

SheffCare Limited

Midhurst Road Residential Home

Inspection report

21 Midhurst Road
Sheffield
S6 1EY
0114 2855345
Website: www.sheffcare.co.uk

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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

Midhurst Road is registered to provide accommodation and personal care for up to 42 older people. The home is situated in the Foxhill area of Sheffield, close to local amenities and transport links. Accommodation is based over 2 floors, accessed by a passenger lift. All of the bedrooms are single and have ensuite toilets and showers. Communal lounges and dining rooms are provided. The home has a garden and car park.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Summary of findings

Our last inspection at Midhurst Road Residential Home took place on 2 August 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 29 June 2015 and was unannounced. On the day of our inspection there were 39 people living at Midhurst Road.

People spoken with were positive about their experience of living at Midhurst Road. They told us they felt safe and staff were “kind”. They told us they could talk to staff and if they had any worries or concerns they would be listened to. Comments included, “I am quite satisfied. I spend my day how I want and get help when I need it. I can’t say better than that” and “I have got good friends here, other residents and staff. It’s lovely and I am happy.”

Relatives spoken with had no concerns regarding their loved ones care. They told us staff always kept them up to date with any news and they were always made to feel welcome at Midhurst Road.

Healthcare professionals spoken with also made positive comments. One healthcare professional told us, “Midhurst is the best home I’ve been to. I would recommend it to everyone and anyone.”

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of healthcare professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

People were confident in reporting concerns to the manager and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

The manager and staff told us they felt they had a good team. Staff said the manager and team leaders were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



Midhurst Road Residential Home

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 checked whether the registered 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 29 June 2015 and was unannounced. The inspection team consisted of one adult social care inspector 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. The expert had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We contacted Sheffield local authority, two healthcare professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from commissioners and the two healthcare professionals. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with 16 people living at the home and four of their relatives or friends to obtain their views of the support provided. We spoke with nine members of staff, which included the manager, the clerk, a team leader, care workers, an activity worker and ancillary staff such as catering and domestic staff. We also spoke with two health professionals who were visiting the home during our inspection.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included four people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All of the people living at Midhurst Road that we spoke with said they felt safe. Comments included, “I do feel safe, I’m all right here,” “I am fine here, the staff see to it” and “I am very safe here and I would tell them [staff] if I didn’t.”

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said they had no worries or concerns about their loved ones safety. Their comments included, “It’s such a relief for us, knowing that they are well cared for and happy here” and “We have no worries at all. The staff are great and we can talk to them at any time.”

All of the staff asked said that they would be happy for a loved one to live at the home and felt they would be safe. One staff told us “I have recommended this home to friends. It’s very good here.”

People told us they thought there were enough staff to deal with their care needs. They told us that more staff would be “better”, but staff were always available and gave them the support they needed.

People told us they received their medicine on time and staff supported them to take their medicines.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the manager or team leaders and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding procedures were available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them.

Employment records were held at the services head office, but these were available to view on the services computer system. We looked at four staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at four people’s care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people’s needs. For example, we saw one record had been amended following the persons return from hospital.

The service had a policy and procedure on safeguarding people’s finances. We spoke with the clerk who managed the records for people’s money. The clerk explained that each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The registered manager and clerk informed us that the

Is the service safe?

financial systems were audited annually by the company's accountant. The last financial audit took place in April 2015. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 39 people were living at Midhurst Road. We found that five care staff, two team leaders, the registered manager, an activities worker and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for three weeks prior to this visit which showed that the calculated staffing levels were maintained so that people's needs could be met.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medication systems in April 2015 and recommendations made had been acted upon.

We found that the senior on duty each day was designated to administer medicine. We observed staff administering part of the lunch time medicines. The staff administering medicines wore a red tabard asking people not to disturb them during this time so that they could concentrate on their job and so reduce the risk of errors with people's medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard the senior asking people if they needed their pain relief and respecting their responses.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Midhurst Road to be clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. They commented "This is a good home, a good team. I've no worries about my job and I can talk to the manager if I had." This showed that procedures were followed to control infection.

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "I've no worries about my health being looked after. They [healthcare professionals] all come. I've had my eyes checked and my false teeth checked to see they still fit, I could just ask [staff] and I could see who I needed" and "I see the doctor if I need to, they seem to come here a lot."

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one. Comments included, "They [staff] always ring and tell me if [name of person] needs to see the doctor. They are very good like that" and "We have no worries at all, we know they get weighed and their health is looked after. We see nurses visit and the doctor visits regularly." One relative shared some information about their loved ones health and a recent illness. We found details of this were recorded in the persons care plan so full and up to date information was available.

We found 'satisfaction surveys' had been sent to relatives in May 2015, to obtain their views of the support provided. We saw that 16 relatives had responded. The surveys asked if the service met their relatives care needs and all respondents stated they were 'Very satisfied' or 'Satisfied.'

