Mr Roopesh Ramful

Ashcroft Care Home

Inspection report

1 Wiggie Lane
Redhill
Surrey
RH1 2HJ

Tel: 01737789656

Date of inspection visit:
21 January 2016

Date of publication:
28 April 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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 21 January 2016 and was unannounced. The inspection team consisted of two inspectors who were experienced in care and support for people with Learning Disabilities.

Ashcroft Care Home is a semi-detached house that can provide accommodation and care for up to five adults. It is situated in a residential area of Redhill, Surrey. At the time of inspection, there were four people living at the home.

There was a registered manager in post. 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 home was light and airy. Some adaptations had been made for people with mobility needs, such as rails on stairs. The registered manager and staff worked well to keep the environment clean and feeling homely for people, although the décor of the building looked tired in some areas.

One person said, "It's nice and cosy and staff are friendly." Another person told us that they "did not need much help but the staff do help if I am stuck." We were also told by a third person that "It's as close to a normal home life as you can get." Staff said, "I'm so very happy to do this job and feel well supported."

There was positive feedback about the home and caring nature of staff from people who lived at Ashcroft Care Home. One person said, "Staff are nice, they help me if I need help and I like them." When asked if anything could be improved they said, "No, I like them very much I think they are good." Another person told us that "Staff care and they get on well with everyone. They do a lot for me to make sure I can get out to my church."
People were safe at Ashcroft Care Home. There was sufficient staff to meet the needs and preferences of the people that lived there. One person said, "They are always here when I need them."

The home had a very stable staff team many of whom told us that they had been working there for "considerable time." Ashcroft Care Home undertook all relevant checks to ensure that the people who received care at the home are safeguarded from abuse or harm.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. One person said, "The staff are always there to care for me and help keep me make sure I keep myself safe."

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

There were clear procedures in place to evacuate the building in the event of an emergency. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.
The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received induction training and ongoing training to ensure that they had the skills needed to support the individual needs of people.

People received their medicines when they needed them. The staff managed the medicines in a safe way and were trained in the safe administration of medicines. Staff told us that the Registered manager carried out regular checks on their competency when they gave medicine to people.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. People told us that staff did ask their permission before they, "Helped to care them".

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. One person said, "The food is nice here" and another person was enabled to select and prepare his own lunch during the inspection he told us that he does this all the time and that the staff do not need to help. People's special dietary needs were clearly documented and staff ensured these needs were met.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. One person said, "I tell them if I don't feel well, they listen to me and help make me better."

When people's health deteriorated staff responded quickly and appropriately to help people and made sure they received appropriate care and treatment.

The staff on duty were kind and caring and treated people with dignity and respect. One person told us that the, "Staff are caring" and "they have all helped" and since they arrived at the home he has noticed how "Everyone gets on really well together."

Good interactions were seen throughout the day, such as staff listening and talking with people appropriately and positively. People could have visits from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. Staff knew the people they cared for as individuals. One person said, "Of course staff know who I am and know I can do things for myself."
People's involvement in the review and generation of these plans had been recorded and people received the care and support as detailed in their care plans.

People had access to activities that met their needs. People told us about their hobbies, interests and church attendance and how these were supported by the staff. A range of activities were on offer, most of them based in the local area. Activities were based around people's interests and to promote their independence and confidence.

People told us that they knew how to make a complaint, and one person said that they "Had never wanted or needed to complain." Staff explained that complaints would be discussed to improve the service for everyone.

Records for checks on health and safety, infection control, and internal medicines audits were all up to date, however others were not up to date. Accident and incident records were kept but a review of these documents indicated that none had happened since our previous inspection. One person told us that he "Felt very safe" and that the staff "Make sure we are all ok." We were also told by another person that "Things are always fixed if they go wrong."

People had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve 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 were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

There were effective recruitment procedures in place and being followed.

People were cared for and supported by a consistent staff team to keep people safe and meet their individual needs.

People had risk assessments based on their individual care and support needs which were reviewed on a regular basis.

