Regal Care Trading Ltd

The Park Beck

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

Summary of findings

Overall summary

The Park Beck provides accommodation and personal care for up to 37 older people most of who were living with dementia. There were 16 people living at the home at the time of the inspection. People required a range of help and support in relation to living with dementia, mobility and personal care needs.

We carried out an inspection of The Park Beck in July 2015 where we found the provider had not met Regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used. We imposed an additional condition on the provider's registration which required them to identify all areas at the home where maintenance and repair was needed in order to keep people safe. Following this inspection, June 2017, this condition was removed.

We undertook a further inspection in September 2016 where we found continued breaches in relation to the maintenance of the home and the quality assurance. There was also a breach of regulation 9 because people did not always receive care that was person centred. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

We followed our enforcement processes and issued a warning notice for the continued breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting the regulations.

There was a quality assurance system in place which identified and addressed shortfalls. There was improved communication between the provider and registered manager and maintenance issues were now addressed in a timely way. There was ongoing maintenance and redecoration inside and outside the home to ensure improvements continued and were of a good standard. The registered manager had a good oversight of what was required to continue to drive improvements.

Staff had a good understanding of providing person-centred care. They knew and understood people as individuals and supported them to make their own choices and decisions. There was a range of meaningful activities taking place throughout the day. These included group and one to one activities designed to suit

each individual person.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after. Medicines were stored, administered and disposed of safely by staff who had received appropriate training. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff to meet the needs of people. Recruitment records showed there were systems in place to ensure staff were suitable to work at the home.

There was a training and supervision programme in place. This included observations of staff in practice and assessment of their competencies. Staff told us they felt supported by the registered manager and could discuss concerns with him.

People were given choices about what they wanted to eat and drink. A variety of food and drink was provided that met their individual needs and preferences

Staff knew people well, they communicated clearly with them in a caring and supportive manner and had developed good relationships with them. People were treated as individuals and staff respected their dignity and choices.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff asked people's consent before they offered any care or support.

Visitors were always welcomed at the home and could visit whenever they wished. The registered manager was committed to developing an open culture where continuous learning could take place.

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 Park Beck was safe.

There was ongoing maintenance and redecoration which ensured the home was maintained to an appropriate standard.

There were enough suitably qualified and experienced staff to meet people's needs.

There were systems in place to manage people's medicines safely.

Staff were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

Is the service effective?

Good

The Park Beck was effective.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received the training and support they needed to enable them to meet people's needs.

People's nutritional needs were met.

People were supported to maintain good health and had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The Park Beck was caring.

People were supported by staff who were patient, kind and caring.

People were treated as individuals. Staff respected people's dignity and right to privacy.

Staff were committed to ensuring people were supported to make their own decisions and choices.

Is the service responsive?

Good

The Park Beck was responsive.

People received care which was personalised to reflect their needs and wishes.

People were able to make individual and everyday choices and staff supported them to do this.

Staff had a good understanding of providing person-centred care. They knew and understood people as individuals.

People were supported to engage in a range of meaningful activities of that suited their individual needs.

There was a complaints procedure and complaints were handled appropriately.

Is the service well-led?

Good

The Park Beck was well-led.

There were systems in place to ensure shortfalls were identified and addressed.

The Registered manager had created an open and positive culture at the home. All staff were committed to improving the lives of people who lived there.

The Park Beck

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 was an unannounced inspection by one inspector and took place on 19 and 20 June 2017.

Before the inspection, 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 reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with all the people who lived at The Park Beck. This helped us understand the experience of people who could not talk with us. As some people had difficulties in verbal communication we spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home, including the bathrooms, sluice rooms and some people's bedrooms. We spoke with nine staff including the registered and deputy manager and the cook. The nominated individual was also present throughout the inspection. A nominated individual is the responsible person within the organisation. They have responsibility for supervising the management of the carrying on of the regulated activity. They speak authoritatively, on behalf of the organisation, about the way that the regulated activity

is provided.

We reviewed a variety of documents which included five care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed the records of the home. These included information in regards to the upkeep of the premises, staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures.

