Albert House Residential Home Ltd

Albert House Residential Home

Inspection report

22 Albert Road
Colne
Lancashire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Albert House Residential Home on 10 and 11 October 2016. The first day of the inspection was unannounced.

Albert House residential Home provides care and accommodation for up to 29 older people, including seven places for people with the specific needs relating to living with dementia. Accommodation at the home is based over two floors. Thirteen of the bedrooms are ensuite and there are accessible toilet and bathroom facilities on both floors. The service is situated on the main road in Colne town centre and is close to the town's facilities and amenities.

At the time of our inspection the service had a registered manager who had been in post since 2011. 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.

The service was last inspected on 17 January 2014 and was found compliant in all areas inspected.

During our inspection we found that there were appropriate policies and procedures in place for the safe management of medicines. We observed staff administering medicines and saw that people received their medicines as and when they should.

People living at the home told us the home environment was safe and they received safe care. Everyone we spoke with was happy with staffing levels at the home and felt that staff had the knowledge, skills and experience necessary to meet their needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and what action to take if they suspected abusive practice was taking place.

We found that staff received an appropriate induction, effective training and regular supervision. Staff told us they felt well supported by management at the home.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA) and sought people's consent before providing care and support. The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe.

The people we spoke with told us they were involved in decisions about their care and their care needs were reviewed regularly. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People living at the home were happy with quality of the food provided. They told us they had lots of choice at mealtimes.

People's healthcare needs were met and we received positive feedback from community healthcare professionals about standards of care at the home.

We observed staff communicating with people in a kind and affectionate way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in a variety of activities inside and outside the home. People told us they were happy with the activities available.

We saw evidence that the registered manager requested feedback about the service from people living at the home, their relatives and staff and acted on the feedback received.

People told us they thought the home was well managed. They felt that the registered manager and the deputy manager were approachable.

The registered manager regularly audited many aspects of the service. We found that the audits completed were effective in ensuring that appropriate standards of care and safety were maintained at the home.

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.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people living at the home.

People living at the home, their relatives and staff were happy with staffing levels at the service and felt they were appropriate to meet people's needs.

There were appropriate policies and procedures in place for the safe administration of medicines and we saw evidence that people received there medicines as and when they should.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training which enabled them to meet people's needs. People felt that staff were well trained and had the skills needed to support them effectively.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications were submitted to the local authority.

People were supported well with their nutrition and hydration needs. People's healthcare needs were met and we found evidence that people had been referred appropriately to community healthcare services. We received positive feedback about the service from community healthcare professionals.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring. Staff knew people at the home well and treated them with care and compassion.

People told us staff respected their privacy and dignity and we saw examples of this during out inspection.

People told us they were encouraged to be independent and that staff provided support to them when they needed it. Equipment was available which supported people to be independent.

Is the service responsive?

Good

The service was responsive.

People were involved in decisions about their care. Their needs and any risks to their health and wellbeing were reviewed regularly.

People were supported by staff to take part in a variety of activities within and outside the home. People living at the home told us they were happy with the activities available.

The registered manager sought feedback from people living at the home, their relatives and staff and used the feedback received to improve the service.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People living at the home and staff felt the home was well managed.

Staff understood their responsibilities and received regular supervision. Regular staff meetings took place and staff felt able to raise any concerns.

The registered manager regularly audited and reviewed many aspects of the service. We found that the audits completed were effective in ensuring that appropriate levels of care and safety were maintained.

Albert House 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 was planned to check whether the provider was 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 10 and 11 October 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector 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.

Prior to the inspection we reviewed information we held about the service including concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted three community health agencies who were involved with the service for their comments, including a district nursing team, dietician and speech and language therapy service. We also contacted Lancashire County Council contracts team for information. We did not receive any negative feedback about the care provided at the home from those we contacted.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who lived at the service and eight visitors. We spoke with three care staff, the registered manager and the deputy manager. We also spoke with a visiting community physiotherapist. We observed staff providing care and support to people over the two days of the inspection and reviewed the care records of three people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and

compliments records, records of quality and safety audits completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

Everyone we spoke with felt that the home was a safe environment and that staff kept them safe. Relatives told us their family members received safe care.

We looked at how people's medicines were managed at the service. The home had a detailed medicines policy which included information for staff about ordering, administration, errors, storage, disposal and record keeping. We watched staff administering medicines and saw that people were given their medicines in a safe way. Staff did not rush people and gentle light hearted encouragement was offered when people were reluctant to take their medicines.

All staff who administered medicines had completed medicines administration training in the previous 12 months and we found evidence that staff competence to administer medicines safely was assessed regularly. We looked at the medicines administration records (MARs) for six people living at the home and noted that they included clear information about dosage, timings and guidance for any 'as required' medicines. Prescribed nutritional supplements were also included on people's MARs. We found that all of the MARs we reviewed had been completed appropriately by staff.