Medicines were administered stored and disposed of safely.

Is the service effective?

Good

This service was effective.

The care and support provided promoted a good quality of life for people based on good practice guidance.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff supervision sessions were not kept up to date and this was an area for improvement.

Is the service caring?

Good

This service was caring.

Staff treated people with compassion, kindness, dignity and respect.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's friends were able to visit when they wished.

People's privacy and dignity were respected and promoted.

Is the service responsive?

Requires Improvement

This service could be more responsive.

The home was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly but some care plans were not always kept up to date.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard. The complaints policy needed updating.

Is the service well-led?

Good

This service was well led.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. The

management and leadership of the home were described as good and very supportive.

The provider had some systems in place to regularly assess and monitor the home and review the needs of the people. However the records at the home were not always updated and were not easy to follow in some cases it was difficult to find when a review or update had taken place. The provider has contacted CQC to confirm that the service had completed a review of files and archived where necessary and completed care plan updates.

Ashcroft 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This inspection took place on 21 January 2016 and was unannounced. The inspection team consisted of two inspectors who were experienced in care and support for people with Learning Disabilities.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included any notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.
On this occasion we did not ask the provider to complete a Provider Information Return (PIR) that is because we carried out the inspection sooner than planned. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people, and two members of staff which included the registered provider. The registered manager was initially present during our inspection but was called away early leaving the registered provider as the homes representative. We observed how staff cared for people, and worked together as a team. We looked at documentation which provided evidence that the Ashcroft Care Home worked in conjunction with Social Services and hospital discharge teams when developing and improving care and support for the people who lived there.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed care and other records within the home. These included four care plans and associated records, three medicine administration records (MAR), three staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection of Ashcroft Care Home 9 April 2014 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Ashcroft Care Home. One person told us, "I am safe because staff support and explain things to me and we have hand rails on the stairs so I don't fall down." Another person gave us a clear 'thumbs up' sign when asked if they felt safe. We were told by a person who had recently moved into the home that there appeared to be "Sufficient staffing levels" to keep people safe and support the health and welfare needs of people living at Ashcroft Care Home. One person said, "If I call someone always comes and helps me."

People were safe because there was a clear plan to ensure there was enough staff on duty to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the registered manager. Levels of staff seen during the day of our inspection matched with the level identified as being required to meet people's needs. Staffing rotas from the previous month also confirmed that the appropriate number of staff had been in the home to support people.

People were supported by staff to attend activities and appointments with enough staff left at the home to care for the people who stayed in.
Accidents and incidents to people were reviewed and action taken to minimise the risk of them happening again. We noted that there had been no accidents and incidents since the last inspection.

Risks to people had been identified. Assessments had been carried out for people in areas such as nutrition and hydration, mobility, and behaviour management. Measures had been put in place to reduce these risks, such as specialist equipment to help prevent falls, and clear guidelines for staff to support people's behaviour for example ensuring the correct support is offered to maintain the independence of one of the people who lived at the home.

Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.
People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the correct safeguarding procedures should they suspect abuse, and that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff understood the process of whistleblowing. They told us that they felt confident about whistleblowing if they felt that "there was ever a need."

Information for staff and others on whistle blowing was on display in the home, so they would know how to respond if they had concerns they could not raise directly with the registered manager.

People were cared for in a clean and safe environment. The home was well maintained however the décor looked tired across the home, and some of the communal
furniture was worn. The risk of trips and falls was reduced as carpets were in good condition. However the door frame from the kitchen into the conservatory had become damaged and required to be repaired as it had developed into a trip hazard. The registered provider told staff during the inspection to ensure that this was repaired to prevent any falls.

Ashcroft Care Home had a very stable staff team. The home had an effective recruitment policy which ensures that appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. There were systems in place to ensured that staff employed were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were safe procedures in place for the administration and storage of prescribed medicines. The registered provider said that they encouraged people to be as independent as possible with their medicines. We looked at medication administration records (MAR) and confirmed this had happened. Staff and people administered the medicine collaboratively as directed and this showed us that people had received their medicines as prescribed and that staff managed medicines safely and appropriately. One person said "My medicines are stored in my room and staff always come to me, to remind me when to take them."

