Barchester Healthcare Homes Limited

Thistle Hill

Inspection report

Thistle Hill Care Centre
Thistle Hill
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Date of inspection visit: 5 November 2015
Date of publication: 09/12/2015

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?	Requires improvement

Overall summary

This inspection took place on 5 November 2015 and was unannounced. The last inspection at this service was on 17 November 2014 and at that inspection we found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to three regulations: Regulation 22 HSCA 2008 (RA) Regulations 2010 - Staffing. The provider had failed to protect people against the risks associated with not maintaining appropriate staffing levels. Regulation 10 HSCA 2008 (RA) Regulations 2010 - Assessing and monitoring the quality of service. The provider had failed to protect people from unsafe and inappropriate care and to promote people and their representatives to express their views or in relation to making complaints. And Regulation 17 HSCA 2008 (RA) Regulations 2010 - Respecting and involving people who use services. The provider had failed to treat people with consideration and respect and encourage and support people in relation to promoting their autonomy. The overall rating for the service at that time was 'Requires Improvement.' At this inspection we found that improvements had been made to address the shortfalls. However, for one of the units the leadership

Summary of findings

and guidance provided for staff needed to improve in order that current practice could be consolidated and more effective. It was also of concern that staff were not adhering to confidentiality procedures and this needs to be addressed by the provider.

Thistle Hill Care Home is registered to provide nursing care for up to 85 people. The home is owned by Barchester Health Care Homes Limited and is located on the outskirts of Knaresborough, a market town. The home is divided into three units. One unit is for people who are living with dementia, one is for older people who require general nursing and the third unit provides care for younger adults with disabilities. All rooms are single with en-suite facilities. There is a passenger lift to access upper floors and there is parking available on site.

There was a registered manager at this service who has been employed at the home for over eight years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, at the time of our inspection the registered manager was unavailable. The operations manager and acting regional director were on site during the inspection and provided all the information we asked for.

In the main, people told us they felt safe and we saw that risks had been identified within the service and actions taken to ensure peoples safety. Medicines were managed safely and people received their medication as prescribed and in accordance with their medical conditions.

Staff understood how to protect people from abuse and had received training. They were supported to do this by senior led supervision and staff meetings, which were formal and informally arranged. However, we identified that more frequent senior management input was required to one of the three units to make sure that any issues raised by staff during their working shift could be addressed promptly.

The majority of people who used the service had care and support plans which were personalised and they had been involved in the development of these. People were involved in all aspects of their care as far as possible, depending on their individual needs.

People knew who to complain to and complaints were being dealt with as described in the providers procedures.

There was an effective quality assurance system in place at this service. The service had a dedicated training officer who planned the training calendar to make sure staff complete the required training and remain up to date and skilled.

Health and safety risks had been considered and actions had been taken to minimise them.

Overall care plans were personalised and any risks had been identified. Care plans contained sufficient detail so that staff could meet peoples needs appropriately. This was essential as some staff working at the service were from local agencies and did not necessarily have any prior knowledge about the people they were supporting and providing care to.

People had access to a wide range of activities which were age appropriate and reflected their interests and preferences.

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

This service was safe.

People told us they felt safe.

staff understood the issues with regard to safeguarding people and knew what to do if they suspected abuse.

Health and safety risks had been considered and actions had been taken to minimise them.

Medication was managed effectively and people received their medication as prescribed.

Infection control was well managed, the service was clean and tidy in all areas.

There were some concerns raised with us about the staffing levels at the service. We did not find any evidence during our inspection that the staffing arrangements were not sufficient to safely meet the needs of those using the service. However, some people using the services, some staff and relatives were concerned about the current situation and felt that more should be done to keep them updated.

Is the service effective?

Good

This service was effective.

People were given choices about their daily routines and where possible were empowered to make decisions about their medium and long term care.

Staff were trained in subjects which were relevant to people who used the service. The service had a dedicated member of staff who managed and organised the training programme.

Food was described as good by people who could give us their views about the meals provided. Additional snacks and 'picnic boxes' were available in between scheduled meal times for people to access when they were hungry or thirsty.

Is the service caring?

Good

This service was caring.

Staff were engaging with the people they were supporting and caring for in a respectful and appropriate way. Interactions were friendly and it was clear that staff knew people well. Distraction techniques were used in a natural way by staff to help support people who displayed anxiety or behaviours which may challenge.