Medicines were stored securely and we saw evidence that temperatures where medicines were stored were checked daily. This helped to ensure that their effectiveness was not compromised.
Medicines audits were completed monthly and checked that MARs were completed appropriately by staff and that the quantities of medicines in stock were correct. The people we spoke with told us they received their medicines when they should.

We looked at staff training and found that all staff at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed that they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected that abusive practices were taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults' team were included.

We looked at how risks to people's health and wellbeing were managed. We found detailed risk assessments in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risk and how they should be managed to ensure that people were kept safe. Risk assessments were reviewed monthly or sooner if there was a change in the level of risk.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed some handover records and noted they included information about people's personal care, mobility, food, fluids, mood, pain, medicines, refusals of care and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers

were effective and communication between staff at the service was good.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff. Information included the action taken by staff at the time of the accident. We saw evidence that accidents and incidents were reviewed and analysed regularly and appropriate action was taken.

Records showed that all relevant staff had completed up to date moving and handling training. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and three written references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

We looked at the staffing arrangements at the home. Everyone we asked about staffing levels felt that they were appropriate to meet people's needs. One person told us, "There are always plenty of staff but they work very hard and never seem to stop". The registered manager told us that the service was currently recruiting for night staff. She advised that they were using one regular member of agency staff who had become familiar with people's needs at the home until permanent staff were employed and had completed their induction.

The staff we spoke with also felt that staffing levels at the home were appropriate to meet people's needs. During our inspection we found that staff responded to people in a timely manner when they needed support.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily, weekly and monthly cleaning schedules were in place. We found the standard of hygiene in the home during our inspection to be high. People living at the home told us, "The home is always kept clean and my room is cleaned every day" and "There is always someone around cleaning up, wiping tables, vacuuming and keeping the place smart".

Infection control policies and procedures were available, including those related to personal protective equipment, household and clinical waste, hand hygiene, and the disposal of sharps (needles and syringes). Records showed that 80% of staff had completed up to date infection control training. Liquid soap and paper towels were available in bedrooms and bathrooms. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons were available and were used by staff appropriately.

Records showed that all care staff had received training in food safety and we noted that in May 2016 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good).This meant that processes were in place to ensure that people's meals were prepared safely.

Records showed that 93% of staff had completed health and safety training and 90% had completed fire safety training. There was evidence that the fire alarm and emergency lighting, which would be activated if the normal service failed, were tested weekly. We noted that a fire risk assessment had been completed by

Lancashire Fire and Rescue Service in May 2013 and the service was found to be compliant with regulations at that time. An internal fire risk assessment was completed yearly and we noted that there were no actions outstanding. There were personal emergency evacuation plans in place for people living at the home. This helped to ensure that people living at the service were kept safe in an emergency.

Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia.

Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. This helped to ensure that people were living in a safe environment.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of accommodation or amenities such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received at the home and felt that staff had the skills to support them. One person told us, "I'm very happy here. The staff are lovely". Another said, "[Staff member] does a good job. She knows what she's doing. The staff are very good here".

Records showed that staff completed an induction programme when they joined the service which included training in safeguarding vulnerable adults, moving and handling, infection control and fire safety. The staff we spoke with told us they had received a thorough induction when they started working at the home. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe, person-centred care which reflected people's needs and preferences.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously, most staff had completed training in dementia awareness, pressure care, basic life support and customer service. 33% of staff had also completed diabetes training. Staff told us they felt well trained and could ask for further training if they felt they needed it.

The registered manager told us that the service was in the process of joining the Pendle Dementia Action Alliance, 'a group of organisations and individuals working together to make Pendle more dementia friendly". In addition, three staff members had recently attended a dementia conference at Burnley General Hospital and the registered manager planned to arrange for them to cascade their learning to other staff at the home. Three staff members had also attended a recent conference about end of life care and this information was also to be cascaded to other staff at the home. This helped to ensure that staff were able to meet the needs of people living at the home.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included staff performance, policies and procedures and training issues. Staff told us they felt able to raise any concerns during their supervision sessions. Records showed that staff received annual appraisals when their performance and any development needs were addressed.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. At the time of our inspection 12 applications had been submitted. However, no authorisations had been received. We saw evidence that the registered manager contacted the local authority regularly to enquire about the outcomes of the applications. We found that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS procedures and guidance were in place. The staff we spoke with understood the main principles of the legislation, including the importance of gaining people's consent when providing support and respecting people's right to refuse care. Staff understood that where people lacked the capacity to make decisions about their care, their relatives should be consulted and decisions made in their best interests. During our inspection we observed staff supporting people sensitively and offer reassurance when they were upset or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and advised whether decisions were indefinite or whether they needed to be reviewed. Where a DNACPR decision was in place, staff were able to recognise this quickly and easily from the person's care file. This helped to ensure that any medical treatment was provided in line with the decision.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home. They told us, "You can have as much as you want to eat. We're never hungry" and "They go round with the menu the day before and you can request alternatives". Another person said, "We have plenty of food and supper is offered too. We have lots of drinks throughout the day".

