

Barchester Healthcare Homes Limited

Tyspane

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 took place on 7 and 9 January 2015 and was unannounced.

The service was previously inspected in July 2014 when we found consent to care and treatment was not always sought. During this inspection we found improvements had been put in place which meant these concerns had been addressed. At our last inspection, we also found the home had not safeguarded people who used the service from the risk of abuse. The provider submitted an action plan which identified how they were going to address these concerns. This included obtaining guidance from

the local authority, improving the recording of alleged abuse and providing staff training. At this inspection we reviewed the action plan and found the actions had been completed.

Tyspane is a large, purpose-built, two storey building set in its own gardens and grounds. The home provides nursing and personal care for up to 69 people and is also registered for the treatment of disease, disorder and injury.

Most people had moved into the home on a long-term basis, but the home also provides short term respite care

Summary of findings

for a maximum of one person at time, with respite stays usually of up to three weeks. At the time of our inspection, there were 63 people living at the home, one of whom was staying at the home for respite care.

Tyspane had a registered manager who had come into post in June 2014. 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.

There was a friendly and relaxed atmosphere in the home with staff showing care and consideration to people throughout the visit. People said they thought staff were "very good" and a relative described how the home gave them "peace of mind" as they felt their relative was well cared for.

Since the registered manager had taken over in June 2014, a programme of redecoration and refurbishment had been implemented, which people said had made the home a much more comfortable and pleasant place to live in. Improvements had also taken place in working areas such as the laundry which staff said had been "really good".

Staffing levels were calculated on the level of need. Staff supported people with an easy, unrushed manner with a pleasant demeanour. Staff said they were supported by the registered manager and senior staff and received training, regular supervision and annual appraisals.

The home provided a variety of activities for people both in the home and on trips out. People were involved in deciding what activities would be offered. People said they enjoyed going out, cooking, quizzes and "pampering" such as manicures and having their hair done.

People's needs and risks were assessed before admission to the home and these were reviewed on a regular basis. Care plans were developed to address the needs taking into account people's preferences. Staff undertook capacity assessments and where there were concerns about people's ability to make decisions, they worked with other professionals. This included considering whether an application for a Deprivation of Liberty Safeguards (DoLS) authorisation needed to be made.

Health and social care professionals said staff were responsive to people's needs and involved them when they had a concern.

The registered manager supported staff to understand the vision and values of the home. There were systems in place, including audits, which allowed them to monitor the quality of care provided. Where this identified areas where improvement was needed, the manager worked with staff to deliver the improvements. People and their relatives were also involved in identifying how the home could improve and care could be enhanced. This included regular meetings where they were able to make suggestions for activities they would enjoy doing, enhancements to the décor and changes to the food and drink offered.

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 said they felt safe and cared for in the home. There were sufficient, suitably qualified staff to meet the needs of people and where additional staffing was required; this had been put in place. The home undertook appropriate checks before employing a person to work there.

People were protected from the risks of abuse as staff understood and carried out what they needed to do when they identified a concern.

Medicines were stored safely. Where a concern was raised about the administration of medicines this was dealt with promptly and appropriately.

Good



Is the service effective?

The service was effective.

People said they were supported to live as independently as possible.

Staff received the support, training and guidance they needed to undertake their role effectively.

People's capacity had been assessed and where there was a need, an application for a Deprivation of Liberty Safeguards (DoLS) application had been made.

People were supported to have a balanced diet which met their nutritional needs

Good



Is the service caring?

The service was caring.

People said the staff were very caring and friendly. We observed staff interacting positively with people throughout the inspection, giving people time to make decisions for themselves.

Relatives, friends and pets were welcomed at all times of the day into the home. People were involved in decisions about the look and feel of the home and were able to personalise their bedrooms to make them feel homely.

Good



Is the service responsive?

The service was responsive.

People's needs and risks were assessed before they were first admitted to the home and these were reviewed on a regular basis and when a change in their needs was identified.

Staff involved other health and social care providers including the GP and local NHS hospital when necessary. Physiotherapy was provided within the home and other services such as chiropody were available on a regular basis.

People were supported to engage in activities that they were interested in, on an individual and group basis. People were involved in choosing what activities were provided.