Peoples privacy and dignity was respected.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Support and care plans were personalised and any risks had been identified.

People had access to a wide range of activities and the provider employed staff who were responsible for organising events and activities in the home to provide interest and stimulation.

There was a complaints policy and procedure and people who used the service knew how to make a complaint.

Is the service well-led?

Requires improvement

The service was generally well-led but better leadership was required overall.

At the time of our inspection the registered manager was unavailable. The operations manager and acting regional director were on site during the inspection and provided all the information we asked for.

We noted some unrest in the staff team on one of the three units, which would benefit from positive engagement and leadership with the management team to address any concerns staff had about the running of the service. It was also of concern that not all staff were adhering to the confidentiality procedure in place and not using formal pathways to report issues they had about the running of the service. We also received mixed views about care provision and staffing levels, from relatives we spoke with on the same unit.

There was an effective quality assurance system in place to ensure the quality of the service was maintained and that improvements could be made.

Maintenance of mains services and equipment was completed and up to date.

Thistle Hill

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.

The inspection took place on the 5 November 2015 and was unannounced. At the previous inspection the overall quality rating was 'Requires Improvement.' This inspection was to look at the improvements made and to issue a re rating dependent on the outcomes found.

The inspection team was made up of two adult social care inspectors and a specialist advisor. On this occasion our expert was experienced in the care of older people and those living with dementia.

Prior to the inspection we looked at information we held about the service including any statutory notifications. These are notifications that the provider makes to CQC when they need to report specific events. We contacted the local commissioners and they shared information with us including matters which were being considered under the safeguarding protocols. CQC have also been involved in the meetings which are routinely held when safeguarding matters are raised and looked into. We also contacted Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch did not raise any issues with us about Thistle Hill. As part of the planning process we also looked at the action plan the provider sent us, following on from the previous inspection, detailing the action they were going to take to address the shortfalls identified.

We requested and received a Provider Information return (PIR) for the service. 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 this information to help plan our inspection and we checked out what the provider had told us during the course of our visit.

During the inspection we looked at eleven care plans, associated care records, monitoring tools and medication records. We also looked at employment and training files for four staff and other records relating to the running of the service including policies and procedures and service records. We spoke with fifteen people who used the service and spent time observing people in the communal areas as some people had complex needs and were not able to express their views about the service. We met and spoke with seven relatives/visitors, fifteen staff members – including seven care workers, a training organiser, three nurses (including an agency nurse), a clinical nurse lead and ancillary staff. We also spoke with the operations manager and the acting regional director.

Good

Is the service safe?

Our findings

We asked people using the service if they felt safe living at Thistle Hill. We also asked the same question to the people who visited their relatives in the care home. One person explained to us how they felt much safer having moved into the service, compared with when they lived in their own home. They went on to say, "I like it here." A visitor told us, "I don't need to worry, she is well looked after, and the staff are very good here." Another person told us that although they had no previous experience of visiting someone in a care home, they felt that their relatives needs were being met and that the staff responded to their needs. Two visitors, on two separate units told us that they visited their relative and helped with their lunchtime meal. One person explained they did this to continue their previous caring role and to maintain their involvement. Another relative told us they did it to 'ease the pressure' on staff at what is a 'very busy time of day.'

Four of the visitors we spoke with told us they thought the staffing levels could be improved and that staff were always busy and at times rushed, particularly on one of the three units. Two relatives were concerned about the number of staff who had left or were about to leave and that staff had told them they were unable to provide adequate care with the number of staff on shift on one of the three units. We had also received similar information about this concern prior to our inspection visit.

We asked people about the response times when they used their alarm calls to summon help. Those who were able to give a view told us that their alarm calls were answered quickly and there was always someone on hand should they need attention. One person described to us when they had been left longer than they thought acceptable when waiting with help to apply cream. In instances where people were at risk of falls they had been given an alarm pendent which they could use to summon assistance. We did not see any evidence that people were not being attended to when they needed assistance. Another person told us they understood if staff were busy attending to someone else, they might have to wait a short time, but they told us when they 'buzzed' someone always came to their room to check it was not an emergency. They told them how long they would be and would return.

We did not find any evidence during our inspection that the staffing arrangements were not sufficient to safely meet the needs of those using the service. However, some people using the service, staff and relatives did raise concerns with us about the staffing levels on one of the three units. They also raised concerns about the absence of the registered manager and the retention of staff.

