The Orders Of St. John Care Trust

Goodson Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place 8 and 9 May 2018 and was unannounced. This was the first inspection at Goodson Lodge since the service registered with CQC on 19 May 2017.

Goodson Lodge is a purpose-built care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Goodson Lodge provides accommodation and personal care for up to 64 people. At the time of our visit, 22 people were using the service. People lived in the two units, on the ground floor of the home.

There was a registered manager in post. 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.

Records were not always consistently completed to evidence that people were being kept safe. Some people were assessed as being at risk of absconding or altercation with others and requiring fifteen-minute observations to be completed. There were gaps in records for two people.

Repositioning charts were not consistently completed for people who required support to change position to promote their skin integrity. There were gaps in records for two people.

We made two recommendations regarding the completion of records.

Risks were assessed where identified. Referrals for specialist advice were made in a timely manner. For example, people at risk of falls were risk assessed and referred for mobility aids.

Medicines were managed, stored and administered safely. We saw that records were completed and regularly audited to ensure any mistakes or omissions were promptly identified.

The service was clean and free from odours throughout. People told us their bedrooms were kept "spotlessly clean."

People told us they felt safe living at the service. Staff were able to identify the types and signs of abuse. Staff knew who and where to report safeguarding concerns.

There were safe recruitment and robust induction processes in place. The service was supported by a recruitment manager. Some staff had not worked in care before, but were recruited based on having the right qualities and values .

Staff were well trained to support people. Staff received a broad range of training and new members of the team completed The Care Certificate as well as shadowing experienced care staff.

We saw kind and caring interactions between people and staff. There was well-received banter and humour where appropriate. Staff also spoke respectfully to people, using their preferred name or title.

People and their relatives were involved in creating the care plans. These were then kept up to date by key workers (specific staff assigned to people). Some people and their relatives told us they didn't get to see the key worker as often as they would like.

There was an activities programme in place. People spoke positively about the provision of activities at the service. However, some people told us they would like to spend more time outside of the home.

The home was well-designed. The building design and layout had received accreditation from the University of Stirling for being dementia friendly. People were free to spend their time between the two open units of the service.

There were records of compliments and complaints. Complaints were investigated thoroughly and responded to in a timely manner.

The registered manager was proud of the staff team and what they had achieved. They spoke with enthusiasm about how the service will progress. The registered manager had a vision for future developments of the service. They told us there had been challenges in ensuring the team consisted of staff that were on board with their vision. This had led to a turnover in staff since the registered manager joined the service.

The management team were included in the care shift rota's. This meant the registered manager and deputy manager could get to know people well and support the different staff teams.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Records were not complete consistently for people who required observations, or those who required repositioning.

Medicines were managed safely.

There were safe recruitment processes in place.

Staff understood their responsibilities around identifying and reporting safeguarding concerns.

Is the service effective?

Good

The service was effective.

The layout and design of the service met people's needs well.

People and their relatives were involved in the creation and review of people's care plans.

Staff were well-trained to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff promoted people's independence.

People chose where they wanted to spend their time.

Interactions between people and staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

There was an activities programme in place.

People's end of life wishes were recorded and respected.

Complaints were investigated thoroughly and responded to promptly.

Is the service well-led?

Good

The service was well-led.

The registered manager maintained an overview of quality monitoring systems, such as audits.

There had been a high-turnover in staff during the management transition.

Staff received individual and group supervisions.

Goodson Lodge Care Centre

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 8 and 9 May 2018 and was unannounced. The inspection was conducted by two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection took place, we checked the information that we held about the service and service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with six people, as well as three relatives and a friend of one person. . We spoke with ten members of staff employed at the service. This included, care staff, kitchen and housekeeping staff, the activities coordinator, deputy manager, and the registered manager.

To gather evidence, we reviewed records relating to people's care, such as care plans and daily records. These included care plans and records for eight people and medicine administration records for each person receiving medicines. We also looked at records relating to the management of the home. These included audits of the service, records of compliments and complaints, and the recruitment files for five members of staff.

We spoke with and observed people in the communal areas and we also spoke with people in their bedrooms. We spent time observing people's experience at lunch time and also observed the medicine administration in one unit of the home.

