around discussion of well-known old wives tales. Staff displayed knowledge about each of the people's history or past working lives which enabled them to relate the activity to the person in a personal way. For example one care staff said " You used to work in a bakery is it true that you need cold hands and a warm heart to make good pastry?". This encouraged reminiscence and social interaction.

People had their needs assessed and their preferences and choices met. Care plans showed that full risk assessments had been completed for people and where necessary clinical indicators had been documented and reviewed on a monthly basis. Examples of assessments noted included mental capacity assessments, day and night assessment and behaviour assessments. All of the assessments had been reviewed on a monthly basis or more frequently if required

A care plan had been put in place to inform staff of action that they needed to take. This included a referral to a dietician for support and advice, dietary supplements, weight and Body Mass Index (BMI) monitoring. BMI is used to calculate if a person has a healthy weight to prevent malnutrition of being overweight. The care plan showed that over a period of three months, staff followed the guidance and the person's weight and BMI increased. Once the dietician had discharged the person from their service, the care plan had been closed. A visitor we spoke with told us "X has put on a lot of weight – he's happy". Other care plans included incontinence, percutaneous endoscopic gastrostomy (PEG) feeding, pressure areas and sleep pattern.

We looked at the food and fluid charts for people in different units. We saw that staff had completed these forms consistently. One staff we spoke with told us, "It's important to show what people are eating and drinking. We've got systems in place to make sure they're completed.

Good

Is the service responsive?

The care plans in one unit had a section called "being with me." We looked at four care plans and found that these were not yet completed in full. There were sections to record people's likes, dislikes and preferred routines. There was also a section called "care at a glance" which described the daily routine for the person. The sections about likes, dislikes and personal routines had been completed for three other people. We discussed this with the registered manager who told us that the above documents were being replaced across the service so all information was consistent but was being improved.

Another care plan contained a section called "this Is me." This contained information about people's family contacts, likes and dislikes, personal history, interests and hobbies and things they would like staff to know. We looked at three care plans and these sections had been completed. A senior member of the management team told us that there was a plan for "this Is me" documents to be used in all the care plans across the service.

In two units staff showed us “this is me” booklets that had been completed, either with the help of people who used the service or their relatives. The booklets were devised by The Alzheimer’s Society and are aimed at enabling health and social care professionals to see the person using the service as an individual, so improving person centred care. All of the booklets we saw had been completed. There were care plans in place in relation to the needs identified. Two visiting relatives told us they had been involved in completing the section about their relatives’

There was a complaints procedure in place that enabled people and their relatives to raise any concerns about their care. People and their relatives told us they were encouraged to raise concerns as it helped the home to improve the quality of their service. The complaints records included information about the complaint, the investigation, the outcome and any follow-up. There had been one complaint about lack of activities in one unit. This had led to a review of the staffing levels and an increase in social activities. Another complaint had led to improvements in the laundry and cleaning.

Good

Is the service well-led?

Our findings

The service had gathered the views and experience of people living at Saffron Gardens. A consultant had conducted a detailed observation of care in one unit in July 2014 and in other units in October 2014. In July the consultant noted that staff were task focused and missed opportunities to engage with people. They made several suggestions for improvements. A member of the senior management told us that since the observations and suggestions for improvement they had started a programme of workshops and training to improve staff understanding and practice in dementia care over the next 12 months.

We saw job descriptions that were comprehensive and staff spoke positively about their role. Staff told us they were happy in their jobs. They told us "I love working here; I fell in love with the place when I came for my interview" and "I would recommend Saffron as a place to work and a place to live. I enjoy making a positive difference to people's lives".

The provider conducted audits to maintain quality of the service. Records showed the registered manager completed monthly audits. These included audits relating to complaints, people's dependency and staffing, as well as staff training. These reports were then sent to the provider. Records showed that actions had been implemented by the provider within a set timescale.

Accident records were kept and audited monthly to look for trends as part of the quality assurance process. This enabled the registered manager to take immediate action to minimise or prevent accidents. The provider gave us a copy of their latest accident audit. This audit showed that the registered manager identified possible concerns relating to people falling, and was taking appropriate action. For example, referrals had been made to the falls clinic. One member of staff showed us how falls were analysed. This was to raise awareness with staff. Another staff member told us that audit outcomes were shared with the team as a whole in order to ensure everybody understood any required changes.

People told us that their views were listened to and respected. Survey questionnaires had been sent to people who used the service, their relatives and other professionals. The responses had been collated and action plans drawn where necessary. One person told us, "I made complaints over the food previously. The chef came to speak to us. They listened to us and changed the menu to meet our preferences". Another person told us, "If I have concerns or views I tell the manager. They act on them very quickly". Another person told us, "I have no concerns, but I'd let someone know if I did".

The registered manager told us they had recently placed suggestion boxes around the building for anybody to use to suggest improvements to the service. They also planned to engage more with the local community during 2015 in order to create external links with schools and churches for example.

All of the staff we spoke with told us they felt well supported. If they had any issues or concerns they would have no hesitation in reporting them, and all said they felt they would be listened to.

Staff were aware of the changes in management and leadership and told us "The new manager is around a lot more and even helps out if needed. It's made a real difference" and "We know we can talk to any of the managers at any time and we will be listened to. We are being asked for our thoughts on how to make things better for people who live here and that makes us feel more involved".

Senior staff told us they had weekly meetings with the registered manager and that these were useful and informative. They told us "Improvements are ongoing here, but as team leaders we are asked for our input. The registered manager has an open door policy, and we are definitely on the right path". Also "we have our weekly meeting, and then we feed back to our teams on the units. We have staff meetings as a whole, every three months or so". The minutes of the last two meetings were shown to us. Attendance was good and that there was a focus on improving the quality of service provision. Staff told us about the introduction of a "5 day handover sheet" that had improved communication amongst the staff. Staff told us "The new sheet means that even if we have been off for a couple of days, we can easily see any changes to people's care needs; it's working really well".

Staff told us the deployment of staff had improved. They said that they had a staff workshop to look at how they can save time. The nurse in charge told us that there had been

Good

Is the service well-led?

an increase in staff in response to concerns from staff. The nurse in charge said that there were now six carers and one nurse on one of the units on each shift. This helped to look after people safely.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. We looked at samples of health and safety risk assessments and monitoring tools. For example, Fire risk assessment and health and safety risk assessment of the premises. In all assessments we saw, where issues had been identified; appropriate action had been taken and recorded to rectify the situation and improve the service.

Policies and procedures were in place. The policies and procedures gave guidance to staff in a number of key areas to ensure that work to an appropriate standard. These included infection control, health and safety, complaint and accidents and incidents. Staff demonstrated that they were knowledgeable about aspects of this guidance by signing to say they had read and understood this.