

# SheffCare Limited

## Knowle Hill

### Inspection report

Streetfields

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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

Knowle Hill is purpose built and registered to provide accommodation and personal care for up to 40 older people. Accommodation is provided over 4 floors. One floor of the home is dedicated to providing support for up to 12 people living with dementia. All of the bedrooms are single. Each floor has a communal lounge and dining room. A passenger lift is available and all areas of the home are accessible. The home has an enclosed garden and a small car park.

There was a manager at the service who was registered with CQC. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Knowle Hill took place on 30 September 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

# Summary of findings

This inspection took place on 17 August 2015 and was unannounced. This meant the people who lived at Knowle Hill and the staff who worked there did not know we were coming. On the day of our inspection there were 37 people living at Knowle Hill.

The registered manager was not present during our inspection visit and the deputy manager was in charge of the home.

People spoken with were positive about their experience of living at Knowle Hill. They told us they felt safe and staff were “kind”. They told us they could talk to staff and if they had any worries or concerns they would be listened to.

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

Healthcare professionals spoken with also made positive comments. One healthcare professional told us, “Knowle Hill is one of the best. I recommend it.”

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

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

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for

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

People had access to a range of 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, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

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

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

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

There were effective recruitment and selection procedures in place.

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

Good



### Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

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

People felt staff had the skills to do their job.

Good



### Is the service caring?

The service was caring.

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

People said staff were caring in their approach.

Good



### Is the service responsive?

The service was responsive.

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

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

People were confident in reporting concerns to the 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 had 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



# Knowle 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 17 August 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked 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. The PIR was returned as requested.

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. We received feedback from commissioners and this information was reviewed and used to assist with our inspection.

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

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

# Is the service safe?

## Our findings

All of the people living at Knowle Hill that we spoke with said they felt safe. Comments included, “I have never had any reason not to feel safe and have nothing to complain about,” “I have always found the staff kind and have never felt neglected,” “I have been here a year now and they [staff] are very, very kind. They seem very good at looking after us and I have no worries” and “Yes, it’s quite safe here, it’s good. I’ve not had any falls or injured myself. They look after me. We have a regular fire practice. I have a lockable drawer in my room (to keep things safe).”

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

Relatives spoken with said they had no worries or concerns about their loved ones safety. One relative told us, “They [name of relative] are safe here. The staff respond quickly to their needs, they know the staff and they know [my relative]. I can be very open with the staff.”

All of the staff asked said that they would be happy for a loved one to live at the home and felt they would be safe.

One professional visitor commented, “It’s brilliant. People are looked after really well. I recommend it [the home] all the time. I would be very happy for family to live here and do have a relative living here. I can’t give better commendation.”

People told us they thought there were enough staff to deal with their care needs. One person thought there was a shortage of domestic staff but the home appeared clean.

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

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they

would always report any concerns to the 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.

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

We looked at three 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 on a monthly basis to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people’s needs. For example, we saw one record had been amended to reflect additional support was being provided with nutrition.

The service had a policy and procedure on safeguarding people’s finances. We spoke with the administrator who managed the records for people’s money. The administrator 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

## Is the service safe?

checked the records against the receipts held and found they corresponded. The administrator informed us that the registered manager checked all receipts against records and countersigned these each month as part of auditing the financial systems. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 37 people were living at Knowle Hill. We found that six care staff, the deputy manager, an activities worker and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the deputy manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the two weeks prior to this visit, and the week following 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 the corridor designated for people living with dementia, one staff on each of the other floors and a staff that 'floated' and provided support where needed.

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

We found identified staff were designated to administer medicine. We observed staff administering part of the lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a

drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found that some night staff were not trained to administer medicines or had not undertaken training in administering pain relief medicines. We checked the rota for the two weeks prior to this visit and found trained staff had been provided each night. However, we identified one night during the week following this inspection where no trained staff were on duty. Whilst we acknowledge that the provider had a manager on call system in place and would be able to respond if people needed pain relief, this created the potential for people to have to wait for this. We discussed this with the deputy manager during our inspection and the registered manager the day following our visit. The registered manager confirmed that training in pain relief administration had been booked for all flexible working staff so that all night shifts would be covered. The registered manager was providing cover on the one identified night and could be at the home within five minutes should people ask for pain relief. We also acknowledge that the provider had updated their recruitment procedures in response to this issue and all new night staff would be expected to undertake training in medicines administration as a condition of their employment.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Knowle Hill was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection.