Requires Improvement

Is the service safe?

Our findings

The service did not consistently ensure observations were complete in evidencing that staff were supporting people's safety. Some people were assessed by the staff team as requiring regular observations due to the risks of absconding or altercation with others. There were recording processes in place for these people; however, these were not consistently followed. The observation records for one person who was at risk of displaying behaviours that may be harmful to others had large gaps in the times of entries. The records showed that the person's whereabouts should be recorded every 15- minutes. We saw for four days of observation records there were gaps in entries which ranged between one and a half hours, to 11 and a half hours.

Over a period of four consecutive days, there were gaps in the recording of the 15-minute observations for one person who was at risk of absconding. There was a 30-minute gap in records after observation had been recorded that stated, 'Was observed walking in the car park'. There was also a gap of five and a half hours on afternoon. This was despite the person having fallen and sustained a fracture to their face. Gaps in records meant that the service was not evidencing if the assessed need was being supported. This could leave the person and others at risk.

We recommend that the service reviews records of observations and ensures that the process is understood and followed by all staff responsible.

Repositioning records were not always completed. Records of position changes for two people in the five days preceding the inspection showed seven gaps in total. These gaps ranged from three and a half hours to 10 and a half hours for people who required repositioning support every two hours. The registered manager and deputy manager were made aware of this at the inspection. Action was taken by the deputy manager to communicate this feedback amongst the team as a reminder to complete recordings.

We recommend that the service reviews repositioning records to ensure due diligence around their completion.

Risk assessments were in place where a risk had been identified. This included where people were at risk of falls, or if people chose to have their bedroom door locked overnight. Risk assessments were reviewed monthly and amended if the information or risk changed. Preventative interventions were in place and followed to reduce risks. For example, one person was assessed as being at risk of developing pressure wounds. To support this need, an air pressure mattress was installed and when we checked, this was on the correct setting. We saw that pressure care equipment was in place in accordance with the assessed level of need.

People told us they felt safe. One person said, "I feel safe because there are always people around, they're helpful and there's good lighting at night." Another person said, "I feel completely safe with the staff who are all very kind. I've never felt uncomfortable with any of them for a moment."

Staff knew how to recognise and report concerns around abuse. Staff we spoke with told us they would report concerns to a senior member of staff. They also knew that concerns could be reported to CQC, or the safeguarding team at the local authority.

Evacuation processes were person specific and readily available to the staff on duty. The handover document between each shift team detailed how each person should be evacuated. For example, if the person requires the support of one or two members of staff.

Medicines were administered safely. We observed the medicine administration round and observed processes being followed that were in accordance with best practice guidance. There was a policy and protocol in place if people wished to administer their own medicines. One person told us, "I've had no problems at all, the staff look after my tablets and I'm very happy with that." Medicines were administered by trained staff. Staff told us their competencies in administering medicines were assessed.

Medicines were stored safely and audited regularly. The most recent audit was completed in the month prior to the inspection. Both units achieved an audit compliance rating of 98%. We saw records showing that the pharmacist had audited the medicines two months prior to the inspection. In addition to these audits, after each medicine round staff were checked for any omissions and sign to show that this had been completed. We checked the stock of medicines for two people against the expected stock figures and found the stock checks to be correct.

Individual protocols for the use of 'as and when required' (PRN) medicines were in place. The protocols gave staff direction on when, how often and for how long the medicine can be used. Some people had been prescribed medicines that alter behaviours, such as Lorazepam. Recordings evidenced that these were not being used routinely, or overused to control behaviours. One person received their medicines covertly. Records showed that the person's GP and pharmacist had been consulted with in making this decision.

The service was clean and was free from odours throughout. One person said, "It's kept spotless, you never see anything on the carpets and my bathroom is clean, have a look at it, it's gleaming!" We saw records that evidenced daily cleaning of the bedrooms and communal areas was carried out and that these areas were spot checked as well. Personal Protective Equipment (PPE) was readily available. The PPE included gloves and aprons. We saw staff wearing the appropriate PPE and disposing of this when no longer needed. The kitchen was clean and food hygiene control measures were in place. The service had achieved a five-star food hygiene rating from the local authority. This followed their food hygiene inspection in July 2017.

