MNS Care Plc

Sairam Villa Care Home

Inspection report

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Date of inspection visit:
10 November 2016

Date of publication:
09 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 10 November 2016 and was the first inspection since registering with the Care Quality Commission (CQC) on 13 July 2016.

Sairam Villa Care Home can care for 46 people, in single rooms, all of which have en-suite wet rooms. All rooms have telephones and TV channels, including Asian TV. The home has 3 floors, with each floor having a dedicated care team to ensure continuity of care. Sairam Villa Care Home has a variety of areas for people to enjoy, including four lounges, three dining areas, a prayer and silence room, a hair salon, and pamper therapy room. Access to the garden is from the lounge area on the ground floor. The landscaped garden has been designed to give quiet private areas, as well as larger spaces for social activities. There is also a terrace garden leading out from the first floor dining room. This is a usable space which is enclosed for safety. A balcony area on the 2nd floor is also available. During the day of this inspection Sai Ram Villa Care Home accommodated 16 people and provided care and support on two floors.

A manager has been appointed and is currently in the process of being 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 2008 and associated Regulations about how the service is run.

We found outstanding features in this service for example the environment was of very high standard and the provider gave considerable thought to the needs of the people when designing the premises. For example Close Circuit Television (CCTV) was in all communal areas for the protection of people and staff. All people had access to broadband, provided they had a device to access the internet. Movies, prayers and activities can be streamed into people's rooms in case people were bedbound. This ensured nobody was excluded from activities and was able to take part in activities if people wished. A therapy room was available for people where they could access alternative therapies and massage, as well as a separate hairdressing salon. This demonstrated the service and adaptations were designed around people who used the service and their needs.

The staff of the service had access to the organisational policy and procedure for protection of people from abuse. The members of staff we spoke with said that they had training about protecting people from abuse, which we verified on training records and these staff were able to give detailed responses about the action they would take if a concern arose. We found that staff had a sound level of understanding of how to keep people safe from harm and this knowledge helped to protect the people using the service.

We saw that risks assessments concerning falls, healthcare conditions and risks associated with daily living and activities were detailed, and were regularly reviewed. The instructions for staff were clear and described what action staff should take to reduce these risks and how to respond if new risks emerged.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. People using the service had complex needs and we found that the information and guidance provided to staff was clear.

It was clear that significant efforts were made to engage and stimulate people with activities whether these were day to day living activities or those for leisure time. One to one time was provided for people to maximise their opportunities to engage in normal life experiences.

Everyone we spoke with who used the service, and relatives, praised staff for their caring attitudes. The care plans we looked at showed that considerable emphasis was given to how staff could ascertain each person's wishes including people with limited verbal communication and to maximise opportunities for people to make as many choices that they were meaningfully able to make. We saw that staff were approachable and friendly towards people and based their interactions on each person as an individual, taking the time needed to find out how people were feeling and what they could do to help.

Staff views about the way the service operated were respected as was evident from conversations that we had with staff and that we observed. We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views at handover meetings, staff team meetings and during supervision meetings.

The service complied with the provider's requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and regularly sought people's feedback on how well the service operated.

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 at the home and with the staff who supported them.

Risks to people's safety had been identified and measures put in place to reduce these risks as far as possible.

There was enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. A lot of thought had been put into the design of the service to ensure inclusion, protection and comfort for people who used the service.

People were positive about the staff and we saw that staff had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes,

dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

Good

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care and recreational needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Is the service well-led?

Good

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders. The manager took people's views into account in order to improve the service and care provided.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

Sairam Villa Care 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.

We undertook this unannounced inspection of Sairam Villa Care Home on 10 November 2016.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people. We also spoke with a social care professional who had regular contact with the service.

This inspection was carried out by one inspector. A specialist advisor (SpA), a SpA is an expert who worked in this type of care service. An expert by experience (ExE) who has personal experience of using or caring for someone who uses this type of care service. The ExE was supported by a qualified interpreter; this was because to people who using the service did not always speak English as their first language.

We spoke with ten people who used the service, four relatives, two staff nurses, two senior care workers, two care workers, the chef, the manager and the director of Sairam Villa Care Home.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

One relative told us "My husband has only been since September 2016 in Sairam Villa Care Home. We are very happy and I find it much easier to get too." Another relative told us "My [relative] is very safe here, care workers are aware of my [relatives] dementia and medical condition. They make sure that my [relative] eats and drinks enough and that he gets the medication regularly and safely." Care workers demonstrated good understanding of the different forms of abuse and what to do to ensure people who use the service were safe. For example one care worker told us "I would make sure the person is safe and support the person and then I would go immediately to my manager and tell him about what I have seen, heard or been told. We were taught this during training."