Since the last inspection concerted efforts had been made to recruit more staff across all designations. For example, a new deputy manager, nurses and care assistants had been interviewed and some staff were part way through their induction. However, despite some new staff starting there had been some difficulties in retaining staff and the management team were looking into this matter. To protect people and ensure the proper level of care was given, regular staff from the agency were used for consistency.

The operations manager told us that the staffing levels were arranged according to the dependency levels on each of the three units. The service used a dependency tool, which, according to dependency levels as any one time, worked out how many nurses and care workers they needed on each shift. The dependency tool also took into account the resident vacancy levels and when people were in need of intensive support, for example if someone was receiving palliative care. The dependency tool we reviewed was dated 13 October 2015 and showed the current staffing compliment was in accordance with the required staffing levels overall.

People, who could walk around independently were seen moving around the home and accessing bathrooms and bedrooms as they wished. Some people told us they liked to visit other people in their bedrooms and this was encouraged if it suited both parties. Staff made sure that people, who were being nursed in bed, were not isolated and where appropriate their bedroom doors were left open.

We looked at the employment files for staff and saw that they contained all the required information including evidence of criminal records checks obtained through the Disclosure and Barring service(DBS). The DBS assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. This meant that those staff who worked at the service were deemed suitable to work with this client group, which meant people who used the service were safeguarded.

Good

Is the service safe?

There were policies and procedures in place in relation to abuse and whistleblowing procedures. Records showed that staff had received training in safeguarding adults and staff could explain to us what they would do to alert people if they witnessed any abuse. This helped to ensure that staff were confident in the use of safeguarding procedures which protected people who used the service. Since March 2015, there had been ten safeguarding notifications relating to people who lived at this service. Three of these had not been taken further as the information was unsubstantiated, the remaining referrals were dealt with appropriately and the outcomes were still being investigated. The provider was working with the local authority and CQC to address matters raised.

People were protected from the risk of unsafe premises. Health and safety risk assessments had been completed which included a fire risk assessment. Mains services had all been checked within the last twelve months. The risk assessments looked at all areas of the service, action was taken where an identified issue was picked up and the provider was proactive in the monitoring of essential services such as equipment used for moving and handling and fire prevention. This meant that the risks to peoples safety were clearly identified and action taken to protect people.

In the care plans we reviewed we saw risk assessments completed which related to areas such as personal care, nutrition and pressure area care.

Staff had completed training in mandatory topics, this included fire safety, medicine management, food safety, customer care and moving and handling. At the time of our inspection the overall completion percentage for mandatory training was 85%. The training organiser was in the process of delivering additional courses and showed us the training calendar for the next six months. This was to include all designations of staff, both day and night staff and new starters. New starters were also taken through a comprehensive induction programme prior to them working on the roster without a supervisor or shadowing role. This meant that people who used the service were protected from the risk of unsafe health and safety practices because staff had received up to date training.

The home was clean throughout with good levels of hygiene controls. We were able to view some of the bedrooms used by people who used the service with their permission. People commented to us about the cleanliness of the home. One person told us, “They do a good job keeping all this place clean.”

We saw that there was an infection control policy and procedure for staff to follow. We talked with two domestic staff about their work. It was evident that they enjoyed their work and took a pride in what they did. We noted that laundry skips were in use to deal with soiled linen and clothing. These were filled and promptly removed off the unit to be laundered and recirculated. There were no malodours present and staff were following clear infection control procedures.

We looked at the management of medicines. Nurses were responsible for administering medication with the support of a senior carer where appropriate. Medication was provided in a pre filled blister pack from a local pharmacy. All medication records had a photograph of the person receiving medication, this enabled accurate identification of the person. This was useful for agency/newer staff as the photographs were up to date and made identifying people easier.

We examined the records for medicines. We found evidence to show that medicines were managed safely on all three units. We also noted some good practices around the management of controlled drugs, the storage and disposal of medication and the monitoring of peoples conditions for example those living with Parkinson's disease and pain relief management.

Good

Is the service effective?

