W J Yapp Trust

Derbyshire House Residential Care

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

We carried out an unannounced inspection of the service on 7 December 2015.

Derbyshire House Residential Care provides accommodation and personal care for up to 31older people including people living with dementia. At the time of our inspection there were 31 people living at the service.

Derbyshire House Residential Care is required to have 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

Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

People told us that they felt staff provided a safe service and risks were managed appropriately. Staff were aware of the safeguarding procedures and had received appropriate training. People received their medicines as prescribed; some concerns were identified with the administration and storage of medicines. Safe recruitment practices meant as far as possible only people suitable to work for the service were employed.

Accidents and incidents were recorded and appropriate action was taken to reduce further risks. However, there was no analysis or review of this information to help identify any themes, patterns or concerns. Risks plans were in place for people's needs and were regularly monitored and reviewed. The safety of the environment and equipment was checked regularly. However, some concerns were identified in relation to unlocked cupboards that may have caused a risk to people.

People told us that there were sufficient staff to meet their needs. Additionally they said staff had time to spend with them and requests for assistance were responded to in a timely manner. People's dependency needs were reviewed on a regular basis and staffing levels amended to meet people's needs.

People told us that they received sufficient to eat and drink. They were positive about the choice, quality and quantity of food and drinks available. People received appropriate support to eat and drink and independence was promoted.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. People's rights were protected because staff were aware of their responsibilities and had adhered to this legislation.

Relatives and people that used the service said that staff were knowledgeable about their needs. Additionally, they told us that support to access healthcare services to maintain their health was provided. People's healthcare needs had been assessed and were regularly monitored.

Staff were appropriately supported, this consisted of formal and informal meetings to discuss and review their learning and development needs. Staff additionally received an induction and ongoing training.

People and relatives we spoke with were positive about the care and approach of staff. They described them as caring, compassionate and knowledgeable about their needs. People's preferences, routines and what was important to them had been assessed and recorded. Support was provided to enable people to pursue their interests and hobbies.

The provider supported people to be actively involved in the development and review of the care and support they received. This included regular discussions with people and formal meetings.

People told us they knew how to make a complaint and information was available for people with this information. Confidentiality was maintained and there were no restrictions on visitors.

The provider had checks in place that monitored the quality and safety of the service. However, these were not always recorded formally. People and their relatives and representatives, received opportunities to give feedback about their experience of the service.

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 not consistently safe

Good

We found some risks to the environment. Overall, medicines were managed safely, but some concerns were identified.

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature. Staff had received appropriate safeguarding adult training.

The provider operated safe recruitment practices to ensure suitable people were employed to work at the service. There were sufficient staff available to meet people's needs safely.

Is the service effective?
The service was effective

Good

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Where appropriate assessments had been appropriately completed.

People were supported to access external healthcare professionals when needed. The provider ensured people maintained a healthy and nutritious diet.

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

Is the service caring?
The service was caring

Good

People were supported by staff who were caring and supportive. Staff were knowledgeable about people's individual needs. Independent advocacy support was available for people.

People were given opportunities to express their opinion and felt respected and supported to do so.

There were no restrictions on friends and relatives visiting their family.

Is the service responsive?
The service was responsive

Good

People's needs had been assessed; care plans lacked detail in places. Staff supported people to pursue their hobbies and interests.

People were supported to contribute to their assessment and involved in reviews about the service they received.

People knew how to make a complaint and had information available to them.

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

Good

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Summary of findings

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Derbyshire House Residential Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 December 2015 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority, the GP, Healthwatch, a speech and language therapist, a dementia community nurse and AgeUK for their feedback.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with five people that used the service and one relative. We also spoke with the registered manager, the administrator, the cook, a senior care worker, two care staff and two 'butterfly' staff. Butterfly staff provide activities and may also provide care, and the cook. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Good

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People told us they felt safe and confident that if they had concerns about their safety they could raise these with the registered manager whom they said they had daily contact with. A relative said, "Every time I go home, I know my Mother is going to be safe here."