We observed lunch and saw that dining tables were set with table cloths, place mats, serviettes and condiments. The meals looked appetising and hot and the portions served were ample. The atmosphere in the dining room was relaxed and staff interacted with people throughout the meal. We saw staff supporting people sensitively and encouraging people with their meals at a comfortable and caring pace. People were given the time they needed to eat their meal. We noted that people were able to have their meal in in their room if they preferred and information about where people liked to eat their meals was documented in their care records.

A nutrition and hydration assessment had been completed for each person living at the home and any special dietary requirements were documented. Record showed that people's weight was recorded monthly or more regularly where appropriate. We found evidence that appropriate professional advice and support, such as referral to a dietician, had been sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People living at the service and their relatives told us staff made sure their health needs were met. One person told us, "They are straight on the phone if they are worried about you or you ask to see your GP". One relative told us, "They are very good at making sure [my relative] sees the GP straight away". We found that care plans and risk assessments included

detailed information about people's health needs and how they should be met.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses, chiropodists and speech and language therapy services. Healthcare appointments and visits were documented in people's care records. This helped to ensure people were supported appropriately with their health.

We received positive comments from the community healthcare agencies we contacted for feedback about the service. One community healthcare professional told us, "The staff are always caring and attentive. There always seem to be enough staff around and people seem happy. The staff are responsive to people's needs and risks. I don't have any concerns". Another health professional told us, "Referrals were appropriate and the staff engage in our management plans".

Good

Is the service caring?

Our findings

People living at the home told us the staff who supported them were friendly and caring. Relatives told us that staff were caring, empathic and sometimes "Go beyond their job" to make people comfortable.

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and patient way and were professional and respectful.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often friendly and affectionate. It was clear that staff knew the people living at the service well, in terms of their needs, risks and preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives. They told us they could get up in the morning and go to bed at night at a time that suited them. They told us they could choose what they wore every day and had plenty of choice at mealtimes.

People told us they were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted cutlery and crockery.

People living at the home told us staff respected their dignity and privacy. One person said, "The staff always knock at the door and check if it is alright to come into your room". We observed staff knocking on bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines or helping people to move around the home.

One relative we spoke with told us there had been a mixing up of laundry at times and their family member had not always been supplied with their own clothes. We discussed this with the registered manager who confirmed that this had occurred and advised that this had been due to a staff issue. She advised that the issue had recently been resolved and improvements had been made. We saw evidence that this issue had also been addressed during a recent staff meeting.

We looked at arrangements for supporting people with personal care. Everyone living at the home told us they received support with their personal care on a daily basis Relatives told us they were happy with the personal care and support their family members received.

Leaflets about local advocacy services were available in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that at the time of our inspection, no-one at the home was using an advocacy service.

The registered manager showed us the service user guide, which was provided to people when they came to live at the home. We noted that it included information about the provider's philosophy of care, a charter of rights for people living at the home and details of how to make a complaint.

The service issued quarterly newsletters to people living at the home. The newsletters included information about events scheduled to take place and photographs of recent events and activities at the home. Information about how to raise queries, make comments or make a complaint about the service people received was also included.

We noted that when people living at the home passed away, the registered manager sent a remembrance card to relatives on the person's first anniversary, to show them that the staff at the home had not forgotten them.

Good

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met at the home. One person said, "The staff always come when I buzz them. Even if they're busy they don't keep you waiting".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to mobility, nutrition, communication and personal care.

The care plans and risk assessments we reviewed were individual to the person. They explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included. People told us their care needs were discussed with them, which helped to ensure staff were aware of how people liked to be supported. They told us their care needs were reviewed with them regularly. We saw that people had signed their care plans to demonstrate this.

We noted that relatives had been consulted where people lacked the capacity to make decisions about their care. Relatives told us they were kept up to date with any changes in people's needs. One relative said, "They ring us all the time, keeping us up to date with how [our relative's] doing. They hold annual reviews" and "They have regular meetings and reviews. These have increased as [our relative] has become more frail".

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment; they could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary and we observed that people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively. Conversations between staff and people living at the home were often light hearted and affectionate.

We looked at the availability of activities at the home. The registered manager told us that activities were generally organised by one member of staff. However, many of the staff were involved in facilitating them. We observed activities taking place on the dementia unit and saw that they included games, arts and crafts and ball activities/exercise. Staff explained that activities on the dementia unit were mostly organised individually due to people's needs.