Accidents and incidents were reported and these were then analysed by the management team. The deputy manager was responsible for notifying CQC of any serious injuries or safeguarding concerns that arose from accidents and incidents that took place. These notifications were completed and submitted in a timely manner. One member of staff said that the service learns from mistakes when reviewing accidents and incidents. The staff member told us, "We always inform the care leader and accidents are talked about within the team to see if any changes to our practice are needed."

There were sufficient numbers of skilled staff available to meet people's needs. We saw that people received support in a timely manner. We observed that there was always a staff member available when needed.

Safe recruitment and selection processes were in place. This included completing Disclosure and Barring (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We saw that records evidenced safe recruitment procedures

were being followed.

Good

Is the service effective?

Our findings

The layout and design of the service was effective in meeting people's needs. The service had received a Gold Award in accreditation from the University of Stirling's Dementia Services Development Centre (DSDC). We saw that people moved freely throughout the ground floor of the service and we saw people relaxing in the purpose-built gardens.

The service was effective in identifying and meeting people's needs. People and their relatives told us they were involved in creating the care plans. One person told us, "They've gradually gathered information as we've gone through, so they understand my needs and I get the care I want." One relative said, "The staff are still assessing my [family member] and we've been asked to fill in information about the one-page profile."

People said they would like more contact with their key worker. A key worker is a member of staff assigned to a person. Their responsibilities as a key worker include ensuring the care plan was current and up to date. One person said, "The only disappointment is not sitting down with my key worker to talk about some of the things I'd like to do, such as get to the shops to buy some clothes. I just haven't been given the chance." One relative said, "The only thing that could be better would be if my [family member] had a key worker as a point of contact for us and some continuity." This was fed back to the registered manager at the inspection. The registered manager explained that people have a key worker and a care leader. It was agreed that this information may need to be better communicated to people.

People were supported by staff who were well trained to meet their needs. One person's friend said, "They seem to have the right skills and I think they learn them very quickly when they start here." Staff completed a broad range of training, including subjects such as first aid, moving and handling, and fire safety. One staff member told us about their induction. They said, "I did shadow shifts to start with. They showed me everything I needed to know. I also did the Care Certificate and I'm now doing my NVQ (National Vocational Qualification) [in Health and Social Care] level two." The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

People said they could access the GP when they needed to. One person said, "My doctor comes in every week and I haven't as yet needed to see them. If I did, I'd just ask the staff and they'd arrange it." One relative told us, "Access to the doctor has been very good, it was impressive when my [family member] had night time agitation, the doctor came out quickly and was very good." The service also had access to a community nurse for specialist dementia advice and support.

When people were admitted to hospital, a transfer document was completed at the time of the admission. This included up to date details of all medicines, as well as the Treatment Escalation Plan which documented people's assessments or wishes regarding resuscitation. This meant that healthcare professionals were provided with relevant details around the person's current healthcare needs and preferences.

Referrals to health and social care professionals were made. For one person, their relative told us, "Access to a dementia advisor has been so helpful and supportive and it's through their input that the referral to a psychiatrist has been made, to try and get the right diagnosis and care in place." Another person was receiving support from a psychologist and the GP. We saw evidence that staff were recording observations about the person's behaviours and well-being. This information was then communicated to the healthcare professional. This meant that the person was being supported to ensure their medicines and support benefitted their emotional and physical wellbeing.

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.

Where people were assessed to lack capacity, a mental capacity assessment and best interest decision had been completed. We saw that the service had consulted with relatives and healthcare professionals as part of the decision-making process. This ensured that people's prior wishes and healthcare needs were taken into account when making decisions in the person's best interests.

Where people had an appointed family member as their Power of Attorney (PoA), this was documented in the care plan and a copy of the PoA was held by the service. The information recorded in the care plans stated if the PoA was for decisions relating to health and welfare, or for property and finances. PoA empowers the family member to act on the person's behalf in the decision-making process. This ensured that people's legal and human rights were upheld when best interest decisions were made.

