Elba Care Limited

Divine Care Centre

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

This inspection took place on 17 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Divine Care Centre was last inspected by CQC on 13 January 2015 and was compliant with the regulations in force at the time.

The Divine Care Centre is situated in the village of Station Town, Wingate. The home is set in its own grounds, in a quiet residential area. The home provides accommodation with personal care and nursing, including intermediate and respite care, for up to 36 older people and people with a dementia type illness. On the day of our inspection there were 16 people using the

Summary of findings

service. The home comprised of 36 bedrooms, all of which were en-suite. Facilities included several lounges, dining rooms and kitchenettes, a hair salon and a prayer room.

People who used the service and their relatives were complimentary about the standard of care at the Divine Care Centre. We saw staff supported and helped to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff had regular supervision meetings and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Care records contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supported people to eat at meal times when required.

People who used the service had access to a range of activities in the home.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

The registered provider had a complaints policy and procedure in place and complaints were fully investigated.

The registered provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good

Is the service effective?
The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supported people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

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

Good

Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Divine Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 17 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with five people who used the service and six relatives. We also spoke with the registered provider, registered manager, deputy manager, four care staff and a visiting professional.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, for example, "They are so nice in here, yes I do feel safe", "Yes, I feel safe", "Yes I am safe. I think that the staff are brilliant" and "My things are very safe".

The Divine Care Centre comprised of 36 bedrooms, all of which were en-suite. The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. There were also two enclosed garden areas. We saw the home was clean, well decorated and maintained. It was warm and comfortably furnished. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.

Hot water temperature checks had been carried out and most readings were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. Where readings were not within the recommended temperature there was evidence of remedial action being taken to address. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the provider's accident reporting policy and procedures dated September 2015, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw a fire risk assessment was in place and regular fire drills were undertaken. We also saw the tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the provider's business continuity management plan. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name, room number, impairment or disability and assistive equipment required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy dated August 2015, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at three staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

People who used the service and their relatives told us there were enough staff on duty to meet their needs. For example, "There is enough staff, I love them", "There are plenty of staff" and "There are enough staff, I am really well looked after". We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home care staff or bank nurses. We saw there were four members of care staff on a day shift which comprised of one nurse and three care

Good

Is the service safe?

staff and one nurse and two care staff on duty at night. The home also employed an administrator, a cook, a housekeeper and a maintenance man. We observed sufficient numbers of staff on duty.

We looked at the selection and recruitment policy and the recruitment records for three members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included the use of hoists, safe use of wheelchairs and new and expecting mothers. The registered manager also told us how she planned to make the risk assessment file more accessible to staff along with a read receipt document for staff to sign once they had read and understood the contents. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's medicines policies which covered all key aspects of medicines management. The service used a monitored dosage system supplied by a national pharmacy chain. Staff told us it was a good service. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. A signature verification sheet to identify staff initials who were approved to administer medicine was available at the front of each Medication Administration Chart (MAR) chart file. The guidance in place to ensure staff were aware of the circumstances to administer "as necessary" medication was not sufficiently detailed. We saw that medicine audits were up to date and included action plans for any identified issues. Medicines were stored appropriately.

We looked at the medicines administration charts (MAR) for nine people and found there were no omissions. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. People's photographs and allergy information was stated on MAR charts in addition to being included within care plans. Medicine administration was observed to be appropriate. We saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained. This meant that the provider stored, administered, managed and disposed of medicines safely.

Good

Is the service effective?

Our findings

People who lived at the Divine Care Centre received care and support from trained and supported staff. People who used the service and their relatives told us, "Staff are so obliging and nice with it. I'm on first name terms with them", "Staff are always helping you", Staff are trained, "They are constantly popping in", "Yes, people get individual attention" and "When I found out I was coming here from hospital I was over the moon. I knew the home as my wife had been in here. I would call it a lovely home, very sociable and they do everything for you, it's beautiful here. I would recommend the place anytime".

We saw that all new members of staff received an induction to the Divine Care Centre, which included information on the provider, a tour of the home and an introduction to the people who used the service, health and safety and policies and procedures. Staff were also provided with an Employee Handbook and a copy of the General Social Care Councils' Code of Practice.

We looked at the training records for three members of staff. The records contained certificates, which showed that the registered provider's mandatory training was up to date. Mandatory training included moving and handling, fire safety, medicines, health and safety, first aid, food safety, infection control and safeguarding. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care and the Care Certificate. In addition staff had completed more specialised training in for example, equality and diversity, dementia awareness, nutrition and diet and care planning.

We saw evidence of planned training displayed in the home. For example, NVQ enrolment was booked for two staff on 23 November 2015 and mental capacity and challenging behaviour training was booked on 7 December 2015. We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council. Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to people who used the service.

