

Chalemere Limited

Ashfield Court - Harrogate

Inspection report

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Date of inspection visit: 20 January 2015

Date of publication: 31/03/2015

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

We undertook this unannounced inspection on the 20 January 2015. We last inspected Ashfield Court on the 14 November 2013. At that inspection we found the home was meeting the regulations that were assessed.

Ashfield Court is a large detached house which has been adapted for current use to a care home. The home is situated near the Stray in Harrogate. The home provides nursing and residential care for up to 45 older people. The home has single and double bedrooms and there is

disabled access into and throughout the home. The accommodation is set on three floors and there is a passenger lift serving all floors. There are comfortable lounge areas and a conservatory to the front of the home.

The home employs a registered manager who had worked at the home for over four years. 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.

Summary of findings

The service was safe. People spoke positively about the care they received at Ashfield Court and they said they felt safe and we saw there were systems and processes in place to protect people from the risk of harm.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show that staff employed were safe to work with vulnerable people.

People were provided with nutritious food. Assistance and prompting was given by staff where necessary to assist people. Adapted cutlery and crockery were available to people for them to use to help maintain people's independence.

People who lacked capacity were protected under the Mental Capacity Act 2005 as the provider was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, appropriate policies and procedures were in place. Staff had received training to understand and ensure safeguards would be put in place to help to protect people.

People's physical health was monitored. This included the monitoring of people's health conditions and symptoms, so that appropriate referrals to health professionals were made.

Staff were kind and caring and they respected people's privacy and dignity and we observed this throughout our visit. Staff we spoke with knew people they were caring for well. People's care needs were recorded in detail in their individual care records

Medicines were administered, stored and disposed of safely and people using the service received their medication as prescribed.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

The home was well led as the culture at the home was open and transparent with staff working together as one large team. The manager was pro-active and was committed to improving the service. This ensured that the home remained a pleasant place for people to live. Effective management systems were in place to assess the quality of the service and promote people's safety and wellbeing. During our visit we observed in one of the dining rooms during lunch, that people who were able to walk independently struggled to manoeuvre passed chairs, tables and wheel-chairs in a congested area. We have asked the provider to look at how this could be improved to ensure people were not put at risk.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

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.

People told us that they felt safe living at the home.

Staff had been trained and knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

The organisation followed safe recruitment practices to ensure staff working at the service were suitable.

Medicines were administered, stored and disposed of safely and people using the service received their medication as prescribed.

Good



Is the service effective?

The service was effective.

We saw from the records that staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. This helped to protect people's rights.

People living at the home were supported to eat and drink and maintain a well-balanced diet. Specialist equipment was used to maximise people's ability to eat their meals independently where possible.

Good



Is the service caring?

The service was caring.

People living at the home including their relatives told us that staff were kind and caring and that care at the home was excellent.

People were treated as individuals and their privacy and dignity was respected by staff.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's changing health care needs. They worked closely with health care professionals to maintain people's wellbeing.

People's care records were detailed and staff supported them in the way they wanted and needed. People had access to and were able to get involved in activities of their choosing.

People were supported to maintain contact with their relatives if they wished and visitors were welcomed into the service to visit people.

Good



Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well-led.

The home had an experienced manager in place who promoted high standards of care and support. This was evident through discussions with people living in the home, staff and relatives.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. However we identified one area where people could be put at risk and have recommended that the provider look at how they can improve one dining area from becoming congested.

Quality assurance questionnaires gave people an opportunity to share their views about the service.

Notifications had been reported to the Care Quality Commission as required by law.

Good



Ashfield Court - Harrogate

Detailed findings

Background to this inspection

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

This inspection took place on 20 January 2015 and was unannounced.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection 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. This document should be returned to the Commission by the provider with information about the performance of the service. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service.

During our visit we spoke with nine people who used the service and with six visitors. We also spoke with three

members of care staff and the registered manager of the service. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. Not all the people who lived at the home could tell us their experiences, we therefore used the Short Observational Framework for Inspection (SOFI) to assess the quality of care they experienced. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for four people including a random check of controlled drugs stock against the register for one person and we observed a medicines round.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information.

We contacted the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

Is the service safe?