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. Staff told us that the home had a whistleblowing policy and that they were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We looked around all areas of the home. To gain access to the home people had to ring the door bell and wait to be allowed access. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. The bedrooms, dining rooms, lounges and corridors were well lit, clean and bright and there were no unpleasant odours. The wide corridors and handrails helped to ensure safe movement around the home. CCTV in communal areas ensured that people were monitored, but also act as a deterrent of possible inappropriate care and support provided.

Records showed risk assessments were in place for all areas of the home environment. The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and the radiators were suitably protected with covers.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in people's individual care files and also in a central file to ensure they were easily accessible in the event of an emergency. We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire

extinguishers. We saw fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

We saw that procedures were in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how and where incidents were to be recorded. Records we looked at showed that accidents and incidents had been recorded and the manager reviewed them regularly. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We looked at the on-site laundry facilities. The laundry looked clean and well-organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient laundry staff and sufficient equipment to ensure safe and effective laundering. The washing machines had a sluicing facility to wash soiled linen.

We saw infection prevention and control policies and procedures were in place. Regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

We spoke with one of the domestic staff who told us they had received training in infection control and the control of substances harmful to health (COSSH).They told us they had access to appropriate cleaning equipment and materials and personal protective equipment such as gloves and aprons. We were shown the cleaning schedules that were in place for each area of the home. They outlined the daily, weekly and monthly duties for cleaning the environment, equipment and furniture. One person who used the service told us, "It's spotless. They are always cleaning".

Inspection of the staff rosters, discussions with people who used the service, relatives and staff showed there were sufficient suitably qualified and competent staff available at all times to meet people's needs. One comment made to us was, "I feel there is enough staff around. The staff responds quickly. If I ring my bell at night they always come". The manager told us they were in the process of recruiting more registered nurses and care workers once more people who use the service moved in.

We asked management to tell us how they ensured their staff recruitment procedure protected the health and safety of people who used the service and that the people they employed were fit to do their job. We saw the recruitment policy and procedure that was in place. It gave clear guidance on how staff were to be properly and safely recruited. We saw interview records in personnel files which showed how staff had demonstrated their knowledge and skills during the interview process.
The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and, for three of the files, at least two professional references from previous employers. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The registered provider had checked that the registered nurses who worked at the service had a current registration with the Nursing and Midwifery Council (NMC).

We looked to see how the medicines were managed. We found the systems for the receipt, storage (including controlled drugs), administration and disposal of medicines were safe. There was a detailed medicine management policy and procedure in place. In addition the service had the Nursing and Midwifery Council standards, The National Institute for Clinical Excellence (NICE) and the Royal Pharmaceutical Council guidelines in place in relation to medicine management.

We found that medicines, including controlled drugs, were stored securely. The medicines in current use were kept in a lockable medicines cupboard in each person's bedroom. We were told the medicine keys were always kept with the nurse and the senior care assistant responsible for the management of medicines. Having authorised access to medicines helps to prevent them from being misused.

Appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. We checked the medicine administration records (MARs) of five people who used the service. The records showed that people were given their medicines as prescribed, ensuring their health and well-being were protected. It was identified from the MARs that some medicines were to be given 'when required' or as a 'variable dose' of one or two tablets. We saw that information was available in each person's care plan to guide staff when they had to administer medicines that had been prescribed in this way. We discussed with the manager the possibility of also providing guidance with the person's MAR. This would ensure that the information was readily available for all staff, including agency registered nurses, when they were administering the medicines. The manager agreed that this would be beneficial and told us the guidance would be included alongside the MAR.

Good

Is the service effective?

Our findings

The cook told us "It is vital I get the food right, it is of the upmost importance to our residents. Most residents have cooked all their lives so it's not just the taste that matters, but also the appropriate content and the way it is served." One relative told us "Its ok being here, it is a very nice place, but we do miss him." Another relative told us "We chose this home because the other residents come from Africa like my dad and staff speaks his language Gujarati." Another relative told us "My mum is well looked after here and staff know what they are doing" and "The manager visited us at home and told us that staff received regular training and attained specific care qualifications." One person told us, "The menu is excellent and the staff are very attentive and kind, I for one is content."