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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed DoLS with the registered manager, who told us applications had been submitted to the local authority for those people who required DoLS but no authorisations had been received yet. Records we looked at confirmed this. We looked at a copy of the provider's DoLS policy, which provided staff with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). This meant the provider was following the requirements in the DoLS.

Mental capacity assessments had been completed for some people and best interest decisions made for their care and treatment. We saw consent to care and treatment was documented in the care plan documents. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had access to a choice of food and drink throughout the day and we saw staff supported people to eat in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw daily menus displayed on dining tables and on the notice board outside the dining room which detailed the meals available throughout the day. We observed staff giving residents a choice of food and drink. We saw staff chatting with people who used the service. The atmosphere was calm and not rushed.

People who used the service and their relatives told us, "You can have anything you want to eat. You get a good choice, it's lovely. They always ask if you've had enough. There's plenty of choice and it's always good", "The meals

Good

Is the service effective?

are nice, there is lots of choice and there is enough", "I like all the meals, they are very good. There is always two choices. I can get anything when I want", "The food appears to be first class for a home" and "To us the food is tip top". The care records we looked at demonstrated a high level of monitoring compliance for people's weight and nutrition. From the staff records we looked at, all of them had completed training in food safety, nutrition, and diet.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP, cardiologist, dietician, optician, advanced nurse practitioner, community district nursing, dentist and chiropodist. People who used the service and their relatives told us, "The doctor has been", "I can see the doctor quickly", They have got her to the eye infirmary, they sorted everything" and "He has been referred to the dentist and they were onto it as soon as possible".

A visiting professional told us, "I have no problems with the home, they have good reporting thresholds in that when they ask me to come out and see someone it is appropriate. They will often provide useful assessment information when referring to me such as someone's blood pressure. This isn't the case with a lot of other homes. I feel they're well managed. The home has a nice feel to it and is lovely and clean. Staff raise concerns when necessary and seek additional support as appropriate. I have been visiting since March 2015 and have no concerns. There are regular staff who know their residents and they can give a good history". This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at the Divine Care Centre. People who used the service and their relatives told us, "I am happy. The staff are out of this world, they listen", "I am happy. They are refreshingly kind", "I am definitely happy with the care. They are very good staff. I could not fault them. They listen, they speak clearly and plainly", "I do think he receives good care and he is treated with dignity and respect",

"They get good care and they are respected and treat with dignity", "He has excellent care. Oh yes, they treat him well" and "I could not praise this home highly enough".

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People who used the service told us, "They don't do anything without asking", "Yes always, they ask before they do anything" and "I love it. They are all there to help and that's what it's all about. They are like one big family".

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. We saw staff assisting people, using walking frames and in wheelchairs, to access the lounge, bedrooms and dining room. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. This meant that staff treated people with dignity and respect.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supported people to maintain their independence. Relatives told us, "They always pop in and out to see if she is ok. As soon as you press they are here", "They always let her know what they are doing like they say 'we are going to lift you up' or they let her know about her meals", "They do try and keep her as independent as possible" and "He definitely gets choices and they keep his independence as much as they can".

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. A member of staff told us, "We have one to one's with the residents. We get to know all of their needs. If people are able to walk we will encourage this but we would walk behind them with the wheelchair just in case they needed to rest. We will give them options and prompt them to try and do things and support them, if needed. They can go to bed when they like or have a lie in". Another member of staff described how they would always encourage people to do as much as they could for themselves and how people had choices for example, what to eat and when to get up. They also told us how important it was for people to be asked if they required any help first and to always knocking on people's doors before entering. This meant that staff were working closely with individuals to find out what they actually wanted.

We saw how the service respected the cultural and religious needs of people. For example, ministers from several local churches attended the home each month and the service had provided a prayer room for people who used the service or their relatives to use.

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome.

We saw Do Not Attempt Resuscitation (DNAR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met. We saw staff had received training in end of life and death, dying and bereavement.

We saw people were provided with information about the service and in a 'residents guide' which contained information about privacy, dignity and rights, philosophy of

Good

Is the service caring?

care, dining experience, fire procedures, social activities, 'open door' policy, home manager's monthly surgery, religious services, safeguarding, mental capacity and best interest, advocacy and complaints.

Information about local services was prominently displayed on notice boards throughout the home including, for example, advocacy services, safeguarding, Alzheimer's memory loss, visioncall, chiropody, Healthwatch, Citizen's Advice Bureau, the local authority, CQC, Marie Curie cancer care and NHS help beat dementia.

Good

Is the service responsive?

Our findings

We found care records were person-centred and reflected people's needs. We looked at care records for three people who used the service. We saw people had their needs assessed and their care plans demonstrated regular review, updates and evaluation.

The care plans had been developed with a focus on promoting independence. There was a strong emphasis on physical health issues and activities of daily living. However there was limited evidence of more in-depth psychological aspects of care relating to dementia type conditions such as, orientation, reminiscence, environmental management and activity. Care plans contained people's photographs and their allergy status was recorded.