Feedback from healthcare professionals about people's safety was positive; no concerns were raised about safety to people or the environment.

Staff told us they felt people were cared for safely and showed they had a good understanding of their role and responsibility in protecting people from abuse in their care. Staff were able to identify the signs of abuse and told us they would report any concerns to the senior care staff or the registered manager. One staff said, "I am 100 percent confident it would be dealt with." Another staff told us, "We have a duty to protect people to be safe in every way."

We observed that staff were attentive to people's needs and ensured their safety at all times. A safeguarding policy was in place and staff had attended safeguarding adults training. We saw how staff ensured the environment was safe from hazards. Additionally, some people used mobility aids such as walking frames, these were kept close to the person should they have wished to use them.

Risks to people and the environment were assessed and management plans were put in place where risks had been identified. People told us that they found the environment was well maintained. One person told us, "It is nice to not have to worry about anything. My house used to always need something doing, but now I just leave it to others."

Staff showed that they were knowledgeable about people's individual needs and of any risks to their health or well-being. Examples were given of the action taken to reduce risks to people. This included the use of assisted technology such as personal pendants worn by people that enabled them to request assistance from staff. Additionally, where some people had been identified at risk of falls, sensor mats were in place that alerted staff to when a person was moving around.

From the sample of care records we looked at we found individual risk assessments had been completed for people. For example, risks associated with developing pressure ulcers, nutrition, general health, and falls. Actions were in place to reduce the risk to the person; however some of this information lacked specific details relating to the individual. We discussed this with the registered manager. They told us about the system they used to generate care plans and said these were generic documents which they then made personal to the individual. However, they said they would review risk assessments to ensure they contained sufficient individual information for people.

Personal evacuation plans were in place in people's care records; this information was brief and did not fully describe the help people would need in the case of an emergency evacuation of the building.

The internal and external environment was in a good state of repair and we found there was a record of regular checks and audits of equipment and services. However, we found storage cupboards were not locked on the day of the inspection which may have impacted on people's safety. For example, a store cupboard where substances such as disinfectants were stored which are controlled under the Control of Substances Hazardous to Health Regulations 2002. Additionally, a cupboard containing the fuse boxes for the home and labelled "danger 400 volts," was unlocked. We also found both sluices were used to store equipment such as a large number of wheelchairs. We also observed some exposed wiring in one of the lounge/dining areas where the cover was sitting on the skirting board below. We were told these were not live wires and during our inspection a maintenance person attended to them. We discussed our observations with the registered manager who agreed to talk with staff to address these issues.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. One person told us, "If I need staff, I only have to ask."

Staff told us that they were confident that there was sufficient staff available to meet people's individual needs and safety. We were aware that the service also provided day care for people living in the community. We asked if the staffing levels increased during these times. The registered manager said they did not and staff spoken with said they felt this did not impact on people's needs being met. The registered manager told us that they monitored people's dependency needs which informed them of the staffing

Good

Is the service safe?

levels that were required. Staff told us that any shortfalls in staffing such as sickness and holidays were managed well. This included the registered manager and administrator being supportive who provided 'hands-on' care when required.

We observed that people received care promptly when requesting assistance. Staff were visible in communal areas and spent time chatting and interacting with people who used the service. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people.

A person who used the service told us, "I am given my medication in the morning in my little pill pot and they leave it for me to take." and, "They [staff] come back for the pot quite soon after and if I haven't taken it by then, they watch me take it so they can take the pot away."

We observed the administration of medicines at lunchtime and saw checks were made prior to administration to ensure people were give the correct medication and supported appropriately.

Systems were in place for the timely ordering and supply of people's medicines. Medicines were generally stored in line with requirements and checks of the temperature of storage areas had been recorded daily and were within acceptable limits. We found not all liquid medicines and topical medicines had been labelled with their date of opening. This is important to ensure the effectiveness of medicines is not affected. We saw staff administering medicines had completed regular training and competency assessments. There was evidence of a medicines audit by the pharmacy that supplied the medicines to the home in Feb 2015 and a manager's medicines audit in May 2015. A medicines policy was in place and was provided to staff in the staff handbook.