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service, staff and visitors. The manager told us that induction took up to 12 weeks and that staff were fully supervised until their competency to undertake their role had been assessed. Staff we spoke with confirmed that this information was correct.

We were shown the information that was given to staff when they started to work at the home. The information included confidentiality, expected standards of conduct, training and terms and conditions of employment. It also contained policies and procedures to guide staff on the company's expectation about sickness, absence and the disciplinary and grievance procedures.

We were shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. The records we looked at confirmed staff had also received training relevant to their role such as; urinary catheterisation, end of life care and nutrition. Staff confirmed their training was well organised and that the provider responded favourably to requests for additional specialist training.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

The records we looked at showed systems were in place to ensure staff received regular supervision, so far staff did not receive an annual appraisal this was due to staff not having had their anniversary since they commenced employment. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The care staff we spoke with told us they had regular supervision sessions with a senior member of staff.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested

people's consent before attending to their needs. The manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We asked the manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes, hospices and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

What the manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were told that one person who used the service was subject to a DoLS. The manager told us they had received training in the MCA and DoLS and were in the process of arranging training for the rest of the staff.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. Menus were displayed in the dining rooms. They showed the choice of meals available both for lunch and the evening meal. They also showed the lighter snacks that were available if people did not want any of the choices on offer. People who used the service spoke positively about the quality and variety of the meals and drinks. Comments made included; "The food is lovely and there is plenty of choice. If you don't like it they won't give it to you. You can always have something else."

The home only provides vegetarian meals, which were cooked traditionally according to people's religious beliefs. The cook met with all people when they moved into Sairam Villa Care Home and discussed their likes and dislikes, their dietary requirements due to religious beliefs and any health conditions which had to be taken into consideration. We were invited to have lunch and found the meals tasty, hot and very well cooked. People who used the service told us they could take their meals in the dining room or in their own room. We saw some people sitting in the dining room shortly after finishing their lunch. They looked very relaxed; some finishing their tea or coffee and one person reading their newspaper. The dining rooms were very well decorated and furnished; the doors leading out onto an enclosed courtyard or enclosed balcony where people could be served drinks if they wished. The dining tables were nicely set with tablecloths, clothes napkins and condiments. Each dining room had a small kitchen area were people could help themselves to snacks and drinks.

Care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. Records we looked at showed that following each meal staff completed records for the people who required monitoring of their food and fluid intake. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified. The care records also showed that people had access to external healthcare professionals, such as tissue viability nurses, opticians and dentists.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Bedroom accommodation was provided on the ground, first floor and second floor with access via a passenger lift. All bedrooms were spacious, with an en-suite shower room, which provided sufficient space if

required to be accessed with a wheelchair. A TV was provided in all bedrooms with access to a wide range of Asian speaking TV and music channels. The TV can also be linked with the large activity room, which was used for Bhajans, movie nights and a wide range of activities. This meant that people who were bedbound were able to take part in activities if they wished to do so. The whole building was decorated and designed to exceptional high standard and specifications. For example dining rooms had large Chrystal chandeliers and each communal room had a very expensive copy of the Bhagavad Gita, which can be used for people during daily prayers. The Bhagavad Gita often referred to as simply the Gita, is a 700-verse Hindu scripture in Sanskrit that is part of the Hindu epic Mahabharata.

The ground floor was fully accessible to a large well maintained garden, which had various sheltered areas for people to relax.

Adequate equipment and adaptations were available to promote people's safety, independence and comfort. Each person had a special type of bed that helped staff position them more easily and had a pressure relieving mattress in place to promote comfort and help prevent pressure ulcers developing. We saw that bathrooms and toilets had aids and adaptations in place and had been planned to increase accessibility and promote people's independence, safety and comfort.
The car parking areas were well laid out with very clear signage and clearly defined parking areas for disabled visitors.

Good

Is the service caring?

Our findings

People who used the service told us "Staff are kind and excellent". Another person told us "I am always treated with respect by the staff working here." A healthcare professional who visited one person told us "Simple things make people content here food, company and music, all play their part and the manager wants the residents to be happy and content."

People looked well cared for, were clean, appropriately dressed and well groomed. One person told us they liked to wear their make-up, perfume and jewellery every day and that staff always ensured their wishes were met.