Our findings

We found this service to be safe. People we spoke with told us they felt safe. One person told us, “I feel well cared for and safe here” another person said, “I feel safe. You need to at night time”. People we spoke with did not express any concerns about their safety. Relatives we spoke with did not raise any concerns with us.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2014. Staff said the training had provided them with enough information to understand the safeguarding procedures and they knew what to expect if they reported an incident. The staff training records we saw confirmed staff had received safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to all members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice and that they would also refer any concerns to the manager or a senior member of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or the organisation. This helped to ensure standards were maintained and people were kept safe.

We contacted the commissioners from the local authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

We sat in both dining rooms at lunchtime and saw that the main dining room appeared to be congested due to the number of people who were present in wheel-chairs. At the end of the meal those who were able to move freely without the aid or support of a member of staff, left the room whilst those in wheel-chairs waited for assistance from the staff who were still clearing away the trolleys and the tables. This resulted in some people who were able to

walk independently trying to manoeuvre passed chairs, tables and wheel-chairs in a congested area. We also noted from the minutes of previous residents/relatives meetings that this problem had been discussed before and that people normally in wheel-chairs were going to be asked to move into a static chair for the duration of the meal and allow the removal of wheel-chairs from the dining room to reduce congestion. This solution had not being adopted during the lunchtime we observed at this inspection. This meant that people could be put at risk from falling.

We recommend that the provider looks at how the main dining room could be improved to ensure people are not put at risk.

People told us about their freedom to go outside the home. People said they were able to come and go as they pleased. One person said, “As long as we tell them (staff) that we are going out and when we will return there is no problem what-so-ever.” We saw that care plans contained individual risk assessments and plans to ensure risks to individuals were managed.

Records showed that staff recorded accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence.

We saw health and safety records which showed that maintenance checks had been carried out regularly by the maintenance person. Safety checks for gas, electric, fire safety equipment, lifting equipment and water temperatures had been completed and were up to date which meant that people could be confident that the equipment they were using was safe and fit for purpose.

We spoke with people about whether they felt that there always were enough staff to provide good care. Everyone but one person we spoke with felt there were sufficient staff. One person said, “There are always enough staff here as the call bells are answered quickly.” One person did express an opinion that “Sometimes I’m sure there’s not enough staff” but they were unable to give us any specific examples of when this had happened. Our observations throughout the day were that staff did not appear to be rushed or constantly busy and that they had time to chat with people. We saw call bells were being answered and responded to in good time by the care staff.

Is the service safe?

We saw people who lived at the home and staff interacting well throughout the day. We saw that there were sufficient staff on duty during our visit. The manager told us that most days were staffed consistently with one trained nurse and seven care assistants on duty each morning. The staffing levels changed in the afternoon and evening to five care assistants. There was one trained nurse on duty each night who was supported by three care assistants. The home had on call arrangements in place during the hours the manager was not on duty at the home. Staff confirmed when we spoke with them that they knew who they had to contact when an emergency arose when the manager was not available. The home was also supported by a number of ancillary staff which included a cook, a kitchen assistant, three domestic staff, one maintenance staff, one laundry staff and an administrator. The home employed an activities organiser who worked 25 hours a week. We were given copies of rotas for the month of January 2015 which reflected what we had been told. This meant that staffing levels were maintained consistently to support the needs of people who used the service.

We looked at the recruitment records for three staff members including two newly appointed staff. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with three members of staff who told us they had received a good induction when they started work at the home. They also told us they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable adults.

Disciplinary procedures were in place. The registered manager informed us that there were currently no staff facing disciplinary proceedings.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. Medicines were stored securely in locked cabinets, which were kept in locked medication rooms. We observed medication being given to people. We saw that people had a photograph attached to their medicine record. We looked at the medicines for four people, including someone who was receiving a controlled drug. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. A register was kept, as required, and this was signed and checked by two members of staff at the time controlled drugs were given. We also randomly checked four people's medicines from the monitored dosage system (MDS). These were found to be accurately maintained as prescribed by the persons GP. The medicines needing to be kept in a refrigerator were being stored in a designated fridge and staff were recording the temperature of this daily. We saw, from the training records, all staff had received up to date medicines training. This meant that people could be confident that medicines were administered by staff who were properly trained. We saw that medicines were stored securely and appropriately and staff had recorded correctly leaving a clear audit trail.

