

SheffCare Limited

Midhurst Road Residential Home

Inspection report

21 Midhurst Road
Sheffield
South Yorkshire
S6 1EY

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19 September 2017

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23 October 2017

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

Midhurst Road is registered to provide accommodation and personal care for up to 42 older people. The home is situated in the Foxhill area of Sheffield, close to local amenities and transport links. Accommodation is based over two floors, accessed by a passenger lift. All of the bedrooms are single and have en-suite toilets and showers. Communal lounges and dining rooms are provided. The home has extensive and accessible well maintained gardens and a car park.

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

Our last inspection at Midhurst Road took place 26 May 2015. The service was found to be meeting the requirements of the regulations we inspected at that time and overall we rated the service Good.

This inspection took place on 19 September 2017 and was unannounced. This meant the people who lived at Midhurst Road and the staff who worked there did not know we were coming. On the day of our inspection there were 41 people living at Midhurst Road.

People we spoke with told us they felt safe living at Midhurst Road and spoke very positively about the staff.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

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

Staff recruitment procedures ensured people's safety was promoted.

There were sufficient staff to meet people's needs safely and effectively.

Staff underwent an induction and shadowed experienced staff prior to commencing work. Staff had regular updates to their training and were provided with relevant supervision and appraisal so they had the skills and support they needed to undertake their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health.

A varied diet was provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected. People's fluid and diet intake was monitored by staff where a risk of dehydration or malnutrition had been identified.

We found the home was clean and well maintained. Bedrooms had been personalised and communal areas were comfortably furnished.

People were treated with dignity and respect and their privacy was protected. All the people, relatives and visiting health professionals we spoke with made positive comments about the care provided by staff.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

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

People said they could speak with staff if they had any worries or concerns and they would be listened to.

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.

Staff told us they felt they had a very good team. Staff, people and relatives said the registered manager was approachable and communication was good within 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.

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

Staffing levels were adequate to meet the needs of people who used the service and staff recruitment procedures ensured people's safety was promoted.

People had individual risk assessments for such things as moving and handling and nutrition. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

Is the service effective?

Good ●

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

The home was clean and well maintained. Bedrooms had been personalised and communal areas were comfortably furnished.

Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service

and staff were warm and friendly.

People's privacy, dignity and independence were maintained by staff who knew people's preferences well.

All the people, relatives and visiting health professionals we spoke with made positive comments about the care provided by staff.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Is the service responsive?

Good ●

The service was responsive.

People's care plans and risk assessments were reviewed regularly and in response to any change in needs.

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

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the service.

All staff, people and visitors we spoke with told us they would recommend the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

Midhurst Road Residential Home

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.

The inspection took place on 19 September 2017 and was unannounced which meant no one at the service knew that we would be visiting. 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of any accidents and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit we spoke with 11 people who used the service and three of their relatives to obtain their views of the home.

We spoke with two health professionals, a vicar and a volunteer who were visiting the home.

We spoke with nine staff including the registered manager, the deputy manager, a team leader, three care staff, an activities worker, the cook and the administrator.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We also looked at three care plans, three staff files and records associated with the running and monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living at Midhurst Road. Comments included, "I feel safe here," "If you have to go anywhere this is the place, I feel safe," "I think we are all safe here" and "No worries at all." Relatives of people living at Midhurst Road told us they felt their family member was safe. One relative told us, "She is safe here and well looked after."

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

The registered manager and administrator explained small amounts of monies were looked after for some people. Each person had an individual record of monies held in their name. We checked the financial records and receipts for three people and found they detailed each transaction and the money deposited and withdrawn by the person. We checked the records against the receipts held and found they corresponded. Records showed the registered manager and provider also carried out regular checks to ensure peoples' monies were kept safe.

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We saw each person had individual risk assessments for such things as moving and handling and nutrition. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments.

Regular checks of the building were carried out to keep people safe and the home well maintained. We saw a report from South Yorkshire Fire and Rescue Service dated August 2017 which identified some further fire safety actions and recommendations at Midhurst Road to keep people safe. We found some of these actions, including updating the Midhurst Road fire risk assessment had already been completed. The registered manager confirmed other actions and recommendations made by the fire safety officer had been, or were in the process of being addressed by the registered provider.

We found personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

There was a medicine's policy in place for the safe storage, administration and disposal of medicines. We found medicines were managed safely at the service.