Photographs of past outings and activities were displayed in one of the communal areas of the home. These included a visit to a local horse sanctuary, visits from singers and entertainers, baking, dominoes and quizzes. The people we spoke with were happy with the activities available. They told us, "We have organised activities, games, art work and a few turns perform" and "We have done some art work which is on the wall. A member of staff organises it". Another person told us, "We've made and decorated cupcakes".

Photographs were also displayed of a memory walk recently attended by some of the staff and people living at the home, to raise money for the Alzheimers Society.

A hairdresser visited the home two afternoons each week and we saw people having their hair done during our inspection. We spoke with the hairdresser who confirmed that she visited regularly and that people could have their hair done when they wanted to. The registered manager told us that when requested, the hairdresser made extra visits for special birthdays and at Christmas, when people wanted to look their best.

A complaints policy was available and included timescales for investigation and providing a response. The policy was displayed in the entrance area of the home and information about how to make a complaint was included in the service user guide. Contact details for the Commission and the Local Government Ombudsman were included. Information about how to make a complaint was also included in the service user guide and the quarterly newsletters. We reviewed the complaints received in 2016 and saw evidence that they had been investigated appropriately and responded to within the timescales of the policy.

The people we spoke with and their relatives told us knew how to make a complaint and would feel able to raise any concerns. They told us they would speak to the staff, the deputy manager or the registered manager if they were unhappy about anything. One person told us, "Any of the staff are helpful if you have a problem". Another said, "Extremely approachable staff. Any problems or concerns they sort out quickly". One relative told us, "We have had a couple of issues since [our relative] moved in. One word with the management and they were sorted out immediately".

We looked at how the service sought regular feedback about the care being provided. People living at the home told us that regular residents and relatives meetings took place. One person told us, "We have residents and relatives meetings. We get a chance to have our say". One relative told us, "There are relative surveys and they have a newsletter and the survey results in the hall".

We reviewed the notes from two previous residents and relatives meetings and noted that issues discussed included staff training, activities and outings, laundry and menus. The meeting notes showed that residents and relatives were able to raise concerns and make suggestions and action was taken in response by the registered manager. We also noted that there was a suggestion box in the entrance area of the home.

The registered manager informed us that satisfaction questionnaires were given to people and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires given to people living at the service in April 2015. We noted that a high level of satisfaction had been expressed about all issues including privacy and independence, health and safety within the home, staff, daily care, comfort, cleanliness and convenience, laundry and catering services. We also reviewed the questionnaires completed by relatives and found that a high level of satisfaction had been expressed about customer service, the overall impression and appearance of the home and communication, care plans and your relative's care.

Good

Is the service well-led?

Our findings

Everyone we spoke with felt that the home was well managed. They told us, "The staff are all exceptional and the manager keeps everything in order" and "The home is well run and I have never heard a raised voice from anyone".

During our inspection we observed that the home was calm and organised. The registered manager was able to provide us with any information we needed quickly and easily and was clearly familiar with the needs of people living at the home.

The service provider's philosophy of care advised that, "Albert House is a home from home, where our service users can feel at home in a friendly, secure and relaxed environment. We strive to preserve and maintain the dignity, individuality and privacy of our service users and remain sensitive to each person's ever-changing needs". During our inspection we saw evidence that this philosophy was promoted by the registered manager and by staff at the home. The registered manager informed us that the service provider was supportive and made available the resources necessary to achieve and maintain appropriate standards of care and safety at the home.

We saw evidence that staff meetings took place quarterly. We reviewed the notes from previous staff meetings and noted that the issues addressed included staff training, standards of staff behaviour, cleaning and infection control, medicines, laundry and standards of care at the home. The staff we spoke with confirmed that regular staff meetings took place and they felt able to raise any concerns or make suggestions.

We reviewed the results of the staff questionnaires issued in April 2015 and noted a high level of satisfaction with a number of areas including the appearance of the home, staff training, the care and service we provide, health and safety and policy and procedure. The staff we spoke with during our inspection told us they felt well supported by the registered manager and the deputy manager and felt able to raise any concerns with them. One staff member told us, "The management are good. They're organised. The manager and the deputy are approachable". Another said, "The management are really good. They're very supportive".

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident about using it if they had concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was friendly and supportive towards them.

We noted that the registered manager audited different aspects of the service regularly, including medicines,

infection control, falls and care documentation. All audits included action plans where improvements were required and actions were updated when completed. We saw evidence that the audits completed were effective in ensuring that appropriate standards of care and safety were being achieved at the home. We noted that the service provider had arranged for an external audit of the home in February 2016. We noted that all actions identified as necessary had been completed or were on going.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.