Akari Care Limited

Silver Lodge

Inspection report

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Chapeltown
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Date of inspection visit:
07 December 2017

Date of publication:
27 December 2017

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

Summary of findings

Overall summary

Silver Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Silver Lodge has 32 beds providing accommodation and personal care to older people with a variety of support needs including those living with dementia. It is located in its own grounds in Chapeltown, Sheffield, close to transport links.

At the time of our inspection 27 people were using the service.

This inspection took place on 7 December 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

At the last inspection on 29 September 2016 we found the registered provider had not ensured the premises were properly maintained. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 15: Premises and equipment. The registered provider sent us a report of the actions they would take to meet the legal requirements of these regulations. We checked whether this regulation had been met as part of this inspection. We found that sufficient action had been taken to meet the requirements of the regulation.

People we spoke with told us they felt 'safe' and did not express any worries or concerns.

Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

There were sufficient staff to meet people's needs safely and effectively.

We did not find any concerns about the cleanliness of the service. This was supported by people and relatives we spoke with.

Staff received regular training and support so they were skilled and competent to carry out their role.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were treated with dignity and respect and their privacy was protected. People and relatives we spoke with made positive comments about the care provided by staff.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

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

People and relatives said they could speak with the registered manager or staff if they had any worries or concerns and they would be listened to.

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.

Staff, people living at Silver Lodge and their relatives said the registered manager was approachable and supportive, and communication was good within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of their responsibilities in keeping people safe. People told us they felt safe. Relatives told us they felt their family member was safe.

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

Sufficient numbers of staff were provided to safely and effectively meet people's needs. Staff recruitment procedures and checks in operation promoted people's safety.

People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

Is the service effective?

Good

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

Staff knew about people's health needs and personal preferences and give people as much choice and control as possible.

People were provided with access to relevant health professionals to support their health needs.

The home was well maintained and comfortably furnished.

Is the service caring?

Good

The service was caring.

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

People living at the home, and their relatives, said staff were very

caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

A programme of activities was in place so people were provided with a range of leisure opportunities.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff said the registered manager was approachable and communication was good within the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

People and relatives views were actively sought to continuously improve the service.

The service had a full range of policies and procedures available for staff so they had access to important information.

Silver Lodge

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 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 2017 and was unannounced. This meant the people living at Silver Lodge Care Home and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care 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.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We did not ask the provider to complete a Provider Information Return (PIR) this was because we had changed our inspection dates and so we had not requested the form to be completed .The PIR 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 gathered information from the local authority 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. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 27 people living at the service. We spoke with five people and three of their relatives to obtain their views of the support provided.

We spoke with 11 members of staff, which included the registered manager, the deputy manager, four care staff, the cook, a member of domestic staff, maintenance staff, the administrator and the activity coordinator.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's care records, four people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

At our last inspection in September 2016 we found some concerns about the premises of the home. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 15, Premises and equipment. This was because premises were not properly maintained. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found improvements had been made which were sufficient to meet the requirements of the regulation.

There had been some recent refurbishment of the home, new lounge and corridor carpets had been fitted and repairs such as tiling to bathrooms and sinks had been completed. Housekeeping 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. We saw infection control audits were undertaken which showed any issues were identified and acted upon. We found the home was clean with no unpleasant malodours observed in the areas we checked. A relative commented, "The home is kept very clean. We noticed it when we first visited, it is always kept clean."

We looked at the safety of the building. Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

People told us they felt safe living at Silver Lodge and commented, "I feel very safe here," and "Yes I'm safe, they [staff] are really nice."

Relatives of people living at Silver Lodge told us they felt their family member was safe. They commented, "I think Silver Lodge is a safe place, we are very happy with the staff and home" and "[Name of family member] is safe here; they just could manage at home."

We saw people who we were not able to fully communicate with verbally, freely approach staff for assistance and support. People were happy in the company of staff.

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 were clear of the actions they would take if they suspected abuse, or if an allegation was made so 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 they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so 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 these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for a few people and people could access their money as they needed. Individual envelopes containing people's money were kept. We saw financial records were maintained and we checked the financial transaction records for three people. They showed all transactions and detailed any money paid into or out of the persons account. Receipts from purchases were retained to evidence the recorded transactions were accurate. The amounts held corresponded with the records. This showed safe procedures had been followed.

We asked people living at the service about the help they got with their medicines and they told us they were happy with the support they received. One person said, "They [staff] sort my tablets out for me, I have loads to take every day, but they make sure I get them right."

The service used a computerised system for ordering and handling medicines. Senior staff had been trained in the use of this system, and the registered manager undertook daily checks to ensure the system was being used consistently. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. Staff supported people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as and when required' medicines.

We checked four people's medication administration records (MAR) and saw they had been fully completed. The electronic MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered manager regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors. We saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. We found a community pharmacist had undertaken a visit to Silver Lodge in August 2017 to check on medication systems and provide support to staff. We saw the report from this visit which showed the pharmacist did not identify any issues requiring urgent action. This showed people's safety was promoted.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found a minimum of five care staff and one senior care staff were provided each morning, and a minimum of two care staff and a senior care staff were provided each night. Activity, administrative and ancillary staff such as domestic and kitchen staff were also provided each day. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained.