We observed staff spoke quietly and treated people with kindness and respect. The atmosphere in the home was cheerful, calm and relaxed. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

We found the environment had been organised in a way that promoted people's privacy, dignity and confidentiality. Each person had their own room with the facility of an en-suite shower and toilet. All the rooms were wired for private telephone lines and Asian satellite TV channels. The four large lounges, the smaller sitting areas and balconies enabled people to choose where they wished to spend their time, either alone or with visitors. Staff put particular emphasis on including people into conversations. Not all staff spoke Asian languages and as a response to this a senior care worker prepared an A4 page with common phrases and words which we saw to be used when communicating with people who used the service.

We found the service had placed great importance on ensuring that people's well-being was taken into account. A therapy room was available which can be used for massage and Ayurvedic therapies. Ayurvedic medicine evolved in India, and is considered to be the world's oldest healthcare system. It is named for the Sanskrit word Ayurveda, meaning the "science of life." If that sounds like an all-encompassing definition, it is. Ayurvedic medicine is entirely holistic. This room can alose be used as a room to relax with calming music and aroma therapy oils.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. The home arranged trips to the local temple which was well received and attended by people who used the service.

A discussion with the manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that every possible resource was made available to facilitate a private, comfortable, dignified and

pain free death. We were also informed that the staff at the home received good support from the community nurses and the local GPs.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office. This was to ensure information about people was accessible to staff but kept confidential.

Good

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "I think [relative] is looked after so well and the staff are marvellous" and "They know what I need and make sure I get it".

The care records we looked at showed that detailed assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained detailed information to show how people were to be supported and cared for. The information in the care records showed that people had been involved in the planning of their care. They contained details of people's preferences around care and support, plus their likes and dislikes. For example one care record stated "I would like to have a bath every morning before 7:30am." After speaking to staff we were told that this was the case and they added that the person required two staff to be hoisted and one staff to assist with personal care. This demonstrated that staff were aware of people's needs and took their wishes into account.

The care records also contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling, poor nutrition or a risk of choking. We saw that the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

People told us they had regular access to other health care professionals such as their GP, dentists and chiropodists. One person told us that the podiatrist was due to visit the day after our inspection. The manager told us that home has good links with the local GP practice and that the GP would do home visits if this was required.

The manager told us that an activities organiser was employed by the home. We observed activities during our inspection and felt the activity co-ordinator was dynamic and eager to find new activities for people who used the service. During the morning of our inspection people gathered in the activity room for prayers (Bhajan), which clearly was enjoyed by people who use the service. Activities included such things as; film shows, board games, quizzes, musical movement, shopping trips, pamper sessions and trips to the local temple. We were told about the Diwali celebrations and people told us that they received small gifts from the home, which was a traditional practice.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed on notice boards in the corridors. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered provider kept a log of any complaints made and the action taken to remedy the issues.

Good

Is the service well-led?

Our findings

We asked one member how to describe the management of the home. The member of staff described the manager as "very meticulous" and "care is provided at a high level, making use of all necessary professional's". Another member of staff told us "I am very happy here, the manager is very good and the owner comes frequently and speak to us, the residents and the relatives." Another staff told us "I like it here because it is one team and people work together. It does not matter whether you are a carer, staff nurse, team leader or manager. Everybody helps and people are not afraid to get their hands dirty." Another staff member told us "I get the shifts that I want and do overtime, we know each other and work well together, and it is a happy family."

The manager was very positive about the future of the service and the support he receives in order to build a very effective and caring team. "I have regular meeting with the director and operation manager and they both listen."

We asked the manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the home such as; infection control, the environment, medication, dignity issues and care plans.
We saw that where improvements were needed action was identified, along with a timescale for completion.

We asked the manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that satisfaction surveys were given out to people, usually every three months. He was currently waiting from people and relatives to return the first questionnaires which had been sent out.

We were told that people and their visitors were free to speak with the manager and staff at any time. A relative we spoke with confirmed this information was correct.

We were also told that regular resident and relatives meetings were in the process of being arranged, with the first one to be held at the beginning of December 2016. Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff confirmed to us that regular staff meetings were held and staff told us they felt included and had been consulted with.

Staff spoke positively about working at the home They told us they felt valued and that management were very supportive. Comments made included; "Management are there all the time and I feel we are a really good team as we all gel together" and "I love it here and enjoy coming to work".

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.