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Some people required staff support to enable safe administration of their medicines. There were clear guidelines in place for staff so they knew how the person needed or liked to have their medicines administered. For people that were prescribed "as required medicine" (prn), such as some pain relief, there were guidelines in place which detailed the signs people would display that may indicate when the person needed the medicine.

Cleaning plans were in place and staff did a good job at keeping the home clean.
Staff followed best practice when providing care, or carrying out cleaning duties, such as washing their hands. Staff also encouraged people to wash their hands before they helped prepare food, or clean the home.

Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire. Information on what to do in an emergency, such as a fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in the fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe.

Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Good

Is the service effective?

Our findings

We were told by one person who lived at the home that he was "very happy being able to get on and live to do his own stuff without too much fuss." He went on to say that because the staff all knew his needs they allowed him to live a "happy life."

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.

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. One person said, "I make choices and I do what I want to do." The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed.

Staff had an understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. When asked if staff sought their permission before doing things, one person said, "Oh yes I am very independent and they know (staff) I like doing everything for myself." But "They do ask me if there is anything they can help me with." Another person gave a clear 'thumbs up' sign when we asked him if the staff always asked him before they did things for him.

Staff confirmed that they had completed training in this area. the staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were seen to ask for peoples consent before giving care, supporting them to sit down, when giving people their medicines or supporting them to prepare their own lunch.

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). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.
The provider had complied with the requirements of the DoLS. When people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed.

The registered provider told us that in reality the people who lived at the home required very basic restrictions like the types most people used in their own homes like locking external doors, gates and telling staff that they were going out. Imposed restrictions were the least restrictive options.

People told us that care staff knew them very well. One person on respite care at Ashcroft Care Home told us that he felt that the staff "had the skills to enable them to care for people living there".

People told us they thought staff knew how to take care of them. Staff were positive about the training which enabled them to do their jobs effectively. One staff member said, "The manager is good at keeping our training up to date." Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust staff told us that they received regular ongoing training to ensure their skills were kept up to date.
Staff were effectively supported to do their job. Staff felt supported in their work, one said, "I feel very supported here."

Staff had some regular supervision (individual one to one meetings with their manager). These gave staff the chance to discuss any concerns and training and development needs. Staff told us they could approach management anytime with concerns. It was noted that the records of staff supervision sessions were not kept up to date. It was further noted that the registered manager had not set future dates for the one-to-one supervision session, to ensure continuous formal support provision was in place. This was an area for improvement.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said, "The food is nice here. It's different every day. I choose what I want and can go out shopping for it", "I also enjoy making my own food and the staff know that I can do this for myself." Staff supported this person to cook his own lunch and serve the food he cooked. Lunch was observed to be a quiet and dignified event. People were able to choose where they would like to eat. People ate independently or were supported with minimal intrusion by staff when needed, such as cutting up food so the person was able to eat without further support.
People's special dietary needs were met as people's preferences for food were identified in their support plans and food stored in the kitchen matched these preferences and dietary requirements.
Staff told us about people's diets and preferences. Menu plans were very flexible to offer a degree of spontaneity to people's daily lives.
People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. People were able to see the doctor whenever they needed to, or go to hospital if necessary. One person told us that they had been for a check-up at the GP and gave a 'thumbs-up' to show staff helped him to keep healthy. Another person said, "I tell them if I don't feel well, they listen to me and help make me better." They also told us that when they were unwell the staff "were good at helping him." Care files demonstrated that people had regular access to external health care professionals. People went out to regular appointments such as to the dentist, chiropodist, and opticians.

Good

Is the service caring?