People knew how to make a complaint if necessary and said that when they had made a complaint it was dealt with in a timely manner and resolved to their satisfaction.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a registered manager in post, who was clear about the vision and values of the provider. They supported staff to understand how they could help to deliver the vision and values. Staff, people living at the home and visitors all said that the registered manager was very approachable and was “very good”.

There were systems in place to monitor the service including an annual audit plan. Action plans that arose from the identification of improvements following audits were in place. Actions in these plans had been completed.

Good



Tyspane

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 7 and 9 January 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor, who was a nurse with experience of working with people with complex health needs, on the first day and one inspector on the second day. During the inspection we talked with twelve people

living at the home and two visitors. We also spoke with the registered manager and twelve staff. We observed staff hand-over meetings on both days and a morning meeting of heads of department. We reviewed three care records and the medicine administration records for people at the home, three staff records and records related to the running of the service. .

Before our inspection we reviewed the information we held about the home. We also reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events which the service is required to tell us about by law.

We also spoke with a GP who visits people in the home each week and a social worker who supports people at Tyspane.

Is the service safe?

Our findings

People said they felt safe and cared for in the home. People's comments included "It's a very nice home." and "staff look after me really well." One relative said "It gives me peace of mind" when describing the care their mother received.

Medicines were not always administered safely. Staff were observed putting the medicines for several people into individual pots which were then carried on a tray into the dining room where they were administered to people. This practice could lead to a person being administered the wrong medicine. When this was discussed with the registered manager, she said this practice was not allowed in the home and she would ensure staff did not do it again. On the second day of inspection, there was evidence that action had been taken to address this issue, including supervising the staff involved, observing their practice and raising the issue at a nurses meeting.

Medicines were stored safely and securely and there were systems in place to audit the medicines received, dispensed and returned to the pharmacist. Records showed there were regular checks to ensure these were accurate.

The medicine administration records (MAR) contained an up-to-date and accurate recording of medicines which had been administered.

Minutes of nurses meeting held in December 2014 showed that staff had raised concerns about the supply of some medicines by the pharmacy. It had been agreed the problems were to be monitored over the following month and fed back to the pharmacist who had undertaken a recent audit at Tyspane. This showed the staff worked with other agencies to ensure that, where medicine administration issues were identified, processes were put in place to rectify them.

There were sufficient staff to ensure people were cared for safely. Staffing levels were assessed and monitored to ensure they met the needs of the people living at Tyspane.

In addition to the registered manager and her deputy, there were four nurses, twelve care workers and two physiotherapy assistants on duty on the first day of our inspection. On the second day of inspection, there was also a physiotherapist who worked one day a week at the home,

Their role was to develop physiotherapy care plans for people which met their needs and supervise the physiotherapy assistants to ensure that they were able to deliver physiotherapy to people safely.

The registered manager described how they assessed the needs of people living at the home and how this informed staffing levels. She described how, because there had been a need to increase observation and support levels for some people, the provider had supported a request to have additional staffing. Two additional agency care staff were on duty to specifically support the people who had increased care needs.

In addition to care staff, there were two activity coordinators and two hostesses each day. The registered manager said the hostesses' role was to support people with food and drink as well as ensuring they had the personal items they needed, for example, responding to someone's request to fetch their spectacles if they wanted them. There were also four housekeeping and laundry staff, two maintenance workers, two chefs, a kitchen porter and two administrators on duty during the inspection. The registered manager said they also had a driver who worked ten hours a week so people could be taken out in the home's minibus.

New staff were recruited safely. Staff records showed that people had been interviewed and references obtained before they were offered a post. Additionally, checks were made with the Disclosure and Barring Service (DBS) to ensure that the person was suitable for working with vulnerable adults before they were allowed to work at the home.

During the inspection, we observed staff responding quickly to an emergency call bell which had rung when a person had been found on the floor of their bedroom. Staff ensured the person was checked for injuries and then reported the incident to the registered manager, describing what had happened and the actions taken. After the incident staff updated the care records appropriately and completed an incident form.

Falls and pressure sores were also then highlighted on the white board in the nurses' station, so that staff could see at a glance where there were concerns. The home had systems in place to monitor and reduce the risks of these occurring.

Is the service safe?

At the nurse hand-over meeting, nurses going off duty provided a detailed summary of each person they had cared for during the morning and identified concerns they had appropriately. They did this by referring to written notes. Nurses coming on duty asked pertinent questions to ensure they understood what needed to happen, which included a discussion about whether a person needed to see the GP who was due to arrive within the next hour.