We asked people about the help they got with their medicines and they told us they were happy with the support they received. One person said, "The staff bring my medication, they are always on time."

We found a senior member of care staff was designated with responsibility for managing medicines. We checked three people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. There were arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We found the number of controlled drugs kept tallied with the records held. This showed that all controlled drugs had been accounted for. However, we found some controlled drugs which were not given on a frequent basis had not been counted and verified as correct in the past seven weeks. We discussed this with the registered manager who gave assurances that these checks would take place on a more frequent basis to provide further safeguards around the safe storage of medicines.

We found the controlled drug register was also quite difficult to navigate through as the register was nearly full and some staff had stopped using the index. The deputy manager immediately ordered a new register from the community pharmacist. They confirmed it would be updated and in use by the end of the week.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered and deputy manager and other senior care staff also regularly checked staff competency in administering medicines and staff told us these observations were regularly completed. We saw records of these competency checks. The registered manager had also undertaken regular audits of people's MAR to look for gaps or errors.

The registered manager said the community pharmacist carried out regular checks of medicines and records. We saw a community pharmacist's report dated 17 February 2017 which did not highlight any recommendations to improve medicines management.

People who used the service and their relatives spoken with said there were enough staff to meet their (or their family member's) needs. Comments included, "There are enough staff. I've only pressed the bell once and staff came very quickly," "I have been ill recently and have used the bell a few times, the staff always come quickly," and "I fall a lot and press my bell, the staff always respond. I get my money's worth."

We looked at staffing levels to check enough staff were provided to meet people's needs. On the day of the inspection there was the registered manager, deputy manager, team leader and five care staff. There was also an activities coordinator, administrator, domestic, catering and maintenance staff working at the home. Staff told us there were always between four and five care staff plus two senior members of care staff on duty during the day and three staff or four staff were provided overnight.

We looked at the home's staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff we spoke with said enough staff were provided to support people's needs.

We observed staff were visible around the home and responded to people's needs as required.

We looked at the procedures for recruiting staff. We checked three staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We found a policy and procedure in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken by the registered manager and provider which showed any issues identified were acted upon. This showed procedures were followed to control infection. We found the home was clean with no unpleasant malodours observed in the areas we checked.

Is the service effective?

Our findings

People spoke positively about living at Midhurst Road and the support they received. People we spoke with said they felt well cared for by staff.

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member.

People who used the service, or their relatives, said their [family member's] health was looked after and they were provided with the support they needed. All of the comments received were positive and included, "I've seen the optician today. The staff arranged for him to come here," "I can see the GP if I ask," "I have not seen a GP but the staff arranged for me to have my flu jab," "The staff noticed something amiss and arranged for treatment" and "The GP runs a surgery here every Thursday so gets the chance to know the residents."

The registered manager confirmed medical support was provided by GP's from two local practices who visited people at Midhurst Road every Thursday and as and when required.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GP and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly.

We spoke with two visiting health professionals and visiting member of the clergy and a volunteer all of who were very positive about the staff and service of Midhurst Road. Comments included, "There are very experienced care staff here who offer good quality care," "There are lots of activities taking place, it's a lively home," "It is the carers that make this home" and "If I had to choose any home for my mum it would be this one."

Stakeholders we contacted prior to the inspection told us they had no current concerns about Midhurst Road.

People or their relatives said were very happy with the catering arrangements at the home. Comments included, "We get a choice of two things at dinner time and tea and biscuits in the afternoon," "The food is excellent," "I can ask for a snack if I want one but I think if I asked a lot the staff would check I was getting enough to eat at meal times, that's a good thing though," "The food is brilliant, I can get snacks at other times if I want one" and "The food is good. There is a choice and [Name of person] has put weight on since they arrived here."

We observed the meal time arrangements at lunch time in two areas of the home. People could choose to eat their meals in the dining room or in their room. The meal service was well organised, people who needed help were assisted to sit at tables and staff went to find other people who were not there and might have been asleep.

People were offered a choice of food and drink, some people made their own drinks. Staff assisted people to cut up food when needed. It was a very relaxed and supportive atmosphere.

There was a process in place to obtain people's preferences at mealtimes. Staff were aware of the people who needed a specialised diet and/or soft diet. People we spoke with and records showed people were regularly weighed to help monitor nutrition.