We did not receive any concerns from people living at Silver Lodge or their relatives regarding the staffing levels at the service. We observed staff were visible around the home and responded to people's needs as required. Staff were observed chatting to people in lounges and we observed four different staff members come into one person's room, unaware that a member of the inspection team was present, to check on the person, or to spend time with them.

All the staff spoken with thought enough staff were available and staff were very positive that an additional member of care staff had been recently rostered to work in the morning.

Staff said, "Staffing has improved in the last few months we said we needed more care staff which we now have. These are now normal levels which is fantastic."

We reviewed three staff members' recruitment records. The records contained a range of information including a job application, references, employment contract, interview records and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence. The care plans also included information of how staff should support people if the person displayed any behaviour that may challenge.

Good

Is the service effective?

Our findings

People and relatives we spoke with were very satisfied with the care they or their family member received and said they could access all healthcare services.

People said they attended appointments at the hospital when required. Relatives also said that their family members had regular appointments with chiropodists, opticians and dentists and said the GP visited the home once a week and also as and when required.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, Speech and Language Therapists (SALT), GPs and dentists.

Stakeholders we contacted prior to the inspection told us they had no current concerns about Silver Lodge.

All of the staff we spoke with told us they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. Staff records showed that staff were provided with an annual appraisal when they had worked at the service for one year. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives.

We saw there was a staff induction process in place. The registered manager told us new care staff completed a two week induction where they worked alongside other staff before being included in the staff rota.

Staff we spoke with were positive about training opportunities at the service. One staff member said, "Yes training is good here, we get loads of training." We reviewed a copy of the service's staff training matrix. We saw there was a robust system in place to ensure staff received appropriate training at the start of employment and reviewed at appropriate intervals during the course of employment. We also saw that some staff had undertaken specialised training to increase their knowledge and skills. For example, pressure ulcer prevention and end of life care.

People we spoke with said they were happy with the catering arrangements. People said, "I like all the meals, I have just had had tea and toast for my breakfast" and "The food, oh, it's wonderful, I love sweet and sour chicken. I grew up on good plain food, so this is very nice for me." People said they could always have an alternative to the menu if they preferred. We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes.

We observed the arrangements in place before and during mealtimes. A hot lunch was served from a heated trolley by the cook. Five members of care staff, the registered manager and the activities coordinator supported the lunch service. We found the mid-day meal was a positive experience and people were supported as needed. The room was light and pleasant. The dining tables were neatly set out and looked

welcoming. Tables were laid with table cloths, cutlery and glasses. We saw staff took time to support people and were patient when serving meals. The food was well presented.

Some people were able to eat unsupported and we observed care staff asking other people if they would like parts of their meal cutting into smaller pieces to help them eat their lunch.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests. We saw in one person's care plan evidence of a best interest meeting being held involving the persons family and health professionals to discuss and decide how best to administer the person's medicines.

We found care was provided to people with their consent. Throughout the day we heard staff offering people choices, from where people wanted to spend their time to what they wanted to eat.

We looked at three people's care plans and found care was provided to people with their consent. The care files seen held signed consent, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the consent forms had been signed by the person's representative. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

The home was well maintained and comfortably furnished; efforts had been made to create a 'dementia friendly' environment. Additional signage and 'touch boards' were sited on the walls for people to touch different textures such as artificial grass and different types of door handles. There were some prams with dolls in them which some people seemed to enjoy pushing around the corridors of the home.

Good

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. Relatives said they were always welcomed in a caring and friendly manner. People and relatives comments included, "This is a lovely home," "[Name of staff member] always takes me out in the garden and sits with me, he's a nice person, I like it when he's here," "The staff are good, when I need someone to listen to me, there's always someone, and they make sure I have plenty of clean clothes to put on" and "The staff are lovely."

Whilst a member of the inspection team was talking to a person a member of staff passed. The person reached out and touched the staff members arm and said, "That's my favourite [member of staff]" The person then laughed and said, "But I like them [staff] all."

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We saw staff routinely engaging with people in a positive manner, ensuring that they were at eye-level with the person to whom they were speaking, calling people by name and explaining any actions they were going to take before taking them. For example, we observed two staff moving people in a hoist. This was carried out in an ordered and calm manner, ensuring that the people being transferred were reassured as the process was on-going.

We observed that staff maintained the dignity and respect of the people living at Silver Lodge. We observed care staff always knock before entering the rooms of people. Throughout the day we saw staff seek the agreement of people before and during any tasks being completed.

We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. We observed a person who chose to spend most of the time in the morning sat quietly in one of the staff office and was greeted by members of staff who regularly went in and out. The person smiled and appeared to enjoy this regular contact with staff. This showed people were treated respectfully.

People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We were told by activities coordinator about the weekly Christian services held in the home to meet some of the spiritual needs of people at Silver Lodge.