Good

Our findings

At our inspection in July 2015 we found the provider had not met Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used and we imposed an additional condition on the provider's registration.

At our inspection in September 2016 where we found some improvements had been made however, the provider was still not fully meeting all of the requirements of the regulation. An action plan was submitted that detailed how they would meet the legal requirements.

At this inspection we found improvements had been made and the provider is now meeting the regulations.

People told us they felt safe living at the home. Throughout the inspection we saw people were comfortable to approach staff and ask for assistance or advice. One person told us, "I'm perfectly safe here." Visitors told us they felt reassured their relatives were in a safe place.

At the last inspection we found that some stair treads on the fire escape had holes in them, these had been replaced. The lift had previously been noisy and vibrated, work had been done to address this and although there was still some noise the lift was now in good working order. The registered manager had told us these works had been completed before the inspection and this was confirmed during the inspection. A recent fire risk assessment had been completed by an external contractor and no serious concerns had been identified. Work had commenced to address minor recommendations.

There was evidence of ongoing maintenance and redecoration inside and outside the home. The registered manager had an action plan in place which identified where maintenance was required and how this would be addressed. A maintenance person worked at the home for 30 hours a week and was responsible for the day to day upkeep and routine checks. Work had taken place to redecorate people's bedrooms and communal areas. There was ongoing work to further develop the home. This included replacing vanity units and flooring in people's bedrooms. Some of this had been commenced and we saw further vanity units had been delivered to be installed by the provider's contractor.

The rear garden had been improved with level access, paving and seating areas. The area was secure and accessible and used by people throughout the inspection. All of the garden area was well maintained by external contractors. The outside smoking area was well-used and was being redecorated during our

inspection. Records showed the area was regularly deep cleaned and kept tidy.

There were servicing contracts which included gas and electrical servicing, hoists and lifts and legionella checks. Regular environmental and health and safety checks had been completed. These included a fire checks and drills, call bell tests and window restrictors. The home was clean and tidy throughout. The registered manager and deputy manager completed regular checks to ensure a high standard was maintained.

People were protected from the risk of harm from abuse. Staff had received regular safeguarding training and updates and understood their responsibilities in keeping people safe. They were able to tell us what actions they should take if they believed people were at risk and this included reporting to external organisations. The registered manager continued to work with the local safeguarding authority to make sure all concerns were reported appropriately. He had a clear understanding of his responsibilities in identifying and reporting all safeguarding concerns.

There were a range of risk assessments and these included mobility, nutrition, skin integrity and falls. There was information within the risk assessments and care plans to inform staff how to support people safely. This included the use of pressure relieving equipment, mobility aids and sensor mats. Where people required pressure relieving cushions and these were in use during the day. When people moved to a different area of the home staff ensured they had their cushions with them. Some people had risks associated with health conditions and care plans contained information about how to keep people safe. The weather was very hot during the inspection and staff reminded people to stay safe in the sun. They were offered sun cream and there was a supply of sun hats which people used. Staff regularly checked on people who were outside and encouraged them to sit in the shade.

At the previous inspection we found there were not always enough staff on duty to support people in a person-centred and timely way during the afternoons. At this inspection we saw there were enough staff and people were supported in a timely way throughout the day. One staff member said, "What I like about working here is we always have time for people, we can always sit with them and chat with them." The registered manager told us recruitment of staff had taken place and this included maintenance staff and an activity co-ordinator and there had been an increase in the amount of hours for domestic staff. The registered manager told us one member of care staff had recently been recruited and was shadowing existing staff and a further staff member would start once appropriate checks had been received.

People were supported to receive their medicines safely. Staff were knowledgeable about people and the medicines they had been prescribed. There was a system to order, store, administer and dispose of people's medicines safely. Medicines were given to people individually and staff signed the Medicines Administration Records (MAR) after the medicine had been taken.

