

Tapton Edge Rest Home Limited

Tapton Edge

Inspection report

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Sheffield
South Yorkshire
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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 ●

Summary of findings

Overall summary

This inspection took place on 6 February 2018 and was unannounced. The last inspection took place in December 2017 and the service was rated good. At this inspection we found the service remained good.

Tapton Edge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can provide care and accommodation for up to 25 older people. At the time of our inspection 24 people were living at the service.

Tapton Edge is a converted Victorian house situated in the Fulwood area of Sheffield, close to shops, churches and bus routes. The home has a communal lounge, dining rooms and bathing facilities. Accommodation is provided over two floors, which can be accessed by a lift. To the rear of the home is a large landscaped garden and a car park is available.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was an extremely strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The management team and staff shared the vision of the service.

Staff told us they worked as part of a team, that Tapton Edge was a good place to work and staff were very committed to providing care that was centred on people's individual needs so that people were supported to achieve everything they wanted to.

There were systems in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people.

People were supported in a kind caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in decisions about their care.

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

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction and training and development programme, which supported staff to gain relevant knowledge and skills.

People received regular and ongoing health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what people said. People could be confident that any concerns or complaints would be listened to and dealt with.

Systems were in place that continuously assessed and monitored the quality of 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 able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

Is the service effective?

Good ●

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People were supported with their dietary requirements and had choice and involvement in meal planning.

Is the service caring?

Good ●

The service was caring.

People received kind, compassionate care and staff were passionate about their work.

We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

People who were able were involved in discussions about their care and we saw evidence of this in care files.

Is the service responsive?

Good ●

The service was responsive.

There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

The arrangements for involving people in their care enabled them to make meaningful decisions about how they wanted their care to be delivered.

There was a complaints system in place, and people using the service knew about how to complain if they needed to.

Is the service well-led?

Good ●

The service was well led.

There was a strong person- centred culture within the home, the management team had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team.

There were robust systems in place for monitoring the quality of the service provided. Where improvements were needed, these were addressed and followed up promptly to ensure continuous improvement.

Meetings were held with staff and people who used the service. These ensured effective and good communication and the sharing of information.

Tapton Edge

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 6 February 2018 and was unannounced. This meant the people living at Tapton Edge and the staff who worked there did not know we were coming. The inspection team consisted of one adult social care inspector and a specialist advisor. The specialist advisor was a nurse with experience of working with people living with dementia.

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 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.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council contracts and commissioning department and they had no concerns.

During our inspection we used different methods to help us understand the experiences of people who used the service. We spoke with six people who used the service, two visiting relatives, the registered manager, the deputy manager, the assistant manager and six members of staff including the domestic, kitchen staff and senior care staff. We sat with people throughout the day and used informal observations to see how staff interacted with people to see how care was delivered. We also spoke with two visiting healthcare

professionals.

We reviewed four people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered manager monitored the quality of the service.

We looked around different areas of the environment including; the communal areas, bathrooms, toilets and with their permission, one person's room.

Is the service safe?

Our findings

People and their relatives told us they had complete trust in the staff and felt safe and secure living at Tapton Edge. One person told us, "I feel so safe here; it's so warm and homely. It's the best thing I ever did coming to live here." Relatives told us they were confident that their family members were safe and well looked after. One relative told us, "I would not let [my relative] stay here if I didn't think they were safe"

The registered provider had safeguarding policies and procedures in place to guide practice. The safeguarding and whistleblowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse.

Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and the training matrix seen, confirmed that all staff received training in how to recognise and report abuse. This was confirmed when we spoke with staff including what, when and where to report incidents to. All staff spoken with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. This meant staff were aware of how to report any unsafe practice.

Whistleblowing is one way in which a staff member can report suspected poor practice at work, by telling someone they trust about their concerns. They told us this was covered during induction; it was also constantly raised in supervisions. Staff were fully aware of these procedures and one member of staff said, "I would have no hesitation in telling the manager if I thought people weren't safe here." There had been no safeguarding concerns raised in the last 12 months. This meant staff had access to the safeguarding procedures and knew when and where to report incidents to.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

People had risk assessments in place for specific areas which included falls, moving and handling, nutrition and for specific equipment such as bed rails. There were plans in place to manage these risks in the least restrictive way possible supporting people to maintain their independence and freedom yet minimise their risk. Accidents and incident reports were fully completed and detailed the nature of the incident and the actions taken. This meant staff were provided with comprehensive information to reduce risk whilst promoting independence and that lesson were learnt from the incidents to prevent the same incident occurring again.□

People and relatives told us and we could see for ourselves that there was enough staff available to meet people's needs. Staff were visible throughout the home and we saw them responding to people's requests quickly. Staff rotas checked showed that sufficient numbers of staff were provided to meet people's needs. This meant enough staff were provided to meet people's needs.