The home used a standardised framework for care planning with care plans person centred to reflect identified need. This was evidenced across a range of care plans examined that included: breathing, continence, depression/anxiety, dementia, environmental safety, communication, skin integrity, personal hygiene, sleep, falls, nutrition, mobility, medicine, emphysema and wound care. There was evidence of identified interventions being carried out within records and from observation.

Personalised risk assessments had been completed with evidence across the care plans relating to falls, moving and handling, malnutrition, skin integrity, medicine compliance and leaving the building. This meant risks were identified and minimised to keep people safe.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Nutritional monitoring documents were in use where there had been an identified need and Body Maps were used where they had been deemed necessary to record physical injury.

The service did not employ an activities co-ordinator. We discussed this with the registered manager and the registered provider. The registered manager told us how all staff were responsible for organising activities and about her plans to increase the availability and choice of activities on offer. We saw daily planned activities were displayed on the notice boards which included board games, quiz, dominoes, bingo, hair and beauty, nostalgic sounds and movie afternoon. We saw people watching television in the lounges or in their bedrooms, reading books and completing puzzles. People and their relatives told us, "He likes his horse racing and he watches the football", "I watch the television and read", "He is only interested in football" and "She doesn't have any interests or hobbies but she didn't before she came in".

On the day of our visit we saw the home hosted a mini Christmas market which allowed people who used the service and their relatives to purchase clothes, toiletries and sweets from local retailers. Planned events for December 2015 were displayed on notice boards and included Christmas party time with an external entertainer, the Centenary Singers, carol singing by children from local schools and the Methodist chapel singers. This meant the provider ensured people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. Relatives and friends could visit at any time of the day. This meant people were protected from social isolation.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People who used the service and their relatives told us, "I wouldn't complain to them people about nothing. I'm very content and they are conscientious", "I have never complained but I would see the manager. I have no concerns at all", "I have never complained", "We have never complained but we would know how to and would feel comfortable doing so", "We have never had cause for complain" and "We have no concerns, they are all brilliant". This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 7 July 2014. The CQC registration certificate and most recent CQC inspection reports were prominently displayed in the home's entrance.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with was clear about their role and responsibility. They told us they were supported in their role and felt able to approach the registered manager or to report concerns. Staff told us "We are a dedicated team", "Morale is 9 out of 10" and "The manager walks the floor to see how things are".

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the registered provider's audit file, which included audits of health and safety, medicines, kitchen, night manager checks, senior walk arounds, mattress and care plans. All of these were up to date and included action plans for any identified issues.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. For example, relatives told us, "We had an issue about clothes and they rectified this straight away" and "I asked for the television to be moved and it was moved straight away". We saw the service held regular residents and relatives meetings. We saw the minutes of the meeting held on 6 November 2015. Discussion items included menus, forthcoming events and safeguarding. We also saw people's feedback displayed from the previous meeting held in October 2015 which included 'food fantastic', 'the girls are wonderful', 'I have nice meals. The staff are great. I enjoy the banter and I am pleased to be living here".

We saw the results of a 'resident and relative survey' dated July 2015. Questions asked included

are you satisfied with the care you receive, do staff follow up your concerns, are you satisfied with the activities offered, are snacks available between meals, is your laundry clean and returned in good condition, has the home a homely caring atmosphere, is your room comfortable and kept clean. Responses were very positive. The only area identified for improvement was activities. Actions were recorded as 'what we will do, further improvements to be made'. We also saw activities were discussed in staff meeting held in July 2015. The minutes recorded people's preferences at the time of the meeting which included watch television, listen to music and read or chat. Staff were encouraged to organise and engage people in activities. Activity planning was also discussed including arranging a singer in August, a Macmillan coffee morning in September, finding out the cost of hiring a mini bus for outings and identifying whether people and their relatives would like to go out for trips.

Staff we spoke with told us they had staff meetings. We looked at the minutes of the meeting held on 30 July 2015. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included training, uniform policy, the use of mobile phones, infection control, activities and domestic/laundry staff hours. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement. Staff told us, "The manager is very approachable. I feel supported. I love my job, it is different every day. I've always worked in care I enjoy it" and "I love looking after the residents and sitting chatting with them and we all work as a team".

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's confidentiality policy referred to the Data Protection Act 1998 and the Public Interest Disclosure Act (PIDA) 1998 and the equality, diversity and inclusion policy referred to the Equality Act 2010. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this. The registered manager also told us how she planned to introduce a 'policy of the month' which would be displayed on the staff notice board along with a read receipt document for staff to sign once they had read and understood the contents.

Good

Is the service well-led?

We saw all records were kept secure, up to date and in good order. Records were maintained and used in accordance with the Data Protection Act.