Where people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or agitation. There were protocols in place for their use which meant people received medicines only when they needed them. Before giving these medicines staff asked people if they needed them. One staff member told us about medicines one person required if they were anxious or agitated. They said, "I always try and distract them first, with a cup of tea or a chat. I don't go straight in with the medicine." MAR charts were well completed and regularly audited to identify if they had been any errors which would be addressed immediately. All staff received medicine training. Those who administered medicines received advanced medicine training and underwent competency assessments to ensure they had the knowledge and skills required to do so safely. These competencies were checked annually.

People were protected, as far as possible, by a safe recruitment system. Appropriate checks were undertaken, including references and criminal records checks with the Disclosure and Barring Service (DBS). Staff did not start working until satisfactory checks had taken place. There were copies of other relevant documentation including references, interview notes in staff files.

Good

Our findings

People told us they were well looked after one person said, "They know what they're doing." People also told us they were able to make choices and asked for their consent before providing care and support.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. There was information about DoLS applications within the care plans and these were regularly monitored by the registered manager.

The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. There were mental capacity assessments and these were decision specific they included personal care, medicines and mobility. One person was at risk of falling in their bedroom. There was a sensor mat in place so staff would be alerted if the person got out of bed unsupported. A mental capacity assessment and best interest meeting record showed how this decision had been made and who was involved. There was information in people's care plans about how they were able to make day to day decisions such as when to get up and what to eat. Care plans included information about people's representatives who could legally act on their behalf if needed. Where people had capacity they had signed their own consent forms where necessary.

Staff had a clear understanding of the MCA and were able to talk to us about the five principles. They understood how to support people appropriately. Some people were sitting outside and staff told us they had offered them sun cream but people had declined. One staff member said, "I've offered and said why it's important but they've refused, they have capacity so it is up to them."

When staff commenced work at the home they completed a period of induction. This included an introduction to the day to day running of the home and shadowing other staff to meet people who lived

there. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

There was a training and supervision programme in place. The registered manager had good oversight of training required and future training for people had been booked. Staff received regular training and updates to ensure they had the knowledge and skills to support people. Training included moving and handling, infection control and first aid. They also completed training specific to the needs of people they supported. This included dementia, epilepsy and dignity. Staff were encouraged to undertake further training and development such as health and social care diplomas at various levels. Staff understanding of training was checked during supervision and through discussions with staff. The registered manager had developed handy cards for staff to carry with them. These reminded them of what actions to take in event of suspected abuse and the principles of the MCA. Following training, competency assessments took place before staff were able to give medicines on their own. Staff completed quizzes and questionnaires to test their knowledge of hydration and safeguarding following their training. Other competencies were assessed during supervision. Staff told us they received the training they required to support people. They confirmed they were able to complete further training if they wished to and were confident they would receive the appropriate training to meet people's individual needs.

Staff received regular supervision. This consisted of one to one and observational supervision. Staff were observed providing an aspect of care or support, this included continence support or personal care. If concerns were identified with staff practice or performance then this was addressed and monitored through extra supervision to ensure staff had the training and support required.

People's nutritional needs were met. The cook and staff had a good understanding of people's dietary needs, likes and choices. They were provided with a choice of food and drink that suited their individual needs and choices. Nutritional assessments had been completed and detailed the type of diet people required, this included pureed and diabetic. Some people had difficulty in swallowing and required thickened fluids. Staff were aware of this and told us how they prepared the drinks. People were weighed monthly and this helped staff to identify if people were at risk of malnutrition. If people had lost weight or required professional support such as the dietician or speech and language therapist this had been sought appropriately.

People told us the food was good. One person said, "It's really lovely." Most people told us they had a choice of what they wanted to eat and drink. If they didn't like what was on offer then alternatives were available. One person told us they did not receive any choices. We knew this person was living with dementia and observed them throughout the inspection. Late morning we saw the cook approach this person and tell them what was on the menu for the day, they also gave options for accompaniments and alternatives. This person chose their meal and this was clarified by the cook. We spoke with the cook who told us they were aware the person forgot the choices they had been offered. The cook told us, "I make sure I ask this person as late as I possibly can so they may remember what they have chosen." The menu for each meal was displayed on a white board in the dining room.