We spoke with the cook and they provided us with details of people who had allergies or required a specialist diet. The cook was also very proud to tell us about the pilot role in the registered provider group she had been appointed to. Part of this role was to oversee all senior cooks in provider group, putting induction packs together for cooks and working with local suppliers to get the best produce and deals for Midhurst Road and other homes in the registered provider group.

The cook told us how they spent time with people when they first came into Midhurst Road to talk through people's likes and dislikes and other preferences. The cook also attended 'Resident Meetings' to receive feedback and discuss menus.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

People and their relatives told us staff involved them in making choices and decisions about their care. We found care was provided to people with their consent. People said staff respected their choices and always asked for their consent before providing care and support. People said, "The staff listen to me," "I get a choice when I get up and when I want a lie in" and "I told the staff when I arrived how I like my breakfast and they have all done it that way ever since."

We looked at three people's care plans. They held people's signatures where people had been able to sign, to evidence they had been consulted and had agreed to their plan. This showed important information had been shared with people and/or the family and they had been able to make an informed decision. Comments made included, "I was involved in mum's care plan" and "I'm involved in the care plan discussions."

The care plans seen all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence 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 checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and end of life care. This meant all staff had appropriate skills and knowledge to support people. Staff told us, "Training is good. We do some on line and some in a classroom or even outside. Today we are having fire warden training" and "Training here is brilliant."

The registered manager informed us new care staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Staff we spoke with told us they felt supported. We saw there was a robust system in place to ensure staff received regular supervision and a bi- annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is a meeting usually held annually, but twice a year at Midhurst Road, where a staff member has a meeting with their manager to review their performance and identify their work objectives for the next twelve months.

Staff said, "I love it here. We are a good team," "The managers are good they get things sorted straight away" and "The team leaders and managers are helpful and support us."

Individual staff spoke positively about how their role and skills were being developed and they were supported by the registered manager and registered provider to achieve this.

Staff said "I have earned a place on the Skills for Care aspiring manager's course. I have been supported to achieve this by the company and my manager" and "I went on the react to red training. I am now a champion of this project of and provide support, roll out training and information packs to other staff." (React to Red Skin is a pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.)

We found the home was designed and adapted to meet the needs of people who used the service. Accommodation was provided over two floors, each with two units. A passenger lift was available and all areas of the home were accessible. The home had enclosed gardens which were very pleasant, well-kept and accessible to people.

We saw that equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

We were invited to by several people to view their bedrooms. The rooms had been personalised and communal areas were comfortably furnished.

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "The staff are very friendly," "The staff and manager are fabulous, they are very supportive," "It's like home now," "Staff treat me well they are nice people" and "I have good friends here both residents and staff."

Relatives said they were always welcomed in a caring and friendly manner. People said their families were made to feel welcome by staff. They commented, "I get lots of visitors and my family visits," "My son visits whenever he wants. He is made very welcome," "My brother and I visit every week and get on with the staff," "I come in weekly, the staff are very friendly" and "We feel very welcome, we also now work as volunteers."

During our inspection we spent time observing interactions between staff and people who used the service. The interactions we saw were relaxed and appropriate. Whilst serving meals there was a lot of shared humour between staff and the people they were supporting. Staff seemed relaxed and acknowledged the inspection team, people and visitors as they passed in corridors or entered communal areas. People were always addressed by their names and people were relaxed in the company of staff. This showed people were treated respectfully.

All the inspection team felt there was a distinctly warm, friendly and welcoming feel to Midhurst Road.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. People were invited to attend 'residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

We saw people's privacy and dignity was promoted so people felt respected. Staff were able to describe how they treated people with dignity. All people we spoke with said, "The staff always knock before they come in my room."

In the reception area we saw there was a range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered

provider's complaints procedure. 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.

Staff told us that the registered provider, registered manager and staff would strongly wish to support any person who wished to die in the home. We saw records of staff training in end of life care so they had the skills and knowledge to meet people's needs. We spoke with staff who told us how they had recently supported people and their relatives' wishes. Staff said they had received recent training in supporting people in end of life care. Staff also said how they had felt supported to meet people's needs during people's end of life care by the community nursing team and the local GP's.

Is the service responsive?

Our findings

People living at Midhurst Road 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.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities.

People told us that they have some choice in their daily routines such as when they get up in a morning and go to bed. People said they chose their own clothes and attended to their some of their own personal care needs.