Our findings

We had positive feedback from people about the caring nature of the staff. People told us that the staff were kind and caring. One person said, "It's nice here, I like the staff they really help me with my jobs and don't help me if I don't need it." Another person gave us a 'thumbs up' sign when we asked if staff were nice to them. A further person receiving respite care said the, "Staff seem caring and everyone gets on really well together." People looked well cared for, with clean clothes, tidy hair and they were appropriately dressed.

Staff spoke to people in caring and respectful manner. The atmosphere in the home was calm and relaxed. Staff were caring, attentive and had good interactions with people. It was apparent they knew the people they looked after. Many positive, friendly and caring interactions were seen. Staff took time to talk with people about their day, what they had planned, and showed an interest in what people had to say.
People received care from staff who knew them. Staff were knowledgeable about people and their past histories.
The staff team was stable and had been working with some people for some time. One person said, "The staff know me and know what I need." Another person told us staff knew them well enough to be able to support them with their care needs and their daily activities.
People's care records included personal histories, likes, dislikes and essential care needs. However care plans followed different formats and were jumbled up and needed to be improved.
Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with people, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

Staff communicated effectively with people, and listened to what they said. When providing support staff checked with the person to see what they wanted. For example
one staff member asked a person if they were ready for them to help with their laundry. When the person said "yes", staff respected this and set things up for them to start their own ironing.
People were spoken to in a manner and pace which was appropriate to their levels of understanding and communication of each individual living at the service. One person liked a very calm approach and to be spoken to directly which we saw the staff do on several occasions.

People's privacy was respected by staff. Staff ensured people's permission was sought, and given, before going in their bedrooms. Staff protected people's privacy by ensuring people were provided with personal care in an area that was appropriate and with all curtains and doors closed before they started. One member of staff told us there was a difference in the level of care people required. Some people were very independent, whilst others needed much more care and support. They said they still made sure that a person's dignity was maintained even if they were not physically undertaking the personal care.

People were treated with respect. For example, staff gave one person the correct level of support to ensure that they could prepare, cook and serve their own meal. On other occasions, when staff supported people to move, or getting in and out of a chair staff were very caring and attentive throughout the process. Staff involved and engaged the person in the task.

People were given information about their care and support in a manner they could understand. When asked if they (people) were involved in decisions about their care one person said, "Yes, the staff know I do not like them too help me to much but to be around just in case I need them."

People's rooms were personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. One person told us that their "Friends from Church can come to the home when they wanted." Another person said that their relatives were free to visit when they chose to.

Requires Improvement

Is the service responsive?

Our findings

People were positive about how the staff met their needs. One person said, "Staff are good, they help me and are very friendly but they know how much help I need and do not do too much." Another person receiving respite care at the service said, "I am very happy with the home and the staff."

Care and support plans demonstrated people's care and treatment was planned and delivered to reflect their individual needs. The records however were difficult to follow as the service had used a variety of planning and support tools and the files were up to date but not easy to read. The plans had not been archived since some of the people moved into the home and they used different formats for storing and filing the information this made it difficult to read and follow if you needed to access information quickly.

People's needs had been assessed before they moved into the home to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. We looked at one care plan which was clearly designed around discharge information that one person received when leaving hospital. This information provided instruction to fit a second hand rail on the stairs to improve the access to his first floor bedroom. The person told us that they felt very secure using the hand rails and they improved his ability to "get about."
People were involved in their care and support planning and care plans were regularly reviewed with the person to make sure they met their needs. It was again evident that the care and support plans were not always updated after the review process was completed as they contained information that had been updated right next to the new guidance making the plan difficult to follow. The registered provider subsequently contacted CQC to confirm that all care plans had been reviewed and information that required to be archived had been stored and the care plans all followed the same format.

It was however noted that people's choices and preferences were documented and those needs were met. There was detailed information concerning people's likes and dislikes and the delivery of care. In one plan clear guidance was provided that the person was very independent and that staff should only ask if they needed any help.

People support plans were written in a positive way, and guidance given to staff to encourage people to participate in activities and assist them in lifestyle choices. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, mobility support needs, and behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people.