People living at the home and visitors we spoke with did not have any concerns with the standard of cleanliness of the home. During our visit we saw all areas of the home were clean and well-maintained. We saw from the rotas we looked at that there were dedicated cleaning and laundry staff at the home. We saw cleaning schedules were in place which identified specific areas to be cleaned. We saw these records were audited by the manager. We looked at and saw that the home had infection control policies and procedures in place. One person we spoke with said, "The home is always kept clean. The domestic staff clean my room every day."

Is the service effective?

Our findings

This service was effective. People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The registered manager told us a programme of training was in place for all staff. We saw that staff had received training in mandatory subjects such as health and safety, medication, fire safety, first aid, food safety and safeguarding adults. When we looked at staff training records we saw that people who used the service were supported by staff that had also undertaken specific training in subjects such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs) and eye care. The registered manager told us they had a computerised system for monitoring training. They were able to see what training had been completed and what still needed to be completed by members of staff. This meant that people were supported by staff who had received relevant, updated training to enable them to deliver care to an appropriate standard.

We saw from records that staff received regular supervision from the manager or a senior member of staff. This gave them the opportunity to discuss work related matters and share information in a one to one meeting. Staff we spoke with confirmed that they received regular supervision and all the necessary training. One member of staff said, “Any training that we need is always available” another member of staff told us, “We get loads of training.” Staff we spoke with confirmed that they received good support from the registered manager. One member of staff said, “We have a brilliant staff team here. The senior care staff are very good and the manager is very approachable” another member of staff described the management of the home as being “brilliant.”

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We saw that everyone at the home had their mental capacity assessed. We concluded that the provider was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, appropriate policies and procedures were in place for staff to refer to. Staff received training to understand when an application should be made, and in how to submit one. The registered manager was clear about what action they must take to ensure safeguards would be put in place to

help to protect people. The registered manager told us that if people’s mental capacity changed there would be an assessment to ensure they were not being deprived of their liberty. This assessment would be carried out by an Independent Mental Capacity Assessor to ensure people’s rights were protected.

We spoke with people about the food served at the home and whether they had a choice. People we spoke with were overall satisfied with the quality of the food at the home. Comments made to us included, “The food is excellent”, “The food’s marvellous”, and “The food is really good. I can’t fault it. You get a choice of food”. One person said, “The food here is absolutely excellent and I would not change a thing. I look forward to my meals and there is always plenty of choices.”

Other people commented, “The food has improved. On the whole it’s good” and “The food is alright. I’ve never complained about it.” One person told us, “The food is quite good. However it’s not so good today. It’s probably the worst meal I’ve had since I came in here.”

People sat in two dining rooms to eat. There was a main dining room and a smaller dining room. We observed two mealtimes these were both breakfast and lunchtime. We saw that at breakfast time people were given a choice as to where they wanted to eat. We saw that some people chose to eat in the dining room, whilst other people had their breakfast in their rooms. One person told us that they preferred to have their meals in their room and this was facilitated.

We sat in both dining rooms at lunchtime. People were observed being offered a choice during the lunch service, both of food and drinks, and also whether they would like it or not. We saw staff responded to all requests for attention during the meal for example second helpings or more drinks. We observed staff supporting several people with their meal. We saw adapted cutlery and crockery were available to people for them to use to help maintain people’s independence. We observed that the meal was unrushed and people were given time to enjoy their food.

We observed that people were offered a variety of drinks throughout the day. We saw in people’s bedrooms that there was a jug of juice or water available for them to drink and was within easy reach. The manager gave us a copy of

Is the service effective?

the four weekly menus which changed according to season and which were varied. We saw in people's care plans where there were concerns about either people's weight or diets they had been referred to a dietician.

We spoke to people about whether they felt that they had easy access to health professionals.

One relative said, "When my mother had some health issues, they got the doctor in straight away." People living at the home also confirmed that they had routine access to other services such as physiotherapy and chiropody. One person said, "When my nails are long, I just tell one of the carers and they organise it." Another relative said that her mother's physiotherapy had been facilitated by the staff and had been carried out according to the agreed action plan without any concerns on her part.