Medicines administration records (MARs) contained a picture of the person to aid identification and information about allergies. Information about the way the person liked to take their medicines was recorded in each person's care plan and there was additional information about each medicine and the reason it had been prescribed.

PRN protocols were not in place. One person was receiving morphine prn and the reasons for this had not been recorded on the MAR; the person was also receiving other regular medicines containing morphine therefore clarity was needed about the occasions when the prn morphine was to be administered. We discussed this with the registered manager.

Some people were administering some of their medicines themselves, we found a risk assessment had been completed to ensure the risks associated with this had been identified and managed.

Good

Is the service effective?

Our findings

People were supported by staff that had received relevant training and support to do their jobs and meet people's needs. People we spoke with, including relatives, told us that they found staff to be knowledgeable and competent. One person said, "They [staff] have young brains which work much faster than mine, so I have nothing to worry about!" Another person told us how staff were able to pick up on signs of when they were not feeling well. They said, "The Butterflies [staff that provide activities] are always popping in and speaking to me if I haven't been out of my room for a while. They even know if I am feeling down and spend a little extra time with me."

Staff told us they had received an induction and said that the quality of the training and support was good. Staff we talked with were undertaking nationally recognised qualifications in care and told us they received encouragement to undertake the qualification from the registered manager. One staff said, "The quality of the training is really good." Another staff said, "We receive a detailed induction and have formal and informal opportunities to talk about how we are getting on and if we have any training needs."

Training records showed that staff undertook a wide range of training. Included in this was specific training in caring for people living with dementia. This training is called 'Dementia Matters' and is a well-recognised approach using a unique approach described as 'feeling based care'. As part of this training the 'Butterfly Approach' had been adopted by all staff as an effective way of supporting people with dementia. This approach encourages staff to spend a small amount of time with people to minimise boredom and to create opportunities for positive social interaction. We saw staff supported people using the skills and knowledge they had gained which had a positive impact on the people they cared for.

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.

We spoke with the registered manager about their understanding of the MCA and asked if assessments were completed when people lacked capacity to make specific decisions. They told us that people had the capacity to consent to their care and support. However, they showed us an example of where a MCA assessment had been completed and a best interest decision made for a person who lacked mental capacity to consent to their care and support. This told us that the registered manager was aware of their responsibility of protecting people's human rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had made appropriate applications to a 'supervisory body' when they had identified concerns about restricting a person of their liberty.

Staff showed a good understanding of the principles of MCA legislation and gave examples of how people's human rights were protected. Additionally, they told us that they had received training and was aware of the provider's policy and procedure. One staff said, "If they (people using the service) don't want to do something they don't do it. We go along with what they want." Another staff told us, "We respect people's decisions and if we have any concerns we speak with the manager."

Care records contained statements indicating the person had been informed of their rights to agree or refuse care, we saw people had consented to care. Where there was a power of attorney in place this was identified in the care record. This gives another person legal authority to make decisions on behalf of another person relating to either a person's finances or care and welfare decisions. The registered manager told us that they had documentation to confirm people's power of attorney details.

We saw examples of do not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately. We saw a person had an advance care plan in place and the information in this agreed with the

Good

Is the service effective?

information in the DNACPR. Another person had had their wishes discussed with them and had indicated they wished to be resuscitated in the case of a sudden deterioration in their health and they did not have a DNACPR.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People made positive comments about the food choices including the quality and quantity of what was available. One person told us, "its ok. I used to enjoy cooking so I can be critical, but there is plenty of choice and you never go hungry. Another person said, "I don't always feel like eating and sometimes just get lazy, but the staff seem to know when I am feeling that way and always encourage me to eat without getting pushy."

Staff we spoke with showed a good understanding of people's nutritional needs and preferences. Specific dietary and nutritional needs in relation to people's healthcare needs or cultural or religious needs were assessed and included in people's plans of care. These needs were known by staff including kitchen staff. We found food stocks were appropriate for people's individual needs.