People had access to a range of activities that they were interested in, most of them based in the local community. Activities were based around people's interests and to promote their independence and confidence. One person talked about how they were supported to be as independent as possible and that the "staff know just how much help I need." We saw that during the inspection staff provided minimum

levels of support but continually interacted with the person to maintain good contact and communication. Another person told us that they were able to go to the local church to practice their faith and so they could meet friends and interact with people outside of the home.
Activities inside the home met people's interests. Games, puzzles, DVDs were available to everyone, these were arranged in the communal areas but also a supply was kept in the bedrooms of individual residents.

People were involved in the running of the home as they had jobs allocated to them. These included being involved in cleaning, preparing food, shopping and the laundry.
Staff gave people encouragement and support when tasks were being undertaken. One person undertook their own laundry by stripping, washing and ironing their bed linen before remaking his bed. This was completed with the minimum of staff involvement which they told us was "just the way I wanted."

People told us they never had to make a complaint about the service, staff, food or as one person said !or anything about" Ashcroft Care Home. People knew how to raise a concern or make a complaint and said they would feel comfortable doing so. One person said, "I know what to do, but I have never needed to." People said that they were confident that any concerns they raised would be addressed.
People had access to a complaints policy. The policy included guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies.
However, some of the contact details were out of date and had incorrect telephone numbers and addresses. The policy reference to the predecessor of Care Quality Commission (CQC) the Commission for Social Care Inspection as the organisation the service was registered under. It was noted that the correct contact details were available on display at the service. The registered provider told us that they would update the complaints policy with immediate effect.

There had been no complaints received at the home since our last inspection visit. The registered provider and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here and the staff. One person said, "It's nice and I am happy here," One staff member said, "I'm lucky to do this job, and love working here." Another staff member said, "I am really happy working here." Staff told us the values of the home were to support people in a caring way and to promote people's independence this was what we saw happen during our inspection.

The registered provider was involved in the day to day running of the home and carried out regular inspection tours. These included talking with people, staff, an inspection of the premises and reviewing care records.

The registered manager and other senior staff regularly checked to ensure a good quality of care was being provided to people. Audits were completed on all aspects of the home such as infection control, health and safety, and medicines.

People were included in how the service was managed. One person said, "We have lots of time to talk about our home." Staff told us that feedback was acted on, for example activities people wanted, changes in menu and agreeing tasks that people would be involved in around the home. We were told by one person the registered "manager was available" to people if they wished to speak to them. The registered manager had a good rapport with people and knew them as individuals.

Staff felt supported and able to raise any concerns with the registered manager and the registered provider.

One staff member said, "If I had any concerns I would have no issues with talking to my manager about them." Another said, "I feel supported by the manager." Staff said to us the manager operated an 'open door' policy and they felt able to share any concerns they may have in confidence. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices.

The people who lived at the service and the staff were involved in how the service was run and improving it. The registered provider told us that the people who lived at the service were included in decisions about the home and were asked to make comment or to feedback on suggestions that could affect them. The registered provider told us that the people who lived at the home were asked to take part in surveys, to make comments and to be involved in their care review meetings. The people were supported to participate in home meetings and encouraged to "speak up" if they had concerns. We were told that regular visitors and family members were asked to also provide feedback about the service both formally by giving written comments or informally by talking to the registered manager or staff when they were in the home. One staff member said, "Staff meetings are seriously interactive here." These were used to discuss any issues or updates that might have been received to improve care practice. Staff were asked for their feedback and suggestions about the home during these meetings.

The registered provider was visible around the home on the day of our inspection. This gave them an opportunity to observe the care and support that staff gave to people, to ensure it was of a good standard.

The registered provider was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

Records management was in need of review and some records required to be archived and updated on a regular basses. The stability of the staff team ensured that the people who lived at the home received a good quality of care but in the event of having to rely on the files it could be difficult to prioritise care.
Staff folders contained all relevant information. It was noted that again these files were not archived regularly and contained information that was no longer relevant. Staff supervision records were not updated on regular bases and not always in a format which was easily accessed.