The registered provider had a robust recruitment and selection process in place that ensured staff employed

had the right skills to support people in the way they needed and preferred. People had been subject to a criminal record check before they started working at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safe recruitment decisions and to prevent unsuitable staff being employed. These all helped the provider to make safe and positive recruitment decisions. This showed recruitment procedures in the home helped to keep people safe.

The registered provider had safe arrangements in place for managing people's medicines. We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw MARs were appropriately completed after medicines were administered, and we saw the member of staff stayed with the person until the medicines had been taken. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management.

The controlled drugs book was in good order and medicines were clearly recorded. Medicines audits were completed by senior staff so that any errors or omissions could be dealt with immediately. Medicines, including controlled drugs were stored securely and safely. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines in a safe way. This showed procedures were in place for the safe handling and storage of medicines.

People were living in a well maintained safe environment. Regular checks of the building were carried out to keep people safe and the home well. There were systems in place to ensure any maintenance needed was responded to promptly and routine checks were made to check the environment and equipment was safe. The registered manager arranged for the maintenance of equipment used including the lift and fire equipment and held certificates to demonstrate these had been complete.

The registered provider made sure risks in relation to the building were managed, with contingency plans in place for emergencies. We saw people had emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required.

The registered provider had systems in place to reduce the risk of the spread of infections. The home was clean and odour free. Hand washing facilities and gloves and aprons were easily available for staff to use. We saw disposable gloves and aprons were also worn by staff to administer medicines and appropriate hand hygiene techniques were employed by staff.

Is the service effective?

Our findings

People and their relatives were very complimentary about the staff. One person commented, "The staff are very well trained, they know how to do it [care] here, and they know what to say to make you feel better."

Staff were complimentary about the training provided and highly praised the registered provider for the all the training it offered to them. Comments from staff included, "The training is brilliant," "I get a little anxious in training but the training here is really good, its hands on and I feel like I can contribute. It's a combination of written and group discussion and it's really professional" and "Working here has given me the confidence to believe in myself."

The registered provider had a comprehensive training programme in place. We reviewed training records and saw all the staff had completed mandatory training including safeguarding, understanding the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and fire safety.

Staff told us they had received induction training when they started work at the service. They told us they shadowed established staff before working unsupervised with people. This helped staff to get to know people and their support needs. The shadowing period was said to last one or two weeks and more if the staff member needed to build up their confidence.

The service promoted the use of champions. These are staff who had shown a specific interest in particular areas and who are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment.

The service had an up to date 'Staff Supervision and Performance Appraisal Procedure'. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We saw records that showed staff had recently received an annual performance review and staff received regular supervisions. One staff member told us, "Its brilliant working here you are so well supported, I love working here."

The support plans seen detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. People's care plans included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required.

We saw everyone had choices of when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a main meal cooked at lunch time taking into account people's preferences, but again people had the choice of something different if they wanted. We saw a good variety of food and healthy snacks available including fruit. We saw people were offered tea and coffee or cold drinks from a tea trolley

during the morning and afternoon. This showed people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

We observed lunch being served, and it was a calm and sociable experience. Most people chose to eat in the dining room. People were shown the different options to eat and were able to select what they wanted. We saw people were not restricted to a single choice but could have one, two or all of the alternatives if they wanted. Throughout the meal time staff checked food was to the person's liking and if there was any doubt alternatives were offered. Lunch was not hurried and people were able to take as much time as they wanted.

Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. We saw staff were attentive to how much people ate and drank and recorded this accurately where required.

People had access to a range of health care professionals to help maintain their health. People's care records showed that their day to day health needs were being met. People's care plans also provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as palliative care nurses, dieticians and district nurses

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 MCA 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. We saw there were restrictions on people's freedom to leave and move around the home. We found people's mental capacity was assessed as part of applying the restriction and best interest decisions made in consultation with relevant professionals and relatives. The registered manager informed us where needed DoLS applications had been referred to the local authority in line with guidance and we saw records of these. Staff were aware of the outcome of best interest meetings, which meant care being provided by staff was in line with people's best interest. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had received MCA training and were aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

We also checked people's files in relation to decision making for people who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation.

People had access to appropriate spaces. From observations we could see that people were able to spend

time in communal areas and have private time, in their room, if they wished.

Is the service caring?