Most people ate their main meals in the dining room, we saw they sat in friendship groups and were supported by staff where needed. This included the use of plate guards, ensuring food was cut to the correct size and prompting and reminding people to eat. People were supported to enjoy their meals at their own pace. Hot and cold drinks and snacks were regularly offered throughout the day. Jugs of iced drinks were available for people to help themselves throughout the day. Staff supported those that needed it and

people who had thickened fluids were provided individual jugs.

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health they were referred to see the GP or other appropriate professionals. Records and discussion with staff confirmed they regularly liaised with a wide variety of health care professionals. This included the community nurses, chiropodist, optician and local dementia in-reach team.

Good

Our findings

People told us, "Staff are very caring," and "Staff are kind to us." Visitors said "Staff cannot do enough for people." The atmosphere at the home was warm, calm and relaxed. The SOFI and general observations showed interactions between all staff and people were caring and professional. Staff were discrete, observant and attentive to people's needs throughout the day. Conversations between people were open and friendly. Staff gave people eye contact when they entered the room and spoke to people using their chosen name. There was friendly chat and good humour between people and staff throughout the day.

One person was displaying signs of anxiety, staff approached them and sat with them and offered reassurances. They reminded the person of what they were doing. The person then told staff they felt cold so staff provided a blanket for the person and asked them if they would like to move to a different seat. This was done with kindness and patience. Another person's care plan said they enjoyed company but may display behaviour that challenges if they felt over-crowded. We observed this person enjoying time with people in the main lounge. Later staff supported them to move to a quieter area and told us they could tell the person now needed time apart from other people. Staff regularly checked on the person and chatted with them to make sure they were settled and happy.

Staff had a good understanding of people as individuals. They were able to tell us about their personal histories, their likes and dislikes and care needs. They knew how people were able to make their own choices and supported them to do so. Where people needed support this was readily provided. However, people were also supported to maintain their own independence and staff worked with people at their own pace to achieve this.

People were free to go wherever they liked throughout the home. Most people spent time in communal areas with other people. Those who wished to remained in their own rooms and joined others when they wanted to. A number of people smoked and sat together in the smoking area, they enjoyed each other's company and had developed their own friendship group as a result of this. Staff supported people to maintain their friendships and develop new ones.

People were supported to maintain their dignity because staff understood what was important to them. People were well presented in clean, well laundered clothes of their choice. Staff complimented people of their choice of clothes. A comment from a relative in a recent feedback survey stated, "They (person living at the home) are dressed by the carers, everything is carefully chosen to match." People had stated in a recent

survey that their dignity was respected. People's bedrooms were personalised with their own belongings such as photographs and other items that were important to them and reflected their interests. Staff respected people's privacy, they knocked on doors and waited for a reply, where appropriate, before entering.

There were two dignity champions at the home and they were also supported by the activities co-ordinator. A dignity champion believes that being treated with dignity is a basic human right, not a luxury and care provision must be compassionate, person-centred, as well as efficient, and effective and are willing to try to do something to achieve this. There had been a dignity tree at the home for some time but recently staff had developed a new one to reflect people who currently lived at the home. People were supported by staff to write what dignity meant to them. Comments included, "Being treated as an individual," "Freedom of speech" and "Respect your choice." These were written on coloured 'leaves and stuck on the tree. There were also dignity ribbons in the lounge; these had been completed with families. These included, "Patient and gentle when receiving help." The activities co-ordinator had held a dignity meeting for people where their positive attributes were discussed.

A person who had lived at the home had recently passed away. The registered manager told us they had arranged a memorial service at the home for the person's family, friends and people who lived at the home. The registered manager had recognised the person would be missed by their friends in the home and this allowed people a time to grieve and celebrate the person's life. This demonstrated that people received care from staff who know them well and responded to their individual needs in a caring and compassionate way.

Good

Our findings

At our inspection in September 2016 we found the provider had not met Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive the care and treatment that met their needs or reflected their personal preferences. The provider submitted an action plan that detailed how they would meet the legal requirements.

At this inspection we found improvements had been made and the provider is now meeting the regulations.