Two healthcare professionals contacted us prior to this inspection, in response to our request for information, and we spoke with a further two healthcare professionals during our inspection. None had concerns about the care and support provided at Midhurst Road. Comments included, "I have no concerns about Midhurst. It's very good. The staff are always welcoming and know the residents well. Staff always find the records we need. I have no worries at all" and "We have been carrying out (health checks) at Midhurst Road for around 3 years. Our visits have always gone well with the staff being helpful at all times. On our visits we are provided with a room in which to carry out the (health tests) to afford the residents a degree of privacy."

We found that surveys had been sent to health professionals in May 2015 and nine completed surveys had been returned from a variety of professionals, including GP's, district and community nurses, falls team, dental team, a chiropodist and a representative from the local

Church. We saw all nine responses were positive. In the surveys, when asked 'If you provide advice or instruction to the staff is it followed?', all nine respondents said 'Yes' and commented, "Staff are keen to help and assist" and "Staff ask relevant questions and do their utmost."

People told us the food was good and they enjoyed the meals. Comments on the food included, "It's marvellous, you always get plenty of choice", "I like the food. I don't like to be 'over faced' with food so they [staff] see I just have a bit on my plate, then I can have more if I want" and "Night staff sometimes fetch and chips at night, that's lovely. There's always plenty to eat and drink, we get choices."

We observed part of breakfast service in one area of the home. We saw people were provided with different meals according to individual choice. One person enjoyed eggs on toast, whilst another person had cereals and toast as their preference. We saw one person was provided with milk and toast in their room at mid-morning. Staff told us the person enjoyed a 'lie in' and had wanted breakfast at that time. We joined some people for lunch in one area of the home. We saw meals were nicely presented; the food looked appetising and tasted good. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. Where needed, people were provided with assistance to eat and staff supported them patiently. People were allowed to eat at their own pace and second helpings were offered. Again we saw people had different meals according to personal choice. We saw that one person chose to eat lunch in their room and this choice was accommodated by staff. People were sat in various dining areas of the home to eat their meals, again according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. At the time of this inspection the weather was very hot. We saw staff offering people ice creams in the morning and afternoon to enjoy in the hot weather. We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. The cook showed us 'Diet Admission Information' sheets which recorded food likes, dislikes and

Is the service effective?

allergies for each person at the home. The cook was aware of people who need a special diet and described how a 'soft diet' was provided to one person in line with their assessed needs and following advice from a dietician. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes. This demonstrated that staff had a good knowledge of the people in their care.

Staff told us they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training was "Good" and provided them with the skills they needed to do their job. One staff commented, "The training here is very good. I've had a lot of support with training, to get better and I've got my qualifications now."

In the healthcare professional surveys, when asked 'Do you believe that staff have been sufficiently trained to meet the needs of service users?' We saw that all nine respondents had answered 'Yes.'

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The manager informed us that where needed DoLS had been referred to the Local authority in line with guidance.

We looked at four people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans had been signed by the person to evidence their agreement.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

Is the service caring?

Our findings

People told us they were happy living at Midhurst Road. Comments included, “I’ve lived here for a few years and I like it. My daughters and grandchildren visit when they want, that’s nice. The staff are lovely and friendly” and “The staff are polite and courteous, very caring.”

We found that ‘satisfaction surveys’ had been sent to people using the service in March and April 2015 and 14 people had chosen to respond. We saw that the results from the survey were positive. All of the respondents had stated that they were ‘very satisfied’ or ‘satisfied when asked if the service provided respected their privacy.

Relatives told us the care staff were kind, patient, caring and respectful. Their comments included, “The staff can’t do enough, they are lovely people who care about what they do. It really is a smashing home. We have no regrets about [name of relative] moving here and I never thought I would say that,” “It gives us peace of mind, we can rest at night knowing [name of loved one] is looked after” and “I am happy that [my relative] is here and cared for, I think they are looked after very well. I have no concerns at all.”

In the surveys to relatives, respondents had said they were ‘Very satisfied’ and ‘Satisfied’ that they had been involved in their relatives care planning. One relative commented “I feel involved, I’m invited to an annual big meeting with staff and the GP to discuss how [my relative] has been and to talk about their needs. The manager would be open to hearing if we had any concerns. The communication is good.”

In the surveys, relatives also indicated that they were ‘Very satisfied’ and ‘Satisfied’ that staff treated their relative with dignity and respect.

We saw that staff interacted with people in a caring manner. One staff commented, “I look at it like people living here are someone’s Mum and Dad, Nan or Granddad and we make it all right for them, like we would want our family to be cared for.” All of the staff spoken with said they would be happy for their loved one to live at Midhurst Road.

People said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided.

In the surveys to health professionals, all nine respondents answered ‘Yes’ when asked if they considered staff’s approach was dignified, caring and respectful.