# Is the service effective?

## Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "If I am ill the staff get the Doctor straight away" and "My health is well looked after."

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one. Comments included, "The GP comes here regularly and when [name of relative] needed new glasses the optician came."

We found 'satisfaction surveys' had been sent to relatives in May 2015, to obtain their views of the support provided. We saw that 14 relatives had responded. The surveys asked if the service met their relatives care needs and all respondents stated they were 'Very satisfied' or 'Satisfied.' All respondents said they would recommend the home.

We spoke with three healthcare professionals during our inspection. None had concerns about the care and support provided at Knowle Hill. Comments included, "It is a lovely home, and it's the best I go to. There is a good atmosphere and staff look after residents really well." And "I have no worries at all. I recommend this home all the time."

We found that surveys had been sent to health professionals in May 2015 and six completed surveys had been returned. We saw all responses were positive. In the surveys, when asked 'If you provide advice or instruction to the staff is it followed?' five respondents said 'Yes' and one recorded the question was not applicable to their role. In their surveys professionals commented, "Staff care for clients is very good," "Excellent care" and "Friendly, kind and professional staff."

People told us the food was good or adequate and they enjoyed the meals. Comments on the food included, "The food is quite good actually. I have enough to eat and drink and can't grumble,"

"The food is adequate for us. There's a bit of choice" and "The food is pretty good. I enjoy it and there are snacks when you want them."

Relative's comments about the food included, "The food is adequate rather than exciting, and they are standard meals, like hospital food. [Name of relative] has help to eat

and there are always plenty of people around to help. The staffing ratio seems good," "The food and drink is very good" and "[Name of relative] eats well but has trouble chewing so is on a soft diet."

We joined some people for lunch in one area of the home. The room was clean and bright. There were clean table cloths on the tables and music playing in the background. 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 second helpings were offered. We saw people had different meals according to personal choice. We saw some people required a soft diet and some people needed assistance by having their food cut up. No one was left waiting for help and the staff were cheerful and encouraging. People were sat in various dining areas of the home to eat their meals according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. They also said that the ice cream van visited the home regularly so that they could enjoy ice creams in the warm weather. We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. 'Diet Admission Information' sheets were completed which recorded food likes, dislikes and allergies for each person at the home. The cook was aware of people who needed a special diet. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes. This demonstrated that staff had a good knowledge of the people in their care.

Staff told us 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.



## Is the service effective?

In the healthcare professional surveys, when asked ‘Do you believe that staff have been sufficiently trained to meet the needs of service users?’ We saw that the professionals who had responded had answered ‘Yes.’ One professional commented in their survey, “Yes, staff have on-going training when clients have differing needs.”

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

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people’s best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The deputy 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 deputy manager informed us that where needed DoLS had been referred to the Local authority in line with guidance.

We looked at three 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. Whilst relatives told us they were kept informed and involved in their loved ones care, the care plans seen had not been signed by them to evidence this.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People’s weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed. Food and fluid charts were completed for people identified as needing this support to maintain their health. Those seen had been fully completed so that accurate information was available.



# Is the service caring?

## Our findings

People told us they were happy living at Knowle Hill. Comments included, “The staff are very good, they treat me with respect and look after me,” “There’s always someone to answer any questions I have, and they are dealt with, not pooh-poohed” and “The staff are lovely.”

Relatives told us the care staff were kind and caring. Their comments included, “We went around several care homes. Of all we saw this stands out as being fantastic. All the carers are really helpful and the admin staff too,” “The staff are very caring and kind. We have regular contact with them. They are approachable and friendly and know everyone by name” and “This place is alright. I like it. It’s better than the place they were in before. They are safe and well looked after. I know the manager and can raise things and I have power of attorney so they always refer to me for decision making.” One relative told us some staff had worked at Knowle Hill for many years which showed, “Happy, committed staff and consistency for those living there.”

In the surveys to relatives, respondents had said they were ‘Very satisfied’ and Satisfied’ that they had been involved in their relatives care planning. Relatives also indicated that they were ‘Very satisfied’ and Satisfied’ that staff treated their relative with dignity and respect.

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

Health professionals spoken with during our inspection said that staff were caring. Their comments included, “This is a good home, the staff really care and they know the residents really well” and “I visit a lot and it’s always the same, friendly and caring.”

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear that staff had built positive relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people’s well-being. We heard a care worker talking to a

person about their family and laughing together. We saw a care worker encouraging a person to walk at their pace in a patient manner. We saw care workers knock on bedroom doors before entering. We saw care workers listened patiently to people and gave them the time to say what they wanted. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

All of the staff spoken with said they would be happy for their loved one to live at Knowle Hill.

