

SheffCare Limited

Paddock Hill

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Paddock Hill is registered to provide accommodation and personal care for up to 40 older people. Accommodation is based over three floors. Two floors are dedicated to supporting people living with dementia. All of the bedrooms are for single occupation. Communal lounges and dining rooms are provided on each floor. A passenger lift is available to provide access to each floor. The home has a secure garden and car park.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. There was a manager at the service who was registered with CQC.

At the last inspection on 24 March 2015, we asked the provider to take action to make improvements in regard to safe care and treatment, fit and proper persons employed and good governance and this action has been completed.

This inspection took place on 10 May 2016 and was unannounced. This meant the people who lived at Paddock Hill and the staff who worked there did not know we were coming. On the day of our inspection there were 40 people living at Paddock Hill.

People told us they felt well cared for and safe. Comments included, "We are all safe here" and "I'm not troubled at all. I am safe and well looked after."

A healthcare professional spoken with told us they were visiting the home for the first time and had positive first impressions of the home.

We found systems had improved and were in place to make sure people received their medicines safely and medicines administration records were completed in line with safe procedures.

We found improvements to staff recruitment records which showed 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. They told us they worked well as a team and were well supported by the registered manager. All of the staff spoken with said they would recommend the home and be happy for a relative to live at Paddock Hill.

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 health care 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 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 questionnaires, the results of these had been audited to identify any areas for improvement.

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.

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.

Systems were in place to identify and minimise risks to people's safety.

Sufficient levels of staff were provided to promote people's safety.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some areas of the environment had not been effectively maintained.

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.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

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.

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 registered manager and felt they would be listened to.

Good ●

Is the service well-led?

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager and senior staff 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 ●

Paddock Hill

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 10 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

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 usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider for a PIR because the inspection had been moved forward to check breaches identified during the last inspection.

We contacted Sheffield 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. All of the comments and feedback received were reviewed and used to assist with our inspection.

During our inspection we spoke with nine people living at the home to obtain their views of the support provided. We 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 spoke with 12 members of staff, which included the deputy manager, care workers, team leaders and ancillary staff such as catering and domestic staff. We also spoke with a community professional who was visiting the home during our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We spent time looking at records, which included four people's care records, five 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

We checked progress the registered provider had made following our inspection on 24 March 2015 when we found breaches of regulation in regard to safe care and treatment and fit and proper persons employed.

During this inspection we looked at medicines management for people and found that systems had improved and medicines were managed safely.

People told us they were happy with the support they received with their medicines. Comments included, "They (care staff) always give me my tablets. It's a help because I don't have to worry about forgetting" and "You can rely on getting your tablets on time."

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines.

Discussions with the deputy manager about medicines management identified team leaders and the deputy were responsible for people's medicines and that they had received training and had their competency to deal with medicines assessed. The deputy manager confirmed staff were observed administering medicines to ensure they had understood their training and were following safe procedures before they were considered competent and able to administer without observation. We saw some records of medicines competency checks to evidence these had taken place. Night staff had been trained to administer pain relief medication so that people did not have to wait for pain relief. The deputy manager informed us two night staff were undertaking the full medication training.

We observed part of the morning's medicines administration. Staff were patient and caring when administering medication and this was done in a courteous and unobtrusive way. Staff were heard to explain to people what their medication was for and encouraged people to take their medicines with a glass of water.

We looked at three people's medication administration records (MAR) and checked a sample of these against the medicines held for those people, observed staff administering medication and spoke with staff about medicines management. Each person's MAR held a photograph to ensure people received their own medicine.

We found medicines were securely stored in locked trolleys that were secured to a wall.

We checked the records of three people who were receiving controlled drugs (CD). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. The drugs were stored appropriately and administration records were signed by two people immediately after administration. This showed that procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation. The CD's held corresponded to those detailed in the CD register and the medicines counted corresponded to the

amounts recorded.

We found people's care plans held details of their medicines and any allergies they had so that staff were fully informed.

We saw documented audit checks regarding the safe storage and accurate record keeping of medicines were being completed by the registered manager at the service. These audits were completed on a monthly basis.

During this inspection we looked at recruitment procedures and found that systems were in place to ensure full information was obtained to protect people.

We saw the company had a staff recruitment policy so that important information was provided to managers.

We checked five staff files to check all relevant information had been obtained. Each contained an application form detailing employment history, interview notes, references, proof of identity and a Disclosure and Barring Service (DBS) check. 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. One file held only one reference and it was the company's procedure to obtain a minimum of two references. Some records were held on the organisations computer system and we were forwarded a copy of the relevant reference the morning following this inspection. Another person's file held evidence of a DBS application, but no evidence of a certificate. The organisations Head of Human Resources contacted us the morning following this inspection to verify that the identified staff commenced employment on 7th April 2016. The DBS Adult First check was received on 30th March 2016 and showed that 'no match exists for this person on the DBS Adults Barred list'. The person was being shadowed until the full DBS certificate was received.