Our findings

When we asked people who used the service if they were involved in making decisions about their care we received mixed views. Some people told us they were consulted but others said they had not been asked. According to the records we saw there had been initial assessments of people's needs prior to them moving into Thistle Hill. Once the person had moved in their care plan was written over several days as the person settled and staff started to get to know them better. Some people were unable to contribute to this process and in those circumstances we saw evidence that their relative or someone who know them well were asked to discuss care needs with staff.

People told us they had access to a wide range of healthcare professionals and we could see from peoples records that they had been referred to specialists and medical services as required.

The building was well maintained. Corridors, reception areas, communal areas and bathrooms were spacious and suitable for the purpose. Furnishings and floorcoverings were appropriate. There was some signage and pictorial prompts to support people who were living with dementia, however some of this had been removed following refurbishment which meant that some signs were missing. The operations manager agreed to explore this in detail and look at reintroducing themed areas and 'rummage boxes' which could prompt reminiscence work and talking points for people using the service.

We noted that the dining experiences throughout the service was good. We observed breakfast on two of the units and lunch on all three. People were supported to eat and drink in accordance with their individual needs. (Staff were attentive to people during the meals service and they gave the correct levels of support. Staff engaged with people throughout the time they were in the dining areas and asked each person if they had had enough to eat and whether they had enjoyed their meal. Some visitors were present during the lunchtime meal, and they supported their relatives to eat and drink. People were served in an unrushed and calm way and we noted that both meals were served within a reasonable timescale and appropriate prompting and support was available. As well as people attending the communal dining areas, some people were served their meal in their own room or in the lounge areas. We noted people were given the option of wearing a clothes protector. Meals service was well organised with staff making time to engage with people. Tables were prepared on each of the units and people were given a choice of drinks, including wine and fruit juice during lunch and a variety of dishes to choose from.

People who could express a view told us the food was good. One person told us, "There is always a choice for meals. If I didn't like something they find me something else." Another person told us, "I have no complaints at all [about the food]." Visitor's also made positive comments about the food provided. One visitor told us, "Meals are good. They are always well fed." Another visitor told us, "The food always looks and smells nice." In between the set meal times we saw there were snacks and drinks on display in one of the units, which people could easily help themselves to. This was particularly useful for those people living with dementia who may prefer to eat finger foods or snacks 'on the go' to supplement their food intake.

People who were unable to make a verbal choice were supported to make an informed choice about what they wished to eat. For example, staff showed people what was available by plating up the choices so people could see the options. We noted that where people were at risk of losing weight or becoming malnourished they were monitored and when their weight fell below an acceptable threshold, they were referred to a dietician. All of the records we reviewed relating to this area of care had been completed.

When asked if staff were trained properly, people who could share their views agreed that staff were skilled and competent. One person told us, "They know what they are doing the staff. It just seems like they are busy all of the time." Staff had the skills and knowledge required to carry out their roles. We saw that all the staff had completed their training and when we looked at training files they confirmed when the training had been completed. Course such as effective communication, food safety, moving and handling, health and safety and dementia awareness were included in the mandatory topics.

Staff told us they believed the people who lived in the home were well cared for and their needs were met, despite them being kept busy some days and feeling stretched if someone was off work at short notice. They added everything was done because they worked as a team and it was important that they provided the care

Good

Is the service effective?

people needed. Indicating that they sometimes felt under pressure. None of the staff we spoke with raised concerns about them not being able to provide safe and effective care.

Staff supervision meetings were being organised and had not been completed recently. Staff supervisions enabled staff to discuss their performance, training needs and achievements to date. Despite this the staff we spoke with told us they worked closely as a team and that any important issues were discussed daily at the '10 at 10 meetings.' These were ten minute meetings at 10am everyday where the lead on each unit would look at the days events and discuss staffing, appointments and any other matters requiring attention over and above the usual routines.

We saw that the service had used the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguards (DoLS) to support those people who lacked capacity. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people's liberties and freedoms lawfully when they are unable to make their own decisions. MCA assessments and Best Interest Decision documentation was completed well. A copy of the DoLS application, confirmation date and date of review were in the care records detailing all relevant information. We reviewed one of the approved deprivations of liberty and saw the appropriate processes had taken place and reviews were scheduled. When we spoke with staff they demonstrated a good understanding of the issues with particular regard to day to day care practice, ensuring people's liberty was not unduly restricted. This meant that staff were having regard to the appropriate safeguards and were acting within the law and generally understood the principles of the MCA.

Good

Is the service caring?