Care records we looked at for four people showed that every area of identified risk also had an accompanying

detailed care plan, which incorporated people's choices and preferences as well as their identified needs. This meant that co-ordinated assessments and care planning was in place to ensure effective, safe, appropriate and personalised care. The care plans we looked at had been signed by the person where possible or by their representative, however people we spoke with could not remember having any involvement with their care plan. One relative we spoke with confirmed that there had been no problem with being involved in her mother's care plan or being involved in the review of her mother's care or whenever she wanted to see the care plan. We saw where there were concerns about people's mobility the home had referred and had involvement with physiotherapists. One relative told us how well the home communicated with them. They said, "Staff at the home keep up the communication with me about (name of person) care."

Is the service caring?

Our findings

The service was caring. We observed people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of the staff who were providing their care and support.

Staff were rarely observed to pass people living in the home without acknowledging them in some way, and we did not witness any exchange that was not genuine, caring or pleasant. We saw staff being kind and that they treated people respectfully and it was clear that people who used the service and staff had a good rapport. Humour was used by staff to engage with people. One person said “I always have fun with the staff. You can say what you like and have a little joke and fun with them.” The person went onto describe and gave a good example of what they meant and ended saying, “We laughed and had so much fun.” Another person said, “The staff here are all lovely.”

Both people living at the home and relatives were very positive in their comments about about the caring attitude of staff. Comments made included, “I get spoilt to death here,” “The care is excellent, the staff are really kind, you can ask them anything,” “The staff are always asking am I comfortable, do I need anything” and “The staff are very caring”.

Relatives also spoke highly about the care people received at the home. One relative said, “The home is excellent and the staff are brilliant, they look after mum as if she was their own. This home has gone from strength to strength. They not only support mum but they support me.” The relative was able to describe how staff at the home supported them during a difficult period in their own personal life. Another relative described the staff as being ‘positive and helpful’ and that their relative was cared for ‘well.’ One relative said, “The care is great.” Another relative told us that they noticed the staff always asked their mother for permission before carrying out any activity for her and another relative said, “The staff interact with the residents. They don’t just care for them.” This was confirmed during our visit. For example we saw one member of staff, during a quiet period, sitting in a person’s room having a

conversation with them. Throughout our visit we heard staff having conversations with people living at the home, which indicated they had a meaningful relationship with them.

There was documented evidence in the care plans we looked at to show that the person and/or their relative had contributed to the development of their care and supports needs. We saw ‘What is important to me’ in care plans and records were clear as to the discussions that had taken place and what was important to that person. We also saw that people’s wishes regarding end of life care was discussed and recorded in their care plan. The registered manager together with the person living in the home and/or their relative held care review meetings and these were recorded in the care records.

We asked people about the keyworker system the home had in place and if this system worked. This is a system whereby the ‘keyworker’ who is a member of care staff, has responsibility for a person or a group of people. This meant that the member of staff saw to a person’s personal care such as assisting them to bathe. This also included accompanying people on visits into town if they so wished. The system was to ensure people received the care they wanted and that they knew which staff looked after them. One person told us that their ‘keyworker’ was very good and did lots of extra things for them.

People we spoke with told us that their choices were respected. People told us that they were able to get up when they wanted in the morning and what time to go to bed and that staff respected their choices in this. One person said, “We can get up and go to bed as and when we please.”

We spoke with people about visiting times. One person living at the home said, “My daughter is able to visit at any time, there are no restrictions. I would recommend coming to live here to anyone.” Relatives we spoke with also confirmed there were no restrictions on visiting.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people spending time in communal lounge areas of the home or in their bedroom.

Is the service caring?

We saw that staff listened to people when speaking with them. We saw that staff knocked on bedroom doors before entering the bedrooms of people who used the service maintaining people's privacy.

We spoke with members of staff during our visit. One member of staff told us, "There is a brilliant staff team here

and all the senior care assistants are good. It is a very happy home." When we spoke to another member of staff about caring for people living at the home they said, "It is like having thirty six grandparents."

One person's final remark to us was, "On the whole it's lovely here."

Is the service responsive?