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 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 they would always report any concerns to the registered manager or senior person on duty 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 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 were available to them.

The service had a policy and procedure on safeguarding people's finances. The staff member responsible for this 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. We saw that the registered manager undertook audits of financial records to ensure they were correct. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 40 people were living at Paddock Hill. We found that six care staff, the deputy manager, two team leaders, and ancillary staff that included domestics and two cooks 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 looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The deputy manager explained that two staff were always provided on each of the three floors and a team leader was available in addition to the care staff to provide any additional support where needed.

We looked at four people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

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. 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. This showed that procedures were followed to control infection.

Is the service effective?

Our findings

We found that the home was clean and free from odours. Staff told us that parts of the environment had been refurbished. A 1940's style lounge and a sensory room had been created for people to enjoy. Corridors had been furnished with posters and pictures to enhance the environment. However, we found the stair carpet and middle floor lounge carpet were very marked, worn and stained. This did not create a pleasant environment for people to sit or reflect the environment was well maintained. The deputy manager informed us that plans to replace lounge carpets were in place.

People living at Paddock Hill said their health was looked after and they were provided with the support they needed. Comments included, "The doctor comes here to see us whenever it's needed" and "We get the lot here. Someone comes to see to your feet and I saw a nurse (District Nurse) here this morning. It's very good."

We spoke with a visiting community professional during our inspection. They told us they had no concerns about Paddock Hill and commented, "It's my first visit but the staff are welcoming and everyone I have seen looks fine. My first impressions are good."

People told us the food was good and they enjoyed the meals. Comments on the food included, "It's up to me what I eat. We get choices and it's very enjoyable" and "The food is fine. They (care staff) always ask us what we want and make sure we get it. I've no complaints at all."

We found that questionnaires had been sent to people living at Paddock Hill, to obtain their views of the support provided. Eight people had completed the questionnaire and this had been audited by an independent company. The report from this audit showed that, when asked about the quality, variety and choice of meals, all respondents said 'very good' or 'good.'

We saw some people in one dining area at breakfast and another dining area at lunch time. The rooms were clean and bright. There were clean table cloths on the tables and we saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and we saw people had different meals according to personal choice. Where needed, staff were patient and encouraging. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. 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 needs could be met. We looked at the menu for four weeks and this showed that a varied diet was provided and

choices were available at all mealtimes. The records showed that people's dietary and cultural needs were met. Where people wanted a different choice to what was on the menu, this was provided. For example, one person had chosen to follow a low sugar and salt diet that involved eating different food groups which was accommodated and respected. The cook told us of another person who did not have a big appetite and sometimes didn't want full meals. They commented, "I talk to them about what they would like, sometimes they just want a boiled egg, other times I give them a small chop because it is what they like. I always order things in for them." This demonstrated that staff had a good knowledge of the people in their care and people's opinion had been sought.

We found that care plans reflected people's nutritional and hydration needs. Staff told us of one person that required a soft diet. Details of this were recorded in the persons plan. Another care plan seen detailed a person's fluid intake and outtake as part of monitoring their health. This showed that the care plans seen held accurate information.

Staff told us the training was 'good' and 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 provided them with the skills they needed to do their job.

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. The deputy manager told us that staff received a minimum of six supervisions each year. However, the supervision contract seen in staff files detailed that staff should receive supervision every four to six weeks. The three records checked showed that staff had received at least six supervisions in the previous 12 months. Following this inspection we spoke with the deputy manager who informed us that they had discussed the frequency of supervisions with the organisations Head of Care who was updating and renewing supervision contracts to accurately reflect the frequency provided. We were provided with a copy of the new contract from the Head of Human Resources two days following this inspection. This detailed that supervision frequency would be a minimum of six times each year.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

The registered 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 registered manager informed us that where needed DoLS had been referred to the Local authority in line with guidance and we saw records of these applications.

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 had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement where they had been able to sign.

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, chiropodists and dentists. People's weights were monitored monthly so that any changes could be responded to.

Is the service caring?

Our findings

People told us that staff were very caring and they felt well looked after. Comments included, "I am fine here. They (care staff) are lovely people. Nothing worries me about being here" and "They (care staff) do a very good job, very respectful and kind". When we asked one person how they found care staff, they laughed and told us, "They are no trouble at all. We can share a joke and they know me well." 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 their questionnaires, when asked if staff treated them in a dignified manner, all respondents said 'yes.'

During our inspection we spent time observing interactions between staff and people living at the home, and how staff spoke with people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people, ask how they were and share conversation with them.