During our inspection we spent time observing interactions between staff and people living at the home. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people’s well-being. We saw a care worker taking a person to their hairdresser outside of the home, talking to them and laughing together. We heard a care worker gently encouraging a person to eat their meal and offer additional choices. We saw care workers knock on bedroom doors before entering. We saw that care workers listened patiently to people and gave them the time to say what they wanted. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

All assistance with personal care was provided in the privacy of people’s own rooms. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found that the home had a dignity champion whose role was to share good practice with staff. We spoke with the dignity champion who described the training they provided. They explained that, in addition to watching a DVD and providing hand-outs, discussions were held about individuality and choice, speaking and body language, spiritual needs, end of life care and respecting privacy. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

We found some staff had been provided with additional training on end of life care to share good practice and enhance their skills. We found three staff had attended training on ‘Quality Care in the last year and days/ Hours of Life’ run by South Yorkshire Programmes for education in cancer care and long term conditions. The focus of the training was to improve knowledge and skills in the

Is the service caring?

delivery of quality end of life care. The registered manager informed us that a further two staff were booked to attend this training. We saw a leaflet 'when a loved one dies' in the information point in reception which provided practical advice and words of comfort should relatives choose to use this. Staff spoken with were very clear that end of life care was individual to the person.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved. Relatives told us they had been fully involved in the care planning when their loved one had first gone to live at the home.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us they could choose when to get up and go to bed. Comments included, "I like to have a lie in then I can have my breakfast later. It's never a problem," "I've got a buzzer in my room, staff come as soon as they can. They are very kind" and "Staff know what help I need, what I like. Nothing is too much trouble for them."

We found that two activity workers were employed for 18 and 10 hours respectively each week. The registered manager told us that an additional 10 hour activity worker post had recently been recruited to and a care worker had successfully obtained the post. We spoke with an established activity worker and the person who had recently been appointed. Both were enthusiastic about their jobs and the new worker described plans they had to introduce further activities that people might enjoy, for example a 'rag rug' group. The established activity worker explained that individual activities such as chatting, crosswords and manicures were provided to people so that opportunities were still available to people who chose not to join in group activities.

We found that a variety of leisure opportunities were provided for people to enjoy as they chose. These included quizzes and games, joining another care home for trips out, visiting entertainers, gardening and crafts. We observed people enjoying a game of bingo in the morning that was well attended. We saw the activity worker showing number cards to assist people who were deaf to participate in the game. We also observed people enjoying sitting in the garden and eating ice creams. We saw that the garden was well tended and staff told us that a person living at Midhurst Road had planted all the pots and containers on display. A group of people told us that the home had recently held an Olympics day and tea party to celebrate National Care Homes Open Day, which they enjoyed.

Staff told us a church service was held each month for people to celebrate their faith. Staff told us one person visited their own church with their relative each week as this was very important to them.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink, if they would like to sit outside or if they would like to join in activities.

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant healthcare professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

In their surveys, people living at Midhurst Road had been asked if their care plans were based on their needs and choices, and asked if they were given enough information regarding the support provided. All 14 respondents said they were 'very satisfied' or 'satisfied.'

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

One relative shared some information regarding their loved ones health. We checked this person's care plan and found this had been recorded, along with the actions required of staff to promote and meet their specific health needs. The cook told us that one person was on a soft diet. We looked in their care plan and found clear details of this, alongside guidance and information leaflets for staff to follow to meet the persons identified needs. These examples showed that care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' leaflets on display in the entrance area of the home. A suggestions box was also placed in the entrance area so that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Midhurst Road. This showed that people

Is the service responsive?

were provided with important information to promote their rights and choices. We saw that a system was in place to

respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager was registered with CQC.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive.

Comments included, “The manager has an open door, even if it’s closed,” “I love it, it’s hard work but I find it rewarding. People are happy, content and not lonely. We are a big happy family” and “The manager is great, she always makes time for you. I like my job, I think I can go home knowing we make a difference.”

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We observed the manager around the home and it was clear that they knew the people living at the home very well. We saw that people living at the home and staff freely approached the manager to speak with them.

Relatives told us that staff were approachable, friendly and supportive.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the quality assurance officer had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus, such as meals and menu planning, dignity in care and care planning.

We saw that checks and audits had been made by the registered manager and senior staff at the home. These

included care plan, medication, health and safety and infection control audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. We saw records of a ‘daily walk around’ that the registered manager completed to check and audit the environment to make sure it was safe.

We found that surveys had been sent to people living at the home, their relatives and professional visitors. Information from the returned surveys has been reported on throughout this report. We saw the results of the surveys had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service.

Staff spoken with said some staff meetings took place so that important information could be shared. Senior meetings and ‘corridor’ meetings took place so all staff could be involved in these. Records showed senior staff meetings had taken place in January, twice in February and April 2015. Two corridor meetings had taken place in February and April 2015. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.