At our previous inspection there was a lack of meaningful activities and people were left with nothing to do for periods of time. At this inspection the registered manager had employed an activities co-ordinator who was actively engaging with people and developing meaningful activities. The registered manager had also worked with local dementia in reach team. The dementia in reach team supports services to develop person-centred care and will work with care staff and activity workers to provide person-centred activity plans.

The activity co-ordinator worked at the home part time and when they were not present staff supported people with activities. We observed one staff member engaging people in a quiz. They were asking questions and supporting people with the answers. Where people were not responding the staff member would direct the question to them. They asked the question again and then added, "What do you think (person's name), do you know what the answer could be." We saw this worked well and people were happy to respond once they had been given time. When no-one knew the answer the staff member would then search online and this stimulated further conversation about the answer. Some people were unable to participate in group activities and we observed them engaging in specific activities to suit them. We saw two people being supported to listen to music and another person enjoyed sorting pieces for jigsaw puzzles.

The activity co-ordinator told us how they were getting to know each person and what their interests were. They had discovered one person enjoyed having books read to them and others enjoyed looking at the newspaper. Some people liked walking around the home and there were sensory objects for the person to touch and move. We saw them folding napkins and moving them to a shelf. There were accessible 'Twiddle Muffs' which the person appeared to enjoy. These are knitted hand muffs that provide people, usually those living with dementia, with sensory stimulation.

The provider had developed the garden which now had level access and was secure. This was well used with people coming and going throughout the day. One person chose to eat their meal outside and staff

supported them, ensuring they were protected from the sun and hydrated. One person told us, "This has made such a difference to my life." Staff told us how they encouraged and supported people to spend even a few minutes outside. One staff member said, "Going outside stimulates people, there's different sensations and they enjoy it."

The activities co-ordinator was developing detailed person centred activity profiles. They included information about the person, their past life, hobbies and interests. These were not fully completed for everybody but there was some information in place for each person. We were told these would then be used to develop individual activity plans to guide staff. The activity co-ordinator told us their priority was to get people actively engaged and stimulated and to determine what they would like to do. The care plans would then follow. The registered manager was aware of what was required and this was detailed on the action plan.

Staff knew people and understood them, this enabled them to provide care that was person-centred and responsive to people's needs. People told us they were able to do what they liked throughout the day. They were able to get up and go to bed when they chose and this is what we saw during the inspection.

Before they moved into the home the registered manager completed an assessment to ensure people's needs would be met at the home. They also ensured people would fit in with those who currently lived at The Park Beck. Information from the assessment was then used to develop the care plans and risk assessments. Care plans contained detailed information about people's needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. They included information about people's preferences, for example what they liked to eat and drink and what was important to them in relation to personal hygiene. There was information about how to communicate with people. For one person there was advice to speak in short, simple sentences. Through our observations and records we found that people received the care they required in relation to their needs for example regular pressure area checks and continence care.

Care plan reviews took place monthly by a key worker. A key worker is a staff member who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. People, and where appropriate, their relatives were involved in developing and reviewing the care plans.

People were regularly asked for their feedback about the service. This was through monthly meetings, feedback surveys and general day to day chat. At monthly meetings people were updated about any changes at the home, what was happening during the month and action from the previous meetings. At the feedback survey in April 2017 people had said they wanted more variety on the menus. This had been addressed and changes were discussed at the meeting in May 2017. People were also reminded about the importance of using sun cream in the hot weather. Quarterly newsletters were sent to people which included information about the home and other changes across the provider. There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People told us they would make a complaint if they needed to. We saw day to day concerns were addressed promptly and this prevented them becoming formal complaints.

Good

Our findings

At our inspection of The Park Beck in July 2015 we found that where quality and safety issues had been identified by the registered manager however the provider had failed to ensure necessary improvement.

At our inspection in September 2016 where we found some improvements had been made however, the provider was still not fully meeting all of the requirements of the regulation. We issued a warning notice for this continued breach. A warning notice is when we tell the provider what date things must be put right by.

At this inspection we found significant improvements had been made and embedded and the provider is now meeting the regulation.