Our findings

Throughout the inspection at Tapton Edge we saw and were told that people received outstanding care. Both staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment. The service had a strong visible person centred culture. During conversations with staff and the management team, they demonstrated they cared very much for all of the people living there.

Staff were highly motivated, passionate and proud about the care they provided to people living in the home. Their passion was echoed by the management team, who described people using the service as 'family' and told us that their priority was to provide a 'loving and caring home for people to the end of their days.'

People and relatives were exceptionally positive about the quality of care and support people received. People we spoke with said they liked living at Tapton Edge. Comments included, "The staff are superb, they are very kind, caring and considerate" and "The staff are fantastic, they are like family, they don't treat you like you are a patient, and they treat you like you are kin. The day I walked in here I felt safe and welcome. I came in for a fortnight and decided to stay, I fell in love with it here and I have never looked back."

People and their relatives told us they valued their relationships with the staff. One relative told us, "The registered manager and the care staff have really supported me through a very difficult time and more than that. They have been pro-active in helping me make important decisions about my [relatives] care, advising me and guiding me along the way. I would absolutely recommend them, they are excellent."

Staff told us, "It's about making sure people are at the centre of everything we do, I am so proud and privileged to work here." This meant staff had an approach that placed people at the focus of their work.

People were supported to maintain family relationships and friendships. Relatives told us there were no restrictions in place when visiting the service. One relative commented, "I can visit anytime and I am always made to feel welcome."

People's support plans included information about those who were important to them. Staff knew people's backgrounds and history and the events that were important to them, and we saw how this informed their engagement with them.

All of the relatives spoken with were very happy with the care their relatives received. People were encouraged to maintain their links in the community and friendships were supported.

People looked relaxed in the company of staff. We spent time in the communal areas with people who used the service. We also saw the staff and people they supported talking, laughing and joking together. It was very inclusive. There was also banter between people who used the service and people were enjoying themselves. They were smiling and communicating happily, often with good humour.

Staff worked very hard to understand people's needs and encouraged them to communicate in their own individualised way. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People were calm and relaxed throughout the inspection and staff showed great care when working with people and it was obvious they knew them well.

Respect for people's privacy and dignity was at the heart of the services culture and values. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided.

We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. People told us how they remained independent and that this was encouraged by staff. This showed a respectful approach from staff.

The home had an up to date 'Dignity and Privacy of Residents Policy' and 'Equality and Diversity Policy'. Staff told us they were aware of the policies and procedures and were able to tell us what it meant to value diversity and treat people with dignity and respect. The service had a dignity champion they to help people consider best practice and if there was anything that needed to change in order to improve the service. Staff spoke respectfully about people showing appreciation of their character and personality.

People living with dementia were spoken to in a positive way. Staff took time to pay attention, listen and understand what the person had said or communicated either verbally or through their body language and facial expression. We saw staff used good eye contact and if the person was sitting down we saw they sat down to speak to them at their level.

Staff were encouraged to share their emotion, which was viewed as a positive attribute, not a weakness in the way care and support was delivered. Although, staff acted professionally, we saw that they were not afraid to show affection, by holding people's hands and reassuring them, when they needed it. For example, one person was a bit tearful and staff sat and spoke with them to reassure them. The person had clearly been reassured by the member of staff, and was much happier.

We witnessed several occasions where members of staff greeted people with genuine pleasure and the person responded with a laugh and a joke, enjoying the interaction.

Staff were aware of the individual wishes of each person, relating to how they expressed their culture, faith and sexuality. We observed that people were supported to live a life that was reflective of their individual wishes and values. The registered provider ensured that all staff were trained in equality and diversity.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

One visiting professional told us they were very impressed by the attitude of the staff. "I have every

confidence in the staff here" and "Oh yes I would have no hesitation in recommending this service, in fact I have already recommended it to a friend" and "The service here is exceptional."

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the registered manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

Care plans covered every aspect of people's life and provided a consistency in their support. These care plans ensured staff knew how to manage specific health conditions, for example, diabetes. Individual care plans had been produced in response to risk assessments, for example, where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff. For example, we saw that where there had been a decline in one person's general health, their GP had instructed that end of life care be commenced. The care plan had been updated to reflect the care and treatment they now required. This showed important information was recorded in people's plans so staff were aware and could act on this.

Care plans showed that people living with dementia were in various stages of the syndrome. The staff demonstrated a good awareness of how dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with dementia could still live a happy and active life.

All staff had input into creating and updating people's care plans and it was considered a key way of getting to know people.

People and their relatives told us and we saw for ourselves that people had access to a wide range of personalised activities. One person who used the service said, "There are activities all the time, to keep my mind ticking over." People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it.