People, who required assistance, told us they were happy with the care they received. People said, "I was depressed when I arrived and didn't want to do activities. I feel better now and they (staff) are helping me do more," "Staff talk about my needs and adapt as they change" "I couldn't do anything when I came here. I had to learn to walk again. Now I can get out and do activities."

Relatives told us they were always kept involved in people's care and support and were happy with the care their relative received.

We checked three people's care plans. The care records included an individual support plan. The 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 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. We found support plans held evidence they had been reviewed to keep them up to date.

The care plans seen had been signed by the person, where possible, or their relative to evidence their involvement and agreement.

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. This meant people were supported by staff that knew them.

People and relatives we spoke with said that they had never had the need to raise a concern or complaint. They told us they would feel comfortable in speaking to the registered manager if needed and had every confidence that they would be listened to and their concerns would be dealt with in a professional manner. Comments included, "I would talk to the manager if I had worries but I've not had to," "I would let everybody know if I was dissatisfied," "I know how to complain" and "I would go to (named registered manager) if I had

a complaint you can always get to see her."

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. Two activity staff were employed to ensure there was a range of meaningful activities on offer every day. We spoke with one of the activity co-ordinators. They showed they were highly committed to the activities being enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing.

People told us and records showed a range of activities were provided. Records showed recent activities included trips on the minibus, music to movement, quiz, games, arts and crafts, sing /songs and special events at times like remembrance day, fish and chips at the local village hall, gardening and visits to the home by entertainers.

We saw notice boards around the home were kept up to date with events that were happening and also displayed art work completed by people.

People, relatives and volunteers were very positive about the types and frequency of activities available for people. Comments included, "I do lots of things like bingo, exercises and skittles," "We have trips every couple of weeks in the mini bus. They (staff) try to make sure that everybody gets the chance to go," "I go out sometimes on the trips," "I go to the monthly church service," "I'll try anything on offer," "I've tried the exercises but they are too gentle I need proper exercise. I go out sometimes on the buses," "I enjoy the dominoes and skittles" and "(Name) goes to the entertainments, they are brilliant. Staff ask people if they want to do things but don't push."

There was a church service in progress during the inspection which a large number of people were attending. Some people were playing dominoes; other people were sat watching TV or reading a newspaper which people told us was delivered to them on a daily basis. One person said they went out daily for a walk to the shops or into town.

There were a number of visitors and relatives who volunteered to support activities and other events at Midhurst Road. We heard two relatives volunteering to undertake some landscaping of the gardens that was needed. The home also ran a volunteer programme. Three people including university students were currently involved in volunteering on a formal basis at Midhurst Road. We saw newspaper articles of how the volunteers spent time with people at Midhurst Road on a one to one or group basis either talking to people or involving them with activities.

There was a clear complaints procedure in place. A copy of the complaints procedure was displayed in areas around the home and also included in the service user guide which had been provided to each person who used the service. 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 the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

Is the service well-led?

Our findings

The manager was registered with CQC. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people who used the service; their relatives and staff freely approaching the registered manager to speak with them.

People living at Midhurst Road, their relatives and staff at the home spoke positively about the registered and deputy manager. People told us they knew the registered manager and found them approachable. People said they had confidence in the registered and deputy manager and they were encouraged to voice their opinion. People and their relatives commented, "I know the manager, and I can tell you this place is well run," "The manager here is very good" and "I know the manager she is very good, I would recommend them to anybody."

Staff told us both the registered and deputy manager had an 'open door' and they could talk to them at any time. They told us the registered manager was always approachable. Their comments included, "I couldn't work anywhere better, I can go to either manager no problems," "I love it here, we are an excellent team," "A great work to place" and "I really love working here. We have time to care and spend time with residents."

All staff, people and visitors told us they would recommend the service.

We asked people if they thought there were any areas that needed improvement. People said, "I would rather be at home, but if I had to be anywhere else here will do nicely," "I wouldn't change anything although I find it hard when staff leave," and "I don't want to change anything."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home.

Records showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, medication, health and safety and infection control audits. We saw environment and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

We saw the registered provider's quality assurance officer had also undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus, such as dignity in care and care planning.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people who used the service and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results of the 2016 survey were on display in the reception area which meant people had access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this. The registered manager said questionnaires for the 2017 survey were currently being sent to people.

Relative and resident meetings took place so people had opportunities to feedback about the service and suggest improvements. Some people and relatives we spoke with told us they attended the meetings. One person said, "We have meetings to discuss stuff, the meetings are important but are very informal."

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt 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 and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

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