Mrs S Hart

Springfield House Retirement Home

Inspection report

Springfield Avenue
Morley
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West Yorkshire
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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

This inspection took place on 25 April 2017 and was unannounced. We previously visited the service on 23 February 2016 and found that the registered provider was not meeting two of the regulations. This was in relation to the safe management of medicines and the management, organisation and monitoring of the work involved in delivering a safe quality service. We found at this inspection that the necessary improvements had been made and the shortfalls had been addressed.

Springfield House Retirement Home provides accommodation for up to 22 older people. The home is a large stone-built detached property, which stands in its own grounds. It is situated in a quiet residential area of Morley, on the outskirts of Leeds. It is fairly close to shops and public transport links into the centre of Morley. The original house has a large ground floor extension added and the home provides 18 single bedrooms and two double rooms, some of which have an en-suite.

The registered provider is also the registered manager and is therefore known as the 'registered person'. 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. In addition to the registered manager/owner there was also a care manager and deputy manager.

Records concerned with people, care workers and the running of the home were stored securely and were available during our inspection. Records were maintained and up to date. A revised system of audits and quality assurance checks were in place on all areas of the service. This included a time limited action plan for any identified areas of concern.

People were supported to maintain good health. Care plans identified individuals daily care needs which included people's night-time support requirements and daily living. We found charts in place to record activities of care, for example food and fluid intake for people identified as being at risk of being malnourished.

People usually consented to care and support from care workers by verbally agreeing to it. Records included provision for people or their representatives to sign their agreement to the care and support they received. The care manager told us that the organisation was looking to implement a new tool to further improve people's ability to record their consent.

Care workers received support in their role from the registered manager, care manager and senior staff. There was a process for completing and recording supervisions and annual appraisals and we saw this was being reviewed and updated.

Where people required support with their medicines this was done safely and people received their medicines as prescribed.

Systems and processes were in place that ensured sufficient numbers of suitably trained and competent care workers were on duty to meet and respond to people's needs and provide additional one to one support throughout the day. Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people from working with adults at risk.

Care workers confirmed they received induction training when they were new in post and told us that they were happy with the training provided for them. We also spoke with a new member of staff who was on her first day of induction, shadowing an experienced member of staff. Training for care workers was managed electronically and care workers confirmed they were able to manage some of this on-line.

We found that people were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Care workers received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

The registered provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

Systems and processes were in place that helped to identify risks associated with the home environment and when providing care and support with people. Associated support plans enabled people to live in the home in line with their wishes and preferences. We noted minimal restrictions were in place and care workers could provide the service safely.

Care workers had received training and understood the requirements of The Mental Capacity Act 2005 and the registered provider was following this legislation.

People were supported with a wide choice of food at meal times. Any special food requirements were catered for. Snacks and hot and cold drinks were available for people throughout the day.

All care workers demonstrated a clear understanding of people's individual needs and preferences. They were caring and put people at the centre of everything they did. We saw staff treating people with dignity and respect most of the time. We did discuss the need for confidentiality with the care manager and registered provider, and that staff needed to be mindful when they were discussing sensitive or private matters in communal areas where they could be overheard. Staff clearly communicated their intentions when they were offering support or care interventions.

A range of activities, to meet both people's individual requests and as a group, were provided on a daily basis. People spoke with enthusiasm about these activities and we found day trips were popular and in demand from people.

People told us they felt well supported and able to raise issues with the management team, should they be unhappy. We observed a warm and friendly atmosphere in the home. It was evident to us that the registered provider, care manager and deputy were working hard to review all aspects of the service and continue to improve.

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.

There were sufficient numbers of skilled care workers employed who ensured people received the care, treatment and support they needed.

Care workers received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Risk management plans were in place for the home and enabled people to receive safe care and support without undue restrictions in place.

People received their medicines safely as prescribed.

Is the service effective?

Good

The service was effective.

People were supported to remain healthy and choices of food were available. Drinks and snacks were available throughout the day.

Care workers received appropriate support and training that equipped them with the skills and knowledge to carry out their role and meet people's individual needs.

The registered provider, care manager and staff team understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA). Care workers supported people to make choices and decisions.

Is the service caring?

Good

The service was caring.

The feedback we received was extremely positive. Our observations confirmed that care workers cared about the people they were supporting.

People's individual care and support needs were understood by care workers and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by care workers. Although staff need to be mindful of confidentiality when discussing care needs in areas where they may be overheard.

Care records were being reviewed to ensure where people had any protected characteristics under the Equality Act 2010, that these were clearly recorded in an accessible format.

Is the service responsive?

Good

The service was responsive to people's needs.

People were happy with the care they received and confirmed care workers were responsive to their individual needs.

People's care plans recorded information about their individual care needs and preferences.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

People were encouraged to participate in activities of their choosing both as groups and on their own. People spoke positively about the activities on offer to them.

Is the service well-led?

Good

The service was well led.

Comprehensive quality assurance systems and processes were now in place.

Everybody spoke highly of the registered provider, care manager, deputy and staff team at the home.

The registered provider sought the views of people and implemented actions where the service fell short of expectations.

Springfield House Retirement 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.

The inspection took place on 25 April 2017 and was unannounced. This meant that the registered provider and staff did not know we would be visiting.

Two Adult Social Care (ASC) inspectors carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the home.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service, including that from the local authority and the safeguarding team.

On the day of the inspection we spoke with eight people who lived at the home. We spoke with five relatives, two care workers, a senior care worker, one ancillary staff, the registered provider and the care manager.

We looked at bedrooms (with people's permission) and communal areas of the home and also spent time looking at records. This included the care records for three people who lived at the home, staff recruitment, medicine records, training records and records relating to the management of the home.

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 or who preferred not to. We also made general observations throughout the visit of staff interactions, which included, the dining experience, medicines administration process, an activity session in the lounge area and care interactions in the communal lounges and dining area.

Good

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us the home was safe. One person who used the service said, "I would ring the bell in an emergency and staff respond quickly." Another person stated, "Yes" when asked about feeling safe and their relative added, "People come first here."

Care workers had received safeguarding training and understood the types of abuse to look out for and how they would escalate their concerns. One care worker told us, "I've had training in safeguarding, we discuss people's needs all the time and