People and their relatives were very positive in their feedback about the food on offer. One person said, "It's just like you'd have at home, it's all fresh and there's plenty of choice. I must say, they do know how to cook roast beef." Another person told us, "There's plenty of choice, the food is very good indeed. If you don't like what's on offer, they bend over backwards to find you something else." One relative told us, "We like the kitchen areas, as it means we can still do something for our [family member]. We can help ourselves to tea and there's always cake, so we can sit somewhere nice and have afternoon tea together." The chef told us they met with people upon their admission to find out more about what they liked to eat and drink.

People were supported to eat and drink enough. One person told us, "They come and fill my water jug up all the time." Another person said, "You can ask for a cup of tea whenever you want one and they'll bring it." We saw up to date and complete records evidencing that people received support with their food and drink in accordance with their assessed needs. Food and fluid intake charts documented the intake goal and we saw that people consistently achieved this. One relative told us, "My [family member] is eating very well. They have gained weight since coming here."

People received support to maintain a healthy weight. People had their weight recorded and we saw that most people since living at the service had maintained or gained weight since admission. Where a weight loss had been identified, appropriate action was taken to determine the reason for this. For example, people may be referred to the Speech and Language Therapist (SALT). Where a SALT assessment had taken place and guidance was received, this was clearly documented in the person's care plan. The chef was also made aware of SALT guidance and any dietary requirements. This meant that the service could tailor their approach to the individual needs of the person.

Good

Is the service caring?

Our findings

The service was caring. People and their relatives spoke positively about the care staff team. Comments from people included, "The staff are very kind, they listen to me. They are very respectful of what I tell them." And, "The staff are all fine, I haven't met a bad one." Relatives feedback included, "The staff are incredibly kind. They seem to really like my [family member]. They are respectful, understanding of dementia and let people be who they want to be."

Staff were considerate of people's feelings. One person told us, "The staff are very kind. One told me I was lovely and that really moved me." Another person said, "One of the staff came with me for a hospital appointment. They were wonderful and so unselfish. They stayed with me all the time and were reluctant to leave me, even to go to the toilet themselves." The chef told us, "I try to think what it would be like for me. If we are at home we don't always want the same thing do we."

We observed kind interactions between people and staff. There was also shared humour, with staff making people smile and laugh. For example, one person and one member of staff were making jokes with each other about their sense of humour, the staff member said, "We're the same you and I." The person replied, "Yes, as daft as each other." They both then laughed together.

People's rights to privacy and dignity were respected. We saw that staff knocked people's bedroom doors before entering, and introduced themselves to the person. Feedback from people included, "The staff always knock on the door and wait to be asked in." Also, "When they give me a bath, they lock the door for privacy and when they get me out they cover me in towels which are separate to the ones they use to dry me. At no point am I exposed or cold."

People chose where they wanted to spend their time. One person told us, "I can do what I want and stay can stay here or walk down to the dining room for lunch, nobody forces you to do anything." One relative said, "My [family member] loves being able to get out into the garden and the doors are usually kept unlocked to allow access." People's choices were respected and supported by the staff team.

The staff promoted independence. People were involved in reviewing their care plans and we saw that these were signed to evidence that the person was involved. One person told us, "The staff always ask my opinion. I am an independent lady and I don't like to bother anyone. It's about what I want." Another person said, "The staff allow me to care for myself. They do offer to help and they don't push, but I do what I can for myself." The service also supported people to continue with their lifestyle choices. One relative said, "My [family member] chooses to smoke. The staff have enabled that. They've provided an area outside and an ashtray. Lots of places won't allow it, but they have supported that legal right to continue to do something my [family member] enjoys."

Relatives felt that they received timely communication from the service regarding any updates. One relative told us, "We get updates all the time and we can read what's been happening. We're doing that less now because we trust the staff." Another relative said, "They keep us fully in the loop, all the time."

Visitors felt welcomed to the service. A friend of one person said, "There are no restrictions, we're always welcomed, any time of the day or night." This meant that people could spend time with their family and friends.

Staff spoke to people using their preferred name and title. We saw that one person who was a doctor in their career was referred to as "Dr [person's surname]." Their bedroom door displayed their title, their military role and rank. This demonstrated that staff knew how to respectfully communicate with different people, based on their wishes and backgrounds.