All assistance with personal care was provided in the privacy of people’s own rooms. We saw staff supporting people to their rooms so that health professionals could see them in private. 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 a dignity champion and an end of life champion whose roles were to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

We saw a leaflet ‘when a loved one dies’ in the information point in reception which provided practical advice and words of comfort should relatives choose to use this. Staff spoken with were very clear that end of life care was individual to the person.

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

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

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy

## Is the service caring?

services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

The 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. Relatives spoken

with said that they visited regularly and at different times of the day. We saw the home was busy with visitors throughout the day and all were greeted warmly by staff that knew them. One person was celebrating their birthday and we saw they had several visitors who had brought a birthday cake. We saw another person had their grandchildren and great grandchildren visiting. Everyone appeared relaxed and happy and without restrictions.

# Is the service responsive?

## Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, “My hobbies are watching TV and going to the local pub for a pint,” “I can get up and go to bed when I like” and “I enjoy having my hair done and a manicure.” One person told us, “I complained when a piece of equipment used to help get us in the bath was replaced by something new. It wasn’t as suitable for me, so I told [the registered manager] and she got the old one back.” This showed a responsive approach.

Relatives told us they found the home very responsive. One relative told us of an incident and said their relatives care plan had been changed straight away as a result of this. Another relative told us of a concern they reported last year and commented, “There have been no further problems. The staff were very responsive and as soon as the problem arose it was resolved. Ten out of Ten for responsiveness.”

We found two activity workers were employed for 22 and 11 hours respectively each week. We found a variety of leisure opportunities were provided for people to enjoy as they chose. The home had access to a minibus to facilitate trips out of the home so that people were provided with more leisure opportunities. We saw a calendar of activities on display and people told us the activities provided included quizzes and games, trips out, visiting entertainers, and crafts. We observed people enjoying a ball game and sing song in the morning that was well attended. The activities worker had a good rapport with people who enjoyed their company.

Staff told us a church service was held each month for people to celebrate their faith.

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

Peoples care records included an individual care plan. The care plans seen contained details of people's identified

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

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

Staff told us about one person's health and another person's dietary needs. We checked the care plans of the identified individuals and found details of these had been recorded, along with the actions required of staff to promote and meet their specific needs. These examples showed that care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and ‘Tell us how it really is’ leaflets on display in the entrance area of the home. 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 people were provided with information on how to complain in the ‘service user guide’ provided to them when they moved into Knowle Hill. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was maintained and we saw records of appropriate action being taken in response to a complaint and the outcome of the complaint. The deputy manager informed us there were no current complaints about the home. One relative told us the registered manager had responded quickly and robustly to a concern they had had in the past and this had been resolved. The relative told us they were very happy with the outcome. This showed that people were listened to and concerns were taken seriously.

# Is the service well-led?

## Our findings

The manager was registered with CQC.

People living at Knowle Hill provided consistently positive feedback about the staff and management and said they would recommend the home. Comments included, "The staff do their jobs well, I know who the manager is and I would recommend this home to others," "If I have a complaint I go straight to the manager. She is very good," "I know the manager; she always comes round to talk to us. I would go to her if I wanted to complain. I would recommend this home. I have been in two other homes and neither was as good as this."

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

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, "The manager is very approachable. I could go to her with any problems," "I love my job, we're good at caring here" and "[The manager] is really helpful."

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We observed the deputy manager around the home and it was clear that they knew the people living at the home very well. We saw that people living at the home and staff freely approached the deputy manager to speak with them. We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the quality assurance officer had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus. We saw that future monthly visits had a consecutive focus of medication, recruitment and appraisals and activities.

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

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

We found that surveys had been sent to people living at the home, their relatives and professional visitors. Information from the returned surveys has been reported on throughout this report. We saw the results of the surveys had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service. For example, in response to the survey completed last year by people living at the home, we saw that menu planning had been permanently put on the 'resident's meeting' agenda so that this could be discussed.

We found that an independent organisation, Your Care Rating, was undertaking surveys with people living at the home to provide them with an opportunity to share their views on a range of issues. We saw that these questionnaires would be completed by October 2015.

Staff spoken with said staff meetings took place so that important information could be shared. Senior meetings and 'corridor' meetings took place so all staff could be involved in these. Records showed corridor meetings had taken place between three and eight times in the previous 12 months for different corridors. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

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