Our findings

Throughout the inspection it was clear that people knew each other well and people told us they felt well cared for. One person told us, “The staff are really nice, we are treated well.” Another person told us, “They understand me and what I need.” Another person told us, “The staff are very good. I am very happy here.” And, “The staff are really dedicated and do their best for us all.” We saw that interactions between people who used the service and staff were professional, friendly and respectful. We noted many good examples of compassionate, patient, calm and responsive care from all of the staff on duty. Staff were seen to be attentive and responded well when people were showing signs of discomfort or needed reassurance.

A visitor we spoke with commented on the overall care provided. They told us they thought the care was very good and that staff were committed and enthusiastic about their work and to did a good job. A couple of people talked about staff who had left or were due to leave the service and that they were worried about the negative impact this could have on the service going forward.

Our observations indicated that people were able to spend their day as they wished. We saw some people involved in communal activities and others preferring to spend time in their rooms. On a number of occasions we saw that staff explained to people what was about to happen and checked that people were in agreement with this. We saw people’s bedrooms were personalised with their

own furniture and possessions, including family photographs.

Staff told us they had received training with regard to providing end of life care. Staff told us they received good support from district nursing teams as necessary. We were told people had access to an external advocacy service if required and the operations manager told us they promoted an open door policy for people who used the service and their relatives. During the day we saw visitors coming and going; they were offered a warm welcome by staff.

Staff carried out their roles in a way which maintained people’s dignity and privacy. When we were taken to look at people’s bedroom or into bathrooms and toilets staff knocked on doors before entering and asked permission for us to enter. When we spoke to people they confirmed to us that this was usual practice.

Care plans contained information about peoples choices and preferences. We saw some evidence of people being involved in their care planning where appropriate.

Good

Is the service responsive?

Our findings

People received support which was personalised and met their needs. The manager told us that people were assessed prior to moving in to make sure the service was the right place for them and that the service could meet their individual needs.

On two of the three units staff wore formal uniforms, identifying their role by the colour of their tunic and name badges. On one of the units staff wore everyday clothing whilst at work. This was to generate an informal look which could help to prompt interactions by people living with dementia. Some visitors told us it was sometimes difficult to know who were staff and that a 'casual polo shirt' might make identification easier.

We saw that people got the right level of support and they felt comfortable talking to staff about what was important to them. People could express their choices about how they wanted their care to develop. We knew this from the comments that people made to us, one person told us they thought staff had taken notice of them when they had made their wishes known about their future aspirations. Other people told us their relative was getting involved in activities which were of particular interest to them and staff made sure they did not become isolated.

We spent a lot of time sat in the communal areas on all three units. This was so we could observe the care being delivered and how peoples needs were being met. We saw that people who were at times displaying behaviours which could challenge or needed reassurance, were dealt with appropriately and distraction techniques were used effectively when necessary. Staff distracted people by offering them a drink or snack or by sitting beside the person and offering gentle reassurance in a calm manner. Staff were skilled at knowing when to intervene to prevent an incident occurring or when to use verbal prompts.

We reviewed care records and saw a range of assessment tools to determine people's skin condition, their weights and when to refer people to a doctor or dietician. We also saw that where necessary food and fluid intake was monitored. All of the records we reviewed relating to this area of care had been completed. Care plans contained information about people's needs and associated risks. These included people's distressed responses and highlighted where there could be a risk to themselves or others. The information included details about what triggered certain reactions and what staff should do to support the person. For example if a person became too distressed whilst being supported to bathe, dress or undress, staff were instructed to give the person time to calm down and for staff to return later when the person was more inclined to co operate. The daily notes recorded any incidents and what responses staff had used, so that this could be repeated if it was effective.

Care plans were being regularly reviewed and any changes to a person's needs or condition were recorded in full.

We spoke with staff about the people they were caring for and supporting. Staff had a good understanding of each person's needs and knew people well.

People were encouraged to be involved in activities in the service, either as a group or on a one to one basis. We saw people had access to a wide range of activities, which were organised by a dedicated activity team. One person told us that they got involved in lots of activities. On the day of our visit people were seen cutting out poppies for the forthcoming remembrance day and were going to watch a firework display once it got dark. A record was kept of the activities people were involved in and this helped plan for future events, with staff concentrating on the more popular activities. People were also supported to maintain relationships with family and friends.