People brought items from home to personalise their bedrooms. One person told us, "If I stay here, I can put my own paintings on the wall and I'm thinking about what to bring if I do." Another person said, "I've been able to bring some of my things, but I chose not to bring very much." We saw that people had ornaments, photographs and some furnishings they had used to make their bedroom feel homely and comfortable. People's clothes were identified as theirs with the use of unobtrusive and subtle name labels. This reduced the risk of clothing going to the wrong person.

Good

Is the service responsive?

Our findings

The service was responsive and provided personalised care. People had care plans in place and these were created based on detailed assessments of their needs and wishes. There were one-page profiles in place which contained person-centred detail about the person. For example, what is important to them, what people liked and admired about them, and how best to support them. There were also booklets entitled 'About Me'. These included information such as the person's life history and what they enjoyed doing socially. Some people had photographs in their 'About Me' booklet. This meant that staff who didn't know the person very well could familiarise themselves with the person. The information built a picture of who the person was, what they enjoyed and how they liked to be supported.

There was an activities programme in place. The activities coordinator told us that the team was due to be expanded. The coordinator told us there were currently two members of the team and that a third was to be recruited. The activities coordinator said the activities offered included crafts, arts, games and quizzes, as well as visits from external entertainers. We were advised that the timetable was flexible to incorporate time in the garden during periods of good weather. On the day of the inspection people were heading out to a tea dance. Some trips to local places of interest had taken place, including a visit to the garden centre and to the safari park.

There was mixed feedback about social opportunities outside of the home, such as accessing the local community. Three people told us they'd like to spend time outside of the home. One person said, "I'd like to be able to go shopping and I don't even know if that's possible." Another person said, "It's a bit claustrophobic here, as nice as it is, it's easy to fall into the routines and go along with it all. But you lose yourself and what you'd normally do. I like going to the shops, or doing your normal pottering about." While people enjoyed the activities that were provided, people felt they could become isolated from what was happening outside of the home.

Occupational interests were promoted and supported. We saw that one person was engaged in helping maintenance staff paint the garden fence. The person prior to this had been searching for something to do. One relative told us, "They let my [family member] do things like load the dishwasher because that's what they like to do. They like to be doing something useful." People were supported to continue with aspects of their daily routine from prior to living at the service.

People were supported to access information. The registered manager explained that the service had an audio system for people with hearing impairments. Also, the staff "read the headlines" of newspapers and magazines. The registered manager explained that they have sourced large print newspapers for people.

People were supported to raise complaints and concerns. Two of the five complaints received between January and May 2018 were from people living at the service. There were records to show that management met with the people and worked with them to find a solution. One person said, "When my clothes turned pink in the wash, the manager spoke to me and they went out and bought replacements." Another person said, "I complained that my room was very hot and they responded straight away and got me a fan. I'd feel

comfortable to raise anything I needed to." People were happy with how the staff team and management responded to their concerns.

Complaints were investigated thoroughly and responded to efficiently. We saw evidence that concerns from complaints had been addressed through speaking with members of staff. Issues were raised and discussed at team meetings and used as the opportunity to learn. We saw minutes from reflective meetings, where staff discussed with the deputy manager what could be done differently and how they could reduce the risk of the complaint recurring.

The service had received compliment cards from relatives. These included positive feedback about the quality of end of life care their family member had received. One compliment letter thanked the service for allowing the family to hold a surprise birthday party. The letter explained the positive impact this had upon their relative. For example, 'I have not seen [family member's name] as relaxed and content for a long time. [Family member's] acceptance of the home is more than I could have ever wished for. The staff have been selected with care and special attention, they are second to none." The feedback consistently praised the staff team for the support they provide.

People's end of life wishes were recorded and respected. For example, the advanced care plan for one person stated their preference was to receive end of life care at the home. The person's relatives were welcomed to visit regularly. Pain relief was administered and the person looked to be comfortable and not distressed. Staff regularly visited the person and on occasions we saw that staff were sat talking with the person and holding their hand. A 'Care Pathway' had been instigated and the person was regularly reviewed by their GP and the community nurse.

Good

Is the service well-led?

Our findings

The service was well-led by the management team. The team consisted of a registered manager, a deputy manager, and the service was supported by a regional peripatetic manager. The registered manager had been in post for seven months. 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.