We observed people were offered a choice of two main meals and a choice of sweet. Staff told us there was also a vegetarian option and if someone did not want what was on offer the chef would "whip something up for them." We saw the meal was freshly prepared, nutritious and nicely presented. People were provided with appropriate support to eat their meal whilst remaining as independent as possible. Specific dietary and nutritional needs in relation to people's healthcare needs or cultural or religious needs were assessed and included in people's plans of care. These needs were known by staff including kitchen staff. We found food stocks were appropriate for people's individual needs.

People were supported to maintain good health and have access to healthcare services. People told us and relatives agreed that people were supported with their healthcare needs. One person told us, "We have regular check up's. If I get toothache, I just ask to see someone and it is organised." Another person said, "I have a chiropodist who comes in to see me."

Staff told us that people's healthcare needs were known by staff and monitored for changes.

We received positive feedback from healthcare professionals about how people's healthcare needs were met by staff.

From the sample of care records we looked at we found people's healthcare needs had been assessed and planned for and were monitored for changes. People's healthcare needs were discussed in staff handover meetings and reports. Each person had a "grab pack" with important information about the person in the case of admission to hospital. There was evidence of access to a wide range of professionals within people's care plans including a speech and language therapist, the dementia outreach team, GP and chiropodist.

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind, caring and treated people with dignity and respect.

People spoke positively about the care and approach of staff. One person told us, "My sight is really not good now and one of the staff organised the talking books service for me which I love. I get though lots of tapes!" Another person said, "I love doing crosswords and they [staff] organised some word search books for me which I sit and do for hours." We observed this person with their word search book and they also used an iPad to complete word searches.

Feedback from healthcare professionals was positive about how caring staff were. We were told that staff had developed good relationships with people, were knowledgeable about people's needs and were warm and caring in their approach.

The staff we spoke with showed a good awareness of people's needs. They told us, "There are really good relationships between staff and residents. The bond between us is very good."

We saw staff interacting with people when they entered the room and chatted to them about things they were interested in. We found them to be caring in their approach and showed empathy and understanding of people's anxieties and concerns. For example, staff took time to repeat questions until they understood what the person was asking.

We saw how staff were attentive to people's comfort needs, For example, a person responded to our presence by saying, "What happens to us if they don't like what they see here?" The staff member they were was asking paused for a good 30 seconds before answering in a reassuring tone of voice, "They are only here to make sure that you are safe and happy, so you have nothing to worry about."

From the sample of care records we looked at we found information about people's needs, routines and preferences was recorded in a caring and sensitive manner. This was a good reminder to staff about the provider's expectation that dignity and respect for people was important.

People were supported to express their views and be actively involved in making decisions about their care and support. One person said, "They [staff] know what is best for me." There was evidence of the involvement of people and their relatives in the development and review of their care plans. Reviews with people and their relatives were detailed and comprehensive.

During our observations of the interaction of staff with people that used the service, we saw how staff involved people in discussions and how choices and independence was promoted. For example, people were involved in making decisions of where they sat, what they ate and drank and how they spent their time. We observed a person folding napkins and towels and supported staff to prepare the table for lunch. They were observed to enjoy this involvement and the staff that encouraged this clearly understood the importance and significance this had for the person.

During lunch observation, we saw staff treated people with respect, encouraging them to eat, ensuring that they had enough to eat and checking whether they wanted more. We noted that staff introduced two people to each other who did not normally sit together. A member of staff sat at each dining table and struck up conversations with people. Some people knew enough about the staff to ask questions about their own families and lives. A person told us, "There are staff at each table at lunch time to look after us which is nice because we get to find out about their lives. One has just had a baby and brings him in for us to see occasionally. Reminds me of when I had my little ones, but that was a long time ago now."

Information about independent advocacy support was available. This meant should people have required additional support or advice, the provider had made this information available to them. The registered manager gave an example of how they had supported a person to use and advocacy service. The service also arranged for monthly visits from AgeUK advocacy and support service. We received positive feedback from this service about how staff responded to any concerns raised. Comments included, "I find that each resident is considered and respected as an individual with a genuine thoughtfulness given to their background and history when approaching their needs." and, "When I feedback concerns these rarely come as a surprise as communication is encouraged and ways of resolving issues have already been thought about and implemented."