There was good communication between the registered manager and the provider. The registered manager told us that all requests for maintenance were also sent to the provider in addition to the maintenance team. This meant the provider now had full oversight of what was required at The Park Beck. The registered manager told us maintenance requests were responded to in a timely way. Regular garden maintenance took place which meant people could use the garden area throughout the year. There was an action plan which detailed works required and those that had been addressed. The registered manager was now fully supported by the nominated individual (NI). The NI regularly visited the home and discussions took place with the registered manager about ways of making improvements.

The registered manager sent us two weekly action plans about the maintenance of the home as part of the condition we had imposed on the provider's registration. The registered manager included on these action plans updates as to how the breaches in regulations were being met. This included the ongoing work to ensure everybody had detailed activity plans in place; this had also been detailed in the PIR. We saw this work had commenced and was ongoing at the time of the inspection.

The provider had introduced an electronic care planning system and all care plans and risk assessments had been transferred to this new system. The information was accessible to staff via computers and iPod system. The iPod system is a hand-held digital device on which staff accessed care plans and recorded the care and support people received. Care plans were also printed off and staff used these to record information when people's needs changed. This was then used to update the care plan.

Due to the computerised nature of the system some information could be confusing. For example an overview of continence stated person was 'either fully continent or catheterised.' This did not provide a

good description of the individual but could not be amended within the system. The care plan however, contained all the relevant information. We identified a further area where more detail was needed in the care plan in relation to thickeners in drinks. The registered manager told us they were continually identifying areas where more information could be included and were working to address this. This did not impact on people because the information was available and staff had a good knowledge of the care and support people required.

The registered manager had good oversight of the service and what was required. There were regular checks and audits and where shortfalls were identified these were addressed. Issues which would take longer to address were detailed on the action plan. Incidents, accidents and falls were recorded and analysed to identify themes and trends. Action was then taken to prevent a reoccurrence. The deputy manager had identified an occasion when due to poor communication with a healthcare professional a person was admitted to hospital unnecessarily. This issue was raised with the healthcare professional and discussions took place to identify measures to prevent a reoccurrence. The deputy manager told us this was evidence of good learning for all involved.

The registered manager had developed an information file which was updated each week. This gave an overview of the home and people who lived there, it included important information about the day to day running on the home. This included training needs, pressure relieving equipment, an overview of safeguarding's, servicing and maintenance checks for example the landlord's gas certificate. This meant any staff working at the home were able to access information about the day to day running of the home.

The registered or deputy manager completed daily walk–round audits. This included speaking to two people, observing three others to ensure they were appropriately dressed and comfortable. They also checked the communal areas and three different bedrooms. Their findings, including conversations with people were documented. This meant any identified concerns were addressed immediately.

There were daily 'stand up' meetings with staff from each department. These were quick meetings which included any updates for staff such as changes in people's dietary requirements or identified maintenance issues. This helped ensure the smooth running of the home on a daily basis.

Staff were asked for their feedback about the ongoing improvement and development of the home through regular meetings. This included health and safety meetings, senior and all staff meetings. Issues discussed included staff training, accident and incident follow up actions and individual activities for people. Any actions identified were added to the action plan with date and signature when completed.

There was an open culture at the home. The registered manager was a visible presence at the home and worked there most days. Staff told us they could speak to him if they had any concerns. One staff member said, "I'm always in the office talking to him." Another staff member said, "Any issues it's straight to him." We observed he had an open and friendly relationship with people, he knew them as individuals and understood their needs. During the inspection the NI also spent time with people, engaging in conversations and providing them with support.

The registered manager told us about the improvements that had taken place since our last inspection. He told us this had involved a lot of work with the local authority safeguarding team. He said, "Although it was an awful lot of work we have learnt from it, it's made us (himself and deputy manager) look at things in much more detail. There has to be a purpose to what we are doing."

There was a commitment from the registered manager and all staff to promote and develop the home to

improve the quality of people's lives. There was ongoing fundraising by staff and relatives at the home, this had resulted in the purchase of an Ipad which was used by the activity co-ordinator and staff for people's benefit. Staff had recently been involved in a cake sale which had raised money for the Alzheimer's society.