The registered manager said there were separate hand-over meetings for nurses and care workers as they found this worked most efficiently and effectively. When asked about how information was exchanged between nurses and care workers, she explained that throughout a shift, care workers would report to nurses about any concerns they identified when delivering personal care. Additionally the senior care worker and nurses would liaise about any overall concerns.

People were protected from the risk of abuse. Staff had received training in safeguarding adults and understood the need to protect people from the risk of abuse and take appropriate steps if they identified concerns. For example, staff had reported a concern about a person not receiving treatment in a timely manner. This had been investigated by the registered manager who had then taken appropriate action to ensure people's safety. This included reporting concerns to both the local authority safeguarding team and submitting a statutory notification of the concern to the Care Quality Commission.

There were risk assessments which considered the safety of the services provided, with systems in place to monitor that the service was compliant in areas including health and safety, fire safety, maintenance and food hygiene. Actions to address issues that were identified had been completed.

Is the service effective?

Our findings

One person said they received care which “Helped me maintain my independence.” Other people commented “Staff are really knowledgeable” and “They (staff) know how to support me”.

Staff were supported to deliver effective care through supervision, appraisal and training. Staff were expected to complete training which was relevant to their role and refresh the training at specified intervals. The provider offered a range of courses and qualifications for staff which supported them in their current roles and also offered development opportunities. These were delivered in-house by the provider’s learning and development team as well as staff based in the home.

During the inspection, four new members of staff were undertaking their induction training. They said “The training is really thorough”. The registered manager explained that new staff received four days classroom-based induction training, which covered fire safety, manual handling, protection of vulnerable adults, food safety, health and safety and infection prevention and control. New staff would then work alongside existing staff for at least a week and usually two, although this could be longer if necessary. They were also supported by a mentor (normally a senior care worker) who would provide ongoing support and guidance.

Newly qualified nursing staff were offered a preceptorship programme, which supported their transition from being a student nurse by offering additional training such as coaching, mentoring and management skills as well as three monthly progress reviews.

The registered manager explained that training, staff supervision and appraisals were recorded on a central computer system which allowed them to monitor completion rates. The system also provided a notification when a member of staff was due or overdue to undertake training. For example, records showed 84% of staff had completed customer care training and 79% of staff had completed safeguarding of vulnerable adults (SOVA) training. Of the remaining 21% of staff, records showed three members of staff’s had expired on the first day of inspection and some staff were on long term leave.

Over half the staff had received their annual appraisal and the registered manager said there were plans in place to

ensure all staff had been appraised by the end of January 2015. Staff said they felt supported by the registered manager and felt able to ask for help when they needed it. They said they received supervision regularly but were also able to ask for support at any time from the registered manager or other senior staff.

Some staff raised concerns as they did not feel they had enough specialist knowledge to support people living with dementia. The registered manager said they were aware of these concerns and were supporting staff to have a better understanding of the needs of people with dementia.

Qualified nursing staff had received training in the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberties Safeguards (DoLS). There were plans in place for care workers to undertake MCA and DoLS training which would be delivered in-house by the home’s trainer and the registered manager once they had undertaken the train-the-trainer training.

Care records showed people had been assessed for capacity to undertake specific activities and applications had been made to local authorities where it had been assessed that a person needed to be deprived of certain liberties. There were two authorisations for DoLS in place and another eight had been applied for. Staff were able to describe what these authorisations meant in terms of the care being delivered to those people. The registered manager was aware of when the DoLS were due to expire and was planning to apply for a renewal within appropriate timescales if there was still a need.

People said staff always asked for their consent before undertaking any care or treatment. Throughout both days of inspection, we saw staff asking people what they wanted to do and helping them when needed to achieve this. Staff said there were occasions when someone would say they didn’t want care at a particular time and they would therefore respect their wishes but would check back later to see if they had changed their mind. There was evidence in the care plans that people had been involved in their development and in reviews.