Good

Is the service caring?

People told us how staff respected their privacy and dignity and gave examples such as staff knocking on their doors before entering. A relative talked to us about how the service had developed and said, “Throughout it all my mum has been treated as an individual and with dignity, so the family have no issues.”

Staff we spoke with told us how they valued people’s privacy, dignity and respect. “One staff said, whilst we support people we respect their privacy and ensure their dignity is maintained. I treat people as I would want to be treated.”

The importance of confidentiality was understood and respected by staff and confidential information was stored safely.

Good

Is the service responsive?

Our findings

People received care and support that was person centred to their individual needs, preferences and routines. People told us that staff supported them to live the lifestyle they wished and that their routines, preferences and what was important to them were known and understood by staff.

One person told us, "I love my bath. I have one every other day in the evening with lots of bubbles and I just ask them [staff] to let me soak. They always come to help me get out though and I can call them before then if I want them."

A relative said: "Such a lot of thought goes into everything in order to make the care personal, even down to the types of gifts they get on Christmas Day. I can visit anytime which is comforting and they deal with mum's grumpiness on occasion as if it is nothing."

Feedback from healthcare professionals told us that people received a responsive service because care and support was individualised for each person. They told us how a great deal of consideration had been given to the internal and external environment to support the needs of people living with dementia.

From the sample of care records we looked at we found people and their relative or representative had been involved in the assessment and development of their care plans. This information provided staff with guidance of how to meet people's individual needs. We found examples where information was limited in detail. For example, some people had needs related to pressure ulcer prevention. Information did not include the type of equipment in place or the frequency of re-positioning required. We also identified some inconsistencies between the information for people in their care plans and the care or equipment being provided. For example, a person's night care plan stated they needed an alternating pressure relieving mattress where a static mattress was in place.

Additionally, general health care plans showed some people were at risk of frequent urinary tract infections but information did not identify any actions to reduce infections occurring such as encouraging a good fluid intake. A care plan for personal care did not indicate whether the person preferred a bath or a shower or the amount of help they required. For example the instruction to staff said the person "should be given support to maintain their independence." However, a night care plan had a good description of peoples care and preferences at night. Whilst we identified the recording of people's needs could have been more detailed we found by talking to staff they had a good understanding of people's needs. We spoke with the registered manager about what we found, they said they would review written documentation to ensure information was personalised to people's individual needs.

Staff spoken with demonstrated they had a good understanding of what was important to people including their routines and preferences. This included knowing people's religious, cultural or spiritual needs. Staff told us that people received monthly opportunities to participate in visiting religious activities such as Holly Communion. Detailed life histories of the person had been completed and they were a valuable source of information about the person's past life, their interests and important relationships. People told us that they had been encouraged to personalise their rooms to their own individual taste and that they were happy with their rooms.

The service had two house dogs and other small animals outside such as chickens. People were seen to get great pleasure from the house dogs sitting on their knee being stroked. A person told us that they use to have dogs when they lived in their own home and that they enjoyed the company of the house dogs. A relative said, "The Home dogs have been known to come and lay on mum's bed often. They know when someone is comfortable with them and she enjoys their company." Another relative told us, "Mum will not wear her hearing aids, so cannot join in conversations but she does like it when the animals are about."

People told us that they received opportunities to keep physically active and to participate in social events and hobbies and interests were supported. For example, we saw one person on an exercise bike; they told us that they exercised each day as it helped them keep fit and well. A relative said, "The staff encourage my mum through her hobby of photography and take photos with her. They are then given to me to develop and then we all laugh over the results as the staff don't like seeing themselves in print!"

A person who used the service told us "We have choirs from local schools that come in to sing to us. That is nice, well for a short while anyway. It can get too noisy sometimes and I just ask to go to my room." Another person told us that there had been a recent Christmas Faye at the home.