In the reception area we saw there was a large range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. 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.

Good

Is the service responsive?

Our findings

All the people we spoke with told us they were very satisfied with the quality of care they had received. One person said, I must be suffering from dementia else I wouldn't be here, would I love. I just depend on staff in here. They are good." People told us staff responded promptly to their calls for assistance. One person said, "Staff come when I need them."

All the relatives we spoke with made very positive comments about the care their family member had received and about the staff working at the service. Comments included, "Silver Lodge is a very good place. We are very happy we chose it for [Name of family member]."

Relatives we spoke with told us they were fully involved in their family member's care planning. Relatives told us staff kept them fully informed and notified them if there was any changes in their family member's wellbeing. One relative said, "We speak to staff whenever we visit. They keep us informed about everything."

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. A member of activity staff was employed to ensure there was a range of meaningful activities on offer most days.

A relative said, "There is always a lot going on for people. It is good [family member name] is kept occupied. It keeps them active and they enjoy the company."

We spoke with the activities coordinator about their role. They told us they were contracted to work 24 hours per week across three days and they had been the activities coordinator for over two years and they 'loved' their job.

We were told by the activity coordinator that Tuesday was always 'Pamper Day' with other days activities included dance, a quiz, singing and other activities that stimulated and helped with coordination, often there would be a combination of more than one of these activities in the day.

The activity coordinator said there were a range of activities that were planned throughout the year which required pre-booking, for example the singers who came into Silver Lodge on a monthly, and sometimes more frequent basis. The coordinator told us they had and continued to build a list of singers with a range of styles so that the people living at Silver Lodge could have choice and variety in the entertainers.

The activities coordinator told us about the links that have been made with community farms who bring animals in to spend time with people, and we observed that Molly, the 'Silver Lodge dog' was well loved by people, staff and family visitors.

We were told by staff the activities coordinator was responsible for ensuring that a photographic record is kept of events held at Silver Lodge, and individual albums have been started with each of the people living there. These albums were used to engage people in their one to one sessions with the coordinator. The

albums were also shared with family to support their on-going engagement and memory work with their relative. Staff told us these albums were also given to relatives if a person living at Silver Lodge passed away.

We also observed people being supported to be involved in and enjoying a group activity led by the activity coordinator and other staff including crafts for Christmas, badminton using a large ball and a game of bingo. We heard laughter and saw people smiling whilst taking part in these activities.

We looked at three people's care plans. They were well set out and easy to read. They contained clear and specific 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. We found health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. The care plans seen had been regularly reviewed to make sure they remained up to date. The care plans seen contained evidence of relative's involvement and showed they, and their family member had been consulted so that choices could be respected.

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. People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change, which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. This meant people were supported by staff that knew them well.

People and their relatives said they had no concerns and were confident that they or their family member were safe and well cared for. They were clear about who they could turn to if they were worried or had any concerns. People we spoke to told us they would be confident in approaching members of the care team or the registered manager with matters of concern.

People said, "I'd go and speak with [named registered manager] if I was worried about anything" and "If I was concerned about anything I'd talk to someone here, they're very good, very understanding."

There was a clear complaints procedure in place. A copy of the complaints procedure was displayed in areas around the home. 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 a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

Staff said they had received recent training in supporting people in end of life care. We saw records confirming training had taken place. Staff also said how they had felt supported to meet people's needs during people's end of life care by the community nursing team and the local GP's.

Good

Is the service well-led?

Our findings

At the last inspection which took place at Silver Lodge on 29 September 2016, we found the audits in place had not identified the issues and concerns we found in relation to the environment. At this inspection we found improvements had been made to the audits completed and any action required following the audit findings.

The manager was registered with CQC. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people who used the service; their relatives and staff freely approaching the registered manager to speak with them.

Staff told us the registered manager was supportive and always approachable.Their comments included, "I really enjoy working here, the manager is accommodating and I can go to them with any problems," "I love it here, we are like one big family" and "I really love working here."

All staff, people and visitors told us they would recommend the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. Records seen showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control and medicine audits. We saw environment checks were regularly undertaken and the manager undertook daily and a weekly 'walk around' check to audit the environment to make sure it was safe.

There were planned and regular checks, usually monthly, completed by senior management within the service to assess and improve the quality of the service provided. For example, medication and infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns so people's well-being and safety could be promoted.

People and relatives views were actively sought to continuously improve the service. We found questionnaires had been sent to people living at the home and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results from the last survey were positive. Results of the survey were displayed on the notice board with any action taken. The information displayed was under the headings 'What we asked, What you said and What we did'. We saw examples of where the service had acted on people, staff and relatives views which included improving meal choices for people and employing an additional member of care staff in the morning. The registered manager told us if any concerns were

reported from people's surveys these would be dealt with on an individual basis where appropriate.

Relative and resident meetings regularly took place so people had opportunities to feedback about the service and suggest improvements. Some people and relatives we spoke with told us they attended the meetings. Minutes of these meetings were available for people and relatives to look at in the reception area.

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt 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 and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.