We spoke with a visiting GP who told us that the service was an, "Absolutely wonderful and genuine place". They confirmed that all staff regardless of their role were involved in people's care. They commented, "The manager and the staff are very, very caring and do their absolute best to help people. This is one of the better homes I visit." They told us, "The service is definitely well-managed and the staff have a good attitude, they are always welcoming, very helpful, approachable and friendly."

Staff were finding creative ways to support people to live as full a life as possible, this included pulse and fitness classes, guess the antique, percussion and guitar sessions, visiting choirs, bingo and newspaper sessions. The management team and staff told us, they were guided by people's wishes and aspirations

when it came to arranging activities. Staff had an excellent understanding of people's needs and continued to find creative ways of supporting them to have an exceptional quality of life.

People told us they were provided with the care, support and equipment they needed to stay independent. One person told us, "If you have to come into a care home you couldn't come into a better one, staff are very good, attentive and kind. They are good at getting the equipment you need, you just ask for something and it's there. There was an issue with the call bell and I asked them for a new one and it was provided.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had, had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed since the previous inspection there had been no complaints made about the service by relatives or people who used the service.

The registered provider's complaints policy and procedure contained the contact details of relevant outside agencies and also gave a list of advocacy services and their contact details. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. People told us that they were comfortable discussing their experience of care with either the management or staff and that they were encouraged to do this. They confirmed that where they had made comments they were kept informed of what changes had been made.

Staff understood the importance of supporting people to have a good end of life, as well as living life to the full, whilst they were fit and able to do so. There was a strong commitment to supporting people and their relatives before and after death. The registered manager told us, "I believe when people come here [Tapton Edge], if they choose to we will support them to spend the rest of their days here."

People had end of life care plans in place, we saw that the families and significant others had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do not attempt to resuscitation (DNAR) forms were included and where people lacked capacity to make this decision a mental capacity assessment and best interest decision had been made by the appropriate people. The registered manager told us that they had provided a room so that someone could stay with their relative at the end stages of their lives.

Is the service well-led?

Our findings

Tapton Edge was very well led and managed effectively. There was a strong person-centred culture within the home. The management team provided strong leadership and led by example.

People said the management team were visible, kind and compassionate. The registered manager and provider made themselves available to talk and meet people and visitors. Staff spoke highly of the support they received from the registered manager and deputy manager.

People, relatives and visiting professionals all spoke positively about the staff and the registered manager. One relative told us "The registered manager and the staff team are exceptionally compassionate, kind and proud of the support they provided."

The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. The staff demonstrated they embraced these values when discussing the service.

The registered manager demonstrated a commitment and passion for the service and modelled high standards of care, through a 'hands-on' approach and attention to detail. As well as seeking feedback the registered provider and manager encouraged staff to carry out observations to monitor people's mental well-being.

The registered manager's vision for the future was to maintain the standard of care they had achieved to date. They shared their goals of continuing to provide excellent care, enabling people to live a meaningful life and to achieve their best' and to continue with a range of varied activities. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for and spoke about the people they were supporting.

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and deputy manager. The registered manager and the deputy manager demonstrated they knew the details of the care provided to people that showed they had regular contact with the people who used the service and the staff.

Staff were motivated, hardworking and enthusiastic and made sure the quality of life for people who used the service remained at the centre of everything they did. Comments from staff included, "In some of the places I have worked the managers are really difficult to approach, but they are so supportive here. The communication is brilliant and we have regular staff meetings and we are encouraged to contribute, they listen to us [staff] and value our opinions. If I had a problem I would definitely go to the managers."

The service held regular staff meetings, where staff were able to have open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was

run. This meant staff had access to up to date information that reflected the service.

Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. Staff told us they were encouraged and supported to raise issues to improve the service. Staff said they were extremely happy in their work and that the registered manager and provider motivated and inspired them to provide a good quality service and they understood what was expected of them.

Staff spoke consistently about the place being a good place to work. Staff said the registered manager had an open door policy and often worked alongside them by providing care to people. Staff said they felt their concerns were listened to and acted upon.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including medicines and people's care records. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided. This meant there were effective systems in place to monitor and improve the quality of the service provided.

Surveys were completed and any issues highlighted; the registered manager confirmed they would be addressed and fed back to people. This showed the service listened and acted upon people comments promptly.

The home had policies and procedures in place that 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 produced a statement of purpose that they had shared with people living in the home as well as commissioners of the service. We looked at the statement of purpose and it clearly described the type of home and the services they provided.

The manager confirmed they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The service had notified the CQC of all significant events that had occurred in line with their legal obligations.