People told us that meetings to share their feedback took place. One person said, "It's quite informal, but the [registered] manager attends. They're very willing to listen and the meetings are well run." One person told us that their ideas had been taken on board as part of the feedback provided. They said, "I suggested that we start some clubs, like gardening, singing and walking, so that's being put in place." We saw that activities coordinator discussing the clubs with two people. This meant that people were involved in the development of the service.

People spoke positively about the registered manager. One person said, "You can talk to the [registered] manager, they're accessible and straightforward, very easy to talk to." Another person told us, "The [registered] manager is very approachable and listens. They're all nice here."

The registered manager had a clear vision for the future of the service. They told us, "2018 was a new year, new start for the home." Also, "It feels right to be here, I can't wait to see how the home progresses." The registered manager explained that the service was to be driven by staff that wanted to do the best for the people that live there. They said, "I'm very people focussed and I want a staff team that are on board with that." The service was quality audited by the organisation and the outcomes from this fed into an overall management action plan. The action plan gave the registered manager a structured format to monitor the development.
The registered manager told us their management style included having an "open door policy." They said they are, "very resident orientated." The registered manager said they had adapted their management style to suit the service and said, "It is a calm home, so I have a reflective and calm approach. My aim is that this new home will always feel warm and welcoming." We saw that the registered manager was present and available to speak with people, relatives and staff.

People, their relatives and staff told us there had been a high turnover of staff. One staff member said, "Two care leaders have left because of the manager's approach, it's the way [the registered manager] speaks to people." While another staff member said, "The manager sticks to policies. That is to ensure people receive the best quality of care. Some staff left because they couldn't get on board with that way of working." The registered manager said, "All staff need to come along with this journey. They need to want to see the home develop." The registered manager said developing the team had been one of the biggest challenges since being at the service. They told us the challenge had been, "carers perspective around the residents being the most important part of the service." The registered manager explained this had caused a turnover in staffing

The registered manager was proud of the staff team. They explained, "The team are so willing. With the medicines management they have done so well. Suggestions are made to make things better and they take it all on board." The registered manager told us that they wanted to "empower the whole team, including housekeeping and kitchen staff."

The registered manager felt supported by the organisation. They told us, "The [Order of St. John Care Trust] are very supportive. With recruitment I have never felt so supported. There is a recruitment manager and it really helps." When recruiting new staff, there was a focus on ensuring the applicant was suitable for the people, the team, and the home. The registered manager told us, "It is not always based on if they have done care before." We spoke with members of staff that had not worked in care before and observed their practice. We saw that they had built rapport with people and were kind and considerate in how they communicated. One member of staff told us, "I hadn't worked in care before, but I feel really supported by the team and [registered] manager. There is always someone to help me if I need it and I have learnt so much. I love working here."

Both the registered manager and deputy manager worked night time care shifts and supported staff during the day. The registered manager explained this can be due to staffing needs if a member of staff calls in unwell at short notice. They also said it helps to lead the staff team and oversee the quality of care delivered. In working a care shift the management team can see any issues that staff may be experiencing and identify if more training and support is need for members of the team. One staff member told us, "I'm glad [the registered manager] is staying. She is always out helping and talks to us." This allowed the management team to get to know the people living at the service well and monitor the development of the team.

Staff received individual and group supervisions. The registered manager told us the deputy manager held meetings with staff teams to discuss issues around practice. This included, group supervision meetings to communicate with staff that mobile phones should not be used while working.

There were quality monitoring processes in place, such as accident and incident analysis, and audits. Audits included those for falls, medicines, care planning, and infection control. We saw that where actions were identified, these were then recorded when completed. The registered manager maintained an overview of the audits, as they read and signed off each completed audit. The deputy manager ensured that relevant communication and learning from the audits and actions were discussed with the appropriate team. We spoke with the deputy manager about how falls are analysed. The deputy manager explained the thorough system in place which identified root causes for falls. This managerial review of accidents and incidents led to timely referrals for mobility aids and to health professionals.

We have made two recommendations regarding the quality of record keeping. The gaps in observation and repositioning records were not identified and acted upon by the management team or senior care staff prior to the inspection. However, the response to our feedback was prompt and all staff responsible for making recordings were reminded about due diligence in their completion.