We saw that staff spoke to people with dignity and respect. Staff were observant and attentive to people's needs. For example, we saw a care worker support a person to the toilet, and another care worker helping a person to sit. They did this in an unobtrusive and quiet manner.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. Staff were attentive to people's needs and staff talked to people at their pace and did not rush them in the conversation they were participating in. We saw that in all cases people were cared for by staff that were kind, patient and respectful. Staff reassured people when supporting them with care and assisting them to move around the home. People were always addressed by their names and care staff seemed to know them 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 the home had dignity champions and end of life champions whose roles were to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at team meetings and supervisions. One staff told us, "It's about knowing the person, knowing you treat people like you want your own Mum to be treated." All of the staff spoken with said they would be happy for a relative of theirs to live at the home.

The care plans seen contained information about the person's preferred name and some information on how people would like their care and support to be delivered.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. Where needed, care records included a detailed enhanced care plan that took into account the person's needs and wishes at the end of their life. Clear guidance was provided to staff in the one relevant care plan seen regarding actions required of staff to ensure the person was comfortable and their health needs were met.

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. The care plans seen had been signed by the person supported, where able, to evidence their involvement and agreement.

We saw leaflets on advocacy services which showed information was provided to people who used the service about how they could access advocacy services if they wished. 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 deputy 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.

Is the service responsive?

Our findings

We checked that people received personalised care that was responsive to their needs.

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "They (care staff) always ask us how we are, if we need anything. You only have to ask" and "We are all well looked after, the staff are smashing and nothing is too much trouble. (The activities coordinator) is great. I enjoy the parties and the garden is lovely."

We checked progress the registered provider had made following our inspection on 24 March 2015 when we found a breach of regulation in regard to good governance.

During this inspection we checked to see if confidential records were stored securely and safely in all areas of the home. We found improvements with the storage of confidential records as we saw all records were securely stored and not accessible to visitors.

People's 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 those needs. Care plans had been reviewed on a monthly basis to make sure they were up to date.

We spoke with one person who told us that they used a zimmer frame to walk around the home, they commented, "I couldn't manage without it. I'm slow but that's all right because it means I can manage on my own." We later saw the person using their zimmer frame. We looked at this person's care plan. The section on mobility clearly stated that the person needed a zimmer frame and walked slowly with this, and staff to support them patiently at their pace. Staff told us of another person who sometimes displayed some specific behaviour and benefited from the sensory room. We checked this person's care plan and found clear details of the staff actions required to support the person with this identified behaviour. These examples showed that care plans contained relevant information specific to the person.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. From discussions with staff it was clear they knew people well and could describe people's interests, family contact and history as well as their identified needs. This showed that staff had a good knowledge of the people they supported.

We saw staff were responsive to people's needs and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people if they needed anything, where they would like to sit, what they would like to drink or if they would like to watch television.

We found an activity coordinator was employed at Paddock Hill. People told us a range of activities were provided, and said the activity coordinator was 'very good'. The activity worker was not working the week this inspection took place. We saw posters on display showing a variety of activities and events had been

planned. For example, a Eurovision song contest party and prize draw, parties to celebrate St Georges day and the Queen's birthday were being held. The home had plans to celebrate National Care Homes Open Day on 17 June 2016 with a celebration of 'music across the ages' and visiting entertainers, encouraging people to participate by providing musical instruments for them. We saw a range of activities took place such as arts and crafts and quizzes. The activities coordinator had worked on the secure garden and bright pots and ornaments had been provided to enhance people's enjoyment. All of the people spoken with spoke very highly of the activities coordinator and the activities provided.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of 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 that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Paddock Hill. A 'Tell us how it really is' leaflet was on display in the entrance area to encourage people to share their opinion. This showed that people 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

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering. The manager was registered with CQC.

The registered manager was not present during this inspection. The deputy manager was in charge of the home.

People living at Paddock Hill told us they knew and liked the registered manager and deputy manager and found them approachable. Comments included, "We see her (the registered manager) most days, she is friendly" and "I could talk to her if I needed to."

Throughout our inspection we saw the deputy manager greet people by name and they obviously knew them well. We saw people living at the home and staff freely approached the deputy manager to speak with them.

Staff told us that both the registered manager and deputy manager were visible and active around the home. They told us that the registered manager was approachable and available. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas.

We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was supportive. Comments included, "I love my job. We're a really good team" and "The managers are great, you could go to them with anything and they would listen."

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 area care manager had undertaken monthly visits to check procedures within the home. In addition, the registered manager had completed monthly monitoring reports which informed the area care manager's visits.

We saw that checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, finance, health and safety 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. 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. Health and safety checks were also undertaken as part of the registered manager's daily walk around's and the area care manager's monthly visits.

We found that questionnaires had been sent to people living at the home, their relatives and professional visitors. The results of questionnaires were audited by an independent company. Information from the returned questionnaires has been reported on throughout this report. The deputy manager told us that if

any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this. We saw the results of the most recent survey on display in the entrance area of the home.

Staff spoken with said staff meetings took place so that important information could be shared. Records showed that senior staff meetings took place to share information relating to the management of the home. 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.

We found that 'resident's meetings' were held on each of the three corridors to share information and obtain people's views.

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. This meant any changes in current practices were reflected in the home's policies.

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