Our findings

The service was responsive to people's needs. People's care and support needs had been assessed before they moved into the home. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information gave clear guidance for staff on how to meet people's needs. There were life histories recorded in people's care plans which gave a strong personal feel of the individual. The information gave clear guidance for staff on how to meet people's needs. We saw that care plans had been signed by the person who used the service or their representative to show they agreed with the planned care. One person told us about how they were assisted with their personal care and said, "The personal care is good."

Complaints records we looked at held details of the investigation and feedback that had taken place in response to complaints. There have been no complaints made to the home since the last inspection. Records we saw showed that there were clear procedures that were followed in practice which were monitored and reviewed by the organisation in how the home dealt with complaints.

One person living at the home said, "If I had any concerns or a complaint I would speak directly with (name) who is the manager." Another person said, "I've no complaints about anything." Everyone we spoke with told us they had not made a complaint during their time in the home.

One relative said, "If there are any issues, they respond immediately." Another relative told us, "If you just mention anything it is put right straightaway."

We asked people about how they spent their days. One person said, "We have various activities such as a quizzes and bingo. I do go out with my daughter and we used to have a mini bus but I don't know what happen to it." Some people we spoke with told us they did not have any specific desires to participate in hobbies. Two people who spent most or all of their time in their rooms were keen on reading and this was facilitated by a visiting library service once a month.

We saw during our visit that the weekly visit of the hairdresser was keenly anticipated by a number of people.

People were supported to maintain relationships with their family. A relative told us they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Relatives were encouraged and supported to make their views known about the care provided by the service. People told us that there were Residents & Relatives meetings held. None of the relatives we spoke with had attended one although one confirmed they had completed a relative's survey form. They intended to attend the next meeting. Another relative we spoke with was aware of these meetings but did not want to attend them. We saw from the records we looked at that these meetings were held monthly. The home had invited people living in the home and relatives to complete a customer satisfaction questionnaire. We saw that this had last been done in July 2014, meaning people were being enabled to share their views and make suggestions that could be tried for the benefit of people living at the home.

Is the service well-led?

Our findings

This service was well led. The home employs a registered manager who had worked at the home for over four years. During the visit we saw the registered manager was regularly in the communal areas of the home. They engaged with people living in the home and were clearly known to them.

All the staff were clear about how to report concerns and said they felt happy to do so. They told us that the registered manager was approachable and staff described the manager as being 'brilliant.'

Staff working at the home told us that they felt supported by the management and other members of staff and enjoyed their work. Records showed that all staff received regular supervision. This meant that staff were clear about what was meant by good practice and this would in turn have a beneficial effect on people.

We saw there was a culture of openness in the home, to enable staff to question practice and suggest new ideas as we saw this in minutes from staff meetings that had been held.

The registered manager had sent out questionnaires in October 2014 to staff and we saw that there had been a good response with positive comments from them.

We found that the manager had an in-depth knowledge about the people that lived there. We observed how people living at the home interacted with the manager and saw that both the people living at the home and the manager knew each other well. We observed the manager when speaking with staff that they valued staff and treated them with respect. A member of staff said, "The manager is very approachable and it is a lovely home to work in." Another member of staff told us, "I love working here, we are all friendly and the management are very approachable." One member of staff said, "I enjoy coming to work here."

People we spoke with confirmed that they felt involved with the running of the home. One person told us, "We have residents meetings which are held monthly." Records we looked at supported this.

Relatives spoke very positively about the management at the home. One relative told us, "The manager and assistant manager, in fact everyone at the home are approachable. I cannot praise the home and staff enough." Another relative told us that the manager was "very hands on". They told us that they often saw the manager talking to people who lived there.

Relatives also with confirmed that they had been asked to complete a survey form.

The manager carried out quality audits every month and these were checked by the operations manager. We saw that audits had been completed monthly in areas such as medication, health and safety and infection control. Where any failings were identified, action plans were put in place to ensure any issues were addressed. We saw evidence that any issues raised were dealt with in a timely manner.

Care staff were involved in a handover on a daily basis. We also saw staff meetings were held, which gave opportunities for staff to contribute to the running of the home. We saw the minutes from the meeting agenda for October 2014. The registered manager told us they had an open door policy and people living in the home and their relatives were welcome to contact them at any time.

Records showed that staff recorded accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence. This meant that people received safe care and accidents were minimised wherever possible.

We saw that notifications had been reported to the Care Quality Commission as required.