There was a procedure in place which supported people to make a complaint. Information was on display explaining what needed to be done and who people should contact. People we spoke with told us they knew who to complain to if they were unhappy or dissatisfied with the service. People also told us they had used the procedure to raise complaints and that these had been dealt with effectively. At the time of our visit there had been thirteen formal complaints in the last twelve months. The details of the complaint and the subsequent investigations and outcomes were recorded in full. All of the complaints had been dealt with by the provider and responses sent to the complainant within the timescales set out in the company policy. At the time of our inspection there were no on-going complaints.

Requires improvement

Is the service well-led?

Our findings

We talked to people who used the service, relatives and staff about the service and how they thought it was being managed and run. People spoke to us in a frank and open way about what they thought about the service and it was evident that there were issues which needed to be dealt with by the management team. This was fed back to the management team at the end of the inspection day. The management team agreed that there needed to be proactive engagement with staff, people who use the service and relatives to make sure their concerns were heard and acted upon if necessary.

All the staff we spoke with told us they 'loved' or 'got a lot from' the work they did. Staff on one unit also talked about the difficulties they had maintaining good levels of care due to the way staffing was allocated and deployed around the service. Staff and relatives were also concerned about the number of staff leaving the service, some of whom had been long standing staff who they had confidence in. We gained the impression that this was not a recent concern and that staff would welcome the opportunity to have meaningful and open discussions about this and explore ways of addressing the problem with the management team.

Despite staff telling us they felt under pressure at times when they thought they needed an 'extra pair of hands' they were keen to stress that they made sure people were well looked after and that their needs were always met. They gave examples of when they had asked for help from senior staff on duty, but instead of the management 'rolling their sleeves up' to help, they were left to struggle on. This they said was difficult, particularly at peak times during the day, including lunchtime and teatime.

We gained differing views about the management team and how approachable they were. Some staff told us they thought management could be more approachable, helpful and in touch with what was happening day to day on each of the units. Staff told us the management staff were not visible in the service and did not 'walk the floor' so did not get an understanding of the difficulties staff experienced. For example, if a member of staff was absent from work at short notice. Staff told us they asked for additional staff in these situations but were told to 'get on with it' without managers being aware of the stress this placed them under. Other staff told us that they felt well supported by the management team and thought they were in touch with the realities of the unit and what constituted a 'good shift.'

We also raised concerns with the management team about the ways in which staff were communicating their views about the way the service was being operated and managed. We gained the impression that they did not feel able to voice their concerns with senior management and were using other outlets to discuss their concerns. This is an issue which the management team need to address, making sure that operational difficulties are firstly identified and then acted upon, without the need for staff to use other avenues to highlight any difficulties.

A service with a culture and values base, which is constantly reinforced through positive leadership, guidance and people's behaviours and attitudes could be of benefit to staff.

We recommend the provider looks at this area of the running of the service and considers the best way to address the concerns raised with the inspection team during this inspection and negate the need for staff to talk to external parties about their concerns.

Although staff felt they were under pressure at times, they told us they worked as a team and worked well together, which they felt benefited the people they looked after. Staff told us they were proud of their work and took a pleasure in making sure people were comfortable and happy.

Monthly audits and monitoring undertaken by regional managers were in place which facilitated managers and staff to learn from events such as accidents and incidents, complaints, concerns and whistleblowing. This reduced the risks to people and helped the service to continuously

improve. There were effective systems in place to monitor the quality of the service. Senior staff had captured the views of people who used the service by meeting with them and recording their comments in their records. A recent survey had been sent out and the operations manager was in the process of analysing these and from that she would develop an action plan to address any issues raised.

Requires improvement

Is the service well-led?

We saw that servicing of mains services had been carried out which demonstrated that the provider was making every effort to maintain the safety of people who used the service. The wiring of the property had recently been checked.

We saw emergency contingency plans were in place. We saw that there was a fire risk assessment and plan for fire issues and staff were aware of the plans. Safety checks of fire safety equipment and other mains services had been carried out recently and were all up to date.

The staff team actively sought advice and guidance from other professionals. For example staff worked with healthcare and mental health professionals in order to reach positive outcomes for the people who used the service.

There were policies and procedures to inform staff relating to first aid, health and safety administration of medicines, missing persons and safeguarding so that when required staff could access the relevant information.