Good

Is the service responsive?

People also told us that the home had its own mini bus and staff had supported people on visits in the community. One person said, “We have got our own mini bus you know. We used to go out in it a lot more than we do now. There is staff with each person, whether they are in a wheelchair or not.” A relative said, “They used to do a lot more trips out in the minibus to places like local garden centres, the local pub but much less these days. Not sure why.”

On the day of our inspection the hairdresser was present. Some people chose to have their hair styled and appeared relaxed and that they enjoyed this activity. We noted that people were reading different daily newspapers that were available. Throughout the service we saw on display items of memorabilia to encourage reminiscence. This provided people with the opportunity to recollect past experiences and events important to them.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. A person told us, “I always go to the meetings if I can and I know I can always talk to the manager. Sometimes if I have a concern and I bump into her in the corridor, it is solved by the time we get to reception.” Relatives spoken with said they had been asked their views about the service by being given questionnaires to complete. They told us they felt heard when they had asked for clarity on points raised, especially during the recent building works.

Staff told us if a person wanted to make a complaint or raise a concern they would try to resolve the issue and report it to the manager. We saw that people had access to the providers complaint procedure should they have wished to of used it.

Good

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People told us that they knew who the registered manager was and that they regular saw them. A person who used the service told us, "If I need staff, I only have to ask. There is always someone around to help you and it doesn't take long for them to come."

A relative told us they felt that they could speak to the manager at any time without an appointment. Another relative said, "The manager is very good and in all that time of visiting three times a week, I have never heard a raised voice here, ever."

We received positive feedback from professionals that visited the service. They told us that they found the registered manager to be a good leader and that they, and the staff were committed in providing the best care they could for people. Additionally, they said that they found communication was good and the service was well organised.

Staff had a clear understanding of the vision and values of the service. One staff told us, "We're here to make residents happy and comfortable as possible. If they are happy we are happy." Another staff said, "We aim to provide a family orientated home, where people have their freedom where staff are caring and supportive."

We saw during our visit that the registered manager supported the staff team and interacted with people that used the service including visitors. Staff felt able to talk to the manager if they had issues or concerns. One staff said, "If I have a problem, I always go to her." They said they manager was supportive and listened to their views.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The service had quality assurance systems in place that monitored quality and safety. People we spoke with including relatives told us that they received opportunities to feedback their experience about the service. This included attending 'resident and relative' meetings and being asked to complete satisfaction surveys. The provider had recently sent out questionnaires for feedback, we saw some returns that showed people were 'very' satisfied with the service provided. The registered manager told us that this information would be analysed and an action plan developed if actions were required.

We looked at the survey results and action plan for 2014. We saw that the actions identified had been met or was ongoing. For example the provider's commitment to become a 'butterfly home' through Dementia Care Matters, a nationally recognised trainer in dementia care was progressing well. Staff had received training and this approach to care was being provided. Additionally, the environment had changed. The extension had been completed to a high standard and the home had been refurbished providing a bright, warm and homely atmosphere with space and memorabilia to support people to be able to reminisce about their past.

Derbyshire Residential Care had been awarded a Gold Standard Award for their approach to end of life care. This was a good achievement in gaining this accreditation and told us that the provider had a commitment to provide care and support to people at the end of their life.

The provider had systems in place to monitor the quality and safety of the service. This included an annual quality audit based on the CQC outcomes framework last undertaken in July 2015. These included audits on the environment, health and safety issues and how care and support was provided. We did not see an action plan arising from this, but the audit indicated compliance in the majority of areas. Whilst the registered manager told us that they completed regular checks and audits these were not always recorded. They recognised the need to record what they did to demonstrate regular monitoring of the service was completed and where action had been identified this had been completed.

People's individual accidents and incidents were monitored and appropriate action had been taken. However, the registered manager had not got a system in place that analysed all accidents and incidents that would have provided information on any themes, patterns and trends. We discussed this with the registered manager; they said they would consider developing a system that would enable them to have this oversight.