People were supported to have enough to eat and drink throughout the day. Comments included “The food here is really good”; “The food is not overloaded on my plate - they seem to know how much I need.” And “Really good food with lots of choice.” The catering staff worked with nursing and caring staff to ensure specific dietary needs and

Is the service effective?

requirements were managed. The chef attended daily meetings and provided a detailed breakdown of the menu to ensure staff were aware of food that might be an issue for people requiring specialised diets. The menu offered a choice of starters, main courses and sweets at lunchtime with options for people with specific needs such as diabetes or a food allergy. People were offered a glass of wine with their meal if they wanted it. Staff provided beverages to people throughout the day and people also had access to areas where they were able to make drinks for themselves.

Lunch was observed during the first day of inspection. Tables were laid up with tablecloths, napkins, flowers, cutlery and glassware. The menu for the day was displayed in the reception, at the entrance to the dining room and on the table. People were asked for their choice of the menu when they sat down and were then served by staff. The food appeared appetising and nicely presented. The hospitality team and some nurses supported some people to eat, cutting their food in smaller pieces. People appeared to appreciate the food. The atmosphere in the dining room was conducive to people having a relaxed and enjoyable lunch with staff supporting them in a friendly and unrushed manner.

Some people chose to eat in their bedrooms. In these cases, the hostesses visited them just before lunchtime and checked what they wanted to eat from the menu. They would then return with the meal nicely laid out on a tray, supporting them to eat if required.

Staff recorded people's weight each month and where there were concerns about either weight loss or weight gain, there was evidence that action was taken to support the person to address the issue. This included providing food supplements in one case and supporting a person to reduce their calorie intake in another.

People were supported to receive care from their choice of health professionals. The majority of people living at Tyspane were registered with a local GP surgery, although staff said occasionally people were registered with another GP particularly if they were admitted for palliative or end of life care.

The GP visited the home every Wednesday and would discuss with the nurses, which people needed to be seen. This was based upon records nurses kept about people who had non-urgent problems such as a rash or slight chest problem. If staff identified a person with a more acute need, they would call the GP or out of hours service in between the weekly visits. Where there were significant concerns, staff said they would call the paramedics and arrange a transfer to North Devon district hospital. Where someone was suspected of having a urinary tract infection, nurses described how they would do a urine test, and if the results were found to be positive, they would arrange with the GP by phone for treatment to be prescribed. The GP said staff were good at contacting them if they had a concern about a person.

Is the service caring?

Our findings

Throughout the inspection, we observed staff supporting people in a caring and friendly manner. People said “staff are wonderful” and “staff are really good”. One person said “staff go out of their way to help you” adding “some staff have become friends”. Another person described staff as “very good at listening. The staff are very good, I would give them 10 out of 10 as they will put things right and are very caring”.

One person, who was distressed and unable to settle, was supported by staff to move between their bedroom and the lounge areas as frequently as they wanted to. Staff took time to talk through the options with the person and help them make a decision each time in a supportive manner. Staff had good eye contact with people they were talking to, often kneeling to talk with them at eye level in a reassuring way.

Staff explained options to people about their care and treatment, ensuring that they had time to reflect and understand before they made a decision. One person who was offered some equipment to support them, at first indicated they did not want to have it. However staff, talked with them about why it might help them and the person then reconsidered and chose to have the equipment.

People were treated with dignity and respect. Staff knocked on their bedroom door before entering, however one member of staff was observed not waiting to be invited in, having knocked on the door. We discussed this with the registered manager who said they would address this with the member of staff.

Relatives were able to visit throughout the day and were welcomed by staff and offered refreshments. One relative had bought in their dogs and staff said the home felt it was important that pets could be bought in as for some people “they were part of their family”. The home had two cats which the registered manager said some people enjoyed petting and stroking. They added that one of the activities was a ‘pat-a-dog’ session where a dog was brought in by an outside organisation as people found it very comforting to have access to animals.

The lounge had been recently redecorated and people had been involved in the refurbishment. For example, people had said they wanted a large clock so that it was easily readable and this had been mounted on a wall. The room

had a light, bright feel with chairs set in small groupings allowing people to engage with each other as well as offering opportunities for people to have a personal space to engage with visitors.

People’s choices about their end of life wishes were recorded and a copy of their Treatment Escalation Plan (TEP) was in their care plans. A TEP is a form which is completed by a doctor with the person. It describes the treatment choices for patients approaching the end of life, in the event they become acutely unwell. People were supported to have a peaceful and dignified end of life. Two nurses said they were expecting to undertake a one year training programme starting in January 2015 which would help them support people at the end of their life. Staff said the nursing home had very good links with the North Devon Hospice and would consult them for end of life support and advice. One relative said their spouse had been supported in the last year of their life at Tyspane and the care had been really good. They added that the home “would be their number one choice” if they needed similar care.

The registered manager said that, since their arrival in June 2014, they had undertaken a lot of refurbishment and redecoration to provide a more comfortable environment for people. This had included refurbishment of the lounge areas and corridors. They also said they had stopped using two bedrooms which were off the dining room as they felt that people might feel isolated in them. These rooms were now used for storage and as a training room for staff. Work had also been undertaken outside to reduce the height of trees growing close to the home, which had meant there was more natural light in rooms. People were supported to have personal items including their own furniture and pictures in their room. One person said they had chosen the colour scheme, curtains and bedding as this made it feel more homely.

The registered manager described how they spent time talking to people throughout the day and would try to sort out any problems informally if people raised concerns. Throughout the inspection, the registered manager spent time talking to people around the home. Apart from short periods of time, if she was in her office the door was kept open and staff and people would pop in to talk to her. One person said they had raised a concern about a member of

Is the service caring?

staff and the registered manager had dealt with it to their satisfaction. The registered manager said people were given information so they could access Age UK advocacy services if they felt they wanted external support.

Is the service responsive?

Our findings

People said they received personalised care which responded to their needs. For example one person said staff had helped them “get my ears sorted out at the walk-in centre.” They also described how staff were supporting them to have a minor procedure at the local hospital. A person said the physiotherapy they received at Tyspane had helped them with their mobility, whilst another said the physiotherapy team provided a programme of exercises to support them. We observed staff supporting people with various aids to mobilise, talking to them about what support they needed and encouraging them to use the aids provided. One person said they were able to receive treatment in their bedroom if they did not feel well enough to go to the treatment room. Physiotherapy staff described new equipment they had been using in recent months which had helped improve the physical well-being of some people at the home.

People needs and risks were assessed before they were admitted to Tyspane. During the inspection a member of staff discussed with the registered manager, a person they had visited to see if the home would be appropriate for their needs. Care records showed that people’s needs were reviewed regularly and care plans put in place to address the needs identified. Staff completed daily notes and these showed that they delivered the care shown in the care plan. It also showed that where a concern was identified, staff took appropriate action to review the care plan and consider what alternative action needed to be delivered.

The home had systems in place to ensure staff were aware of people’s risks and needs. Each morning senior staff, including heads of department from domestic and catering services attended a 'stand-up' meeting to ensure they were all aware of people’s current needs and concerns and any issues affecting the smooth running of the home. The meeting followed a set agenda which included admissions and discharges for the home during the day, staffing on each floor, issues such as sickness and who was the on-duty manager. The meeting also covered what the menu, activities planned for the day and any training or maintenance expected to be carried out. The senior staff discussed hospital appointments people needed to attend as well as any new concerns about people in respect to falls, pressure sores or urinary tract infections. This meant senior staff were aware at the start of each day of issues

which had arisen in the last 24 hours. For example, at the stand-up meeting on the first day of inspection, staff discussed a person who had fallen and the need to check a person where there was a concern they might have an infection.

Whilst the majority of people living at Tyspane were older, some people were middle-aged or younger. Staff respected the difference in age groups and supported people to be involved in activities which were appropriate to their needs. This included supporting people to have music they enjoyed listening to, access to Wi-Fi for those who wished to use computer technology and opportunities to take part in trips and activities they were interested in.

A poster showing the activities planned for each morning, afternoon and three evenings during the week was displayed in various places around the home. Activities had both a pictogram as well as a description of the activity so people who had difficulty reading could identify what was planned to happen. On the first morning of inspection, a cookery session was run in a kitchen area off the lounge which several people participated in. Later a quiz was run by one of the activity coordinators which people joined in. Other people said they enjoyed meeting other people living at the home, in the lounge where they could have coffee and a chat.

One person said they had been taken on a trip to the beach which they enjoyed. The registered manager said they had a driver who was able to take people out, in groups and individually, in the home’s minibus on trips to local places of interest and shopping.

The home provided copies of a weekly pamphlet called ‘The Weekly Sparkle’ which contained short interesting articles and quizzes which people said they enjoyed reading.

Minutes of a residents/relatives meeting held in November 2014 showed people were kept informed and involved in making decisions about their care. For example, people were asked for their opinions about what activities they wanted to happen over the Christmas period which included a Christmas buffet for people living at the home and their relatives. People were also advised of the disruption that would occur whilst the main lounge was being redecorated and what the arrangements were during this period.

Is the service responsive?

Minutes of a resident's food forum in December 2014, attended by the registered manager, catering staff, people living at the home and their relatives, showed people were consulted about the food and food service. There was evidence, actions had been taken to address suggestions made at the meeting, for example it was explained that if people did not like anything on the new tea menu, they were able to order something from the short order menu, such as an omelette, which some people had not been aware of.

People were able to book appointments with a visiting hairdresser who came to the home twice a week. We also observed an activity coordinator giving a person a manicure as part of a birthday treat. They said they really enjoyed this as it was not something they had had done before coming to Tyspane and it felt good as they felt special when their relatives visited later.

People's care plans were written in the first person, personalised with their likes and dislikes and how they wanted their care delivered. For example statements

included "I need prompting to clean my teeth three times a day after meals" and "I like my weekly shower at a later time". Care records contained a history of the person, providing details of significant people and events in their lives, their previous occupation and where they had lived. Staff talked knowledgeably about people and provided person centred care based upon this knowledge. For example staff described how they supported one person to continue a hobby that particularly interested them.

There was information about how to make a complaint displayed in the home and systems in place to record complaints. People said they did not often have to make a complaint and if they did, they were able to do this informally through a chat with the manager. One person said they had made a formal complaint about a member of staff who they were unhappy with. Records showed the complaint had been investigated in a timely fashion and appropriate actions taken to address the causes of the complaint.

Is the service well-led?

Our findings

There was a registered manager in post who ensured they fulfilled the Care Quality Commission's requirements such as submitting statutory notifications when certain events, such as death or injury to a person occurred. People and staff described the registered manager as a good listener, very open, approachable and supportive. One person said "I have nothing but praise for [the registered manager], she's brilliant and goes out of her way to help you." A member of staff described the registered manager as "very proactive, most supportive and visionary." Another member of staff commented that Tyspane was "Premier division, where as other homes I have worked in are Division three."

A visiting social worker said they found the home really good, with staff knowledgeable about what they were doing and having good relationships with people in the home. They described the staff as responsive and very professional and the registered manager as very good and always available if they needed to talk to her.

The registered manager had a clear understanding of the vision and values of the provider organisation and supported staff to understand these. New staff were given information about the organisation's expectations during induction and whilst they were on their probationary period. People and staff were encouraged to get involved in improving the service through regular resident meetings and staff meetings. These meetings were minuted and provided evidence that there were opportunities for staff and people to discuss with senior staff any current problems and ways these could be addressed.

The registered manager said senior head office staff were very supportive of the changes which had been made at the home since her arrival the previous summer. She described how she had worked with staff in the home to

improve the look and feel of the home both in areas used by people living there, for example the reception area had been redesigned and redecorated, so that it now felt very welcoming, with a coffee machine for visitors, a notice board displaying thank you cards and letters from people and their relatives. There were also improvements to areas used solely by staff. For example, changes had been made to the sluice and laundry rooms which housekeeping staff said had "made a big difference to the way they were able to do their job."

The provider had an annual programme of audits and checks which needed to be completed each month by the home. For example the programme for 2014, showed an infection control audit was scheduled for April, a medicines audit for May, a health and safety audit in August and documentation audit in September. In addition, a manager's quality assurance audit was completed and reviewed during the year. Documentation relating to a quarterly clinical improvement plan showed evidence of improvements being made and monitored on an on-going basis. Information from these audits was stored on a computerised system and was analysed and reviewed by the registered manager as well as senior head office staff to inform them where improvements were needed and where they had been made. Action plans associated with deficits identified in audits were in place and there was evidence that actions had been addressed in a timely manner.

Incidents and accidents were logged on the computer system and the registered manager was able to analyse the data to try to reduce the risk of reoccurrence. For example, the registered manager showed how they analysed falls which occurred in the home from both a person perspective and from a location and time perspective. Through doing this analysis they had introduced systems to try to reduce the incidence of falls, including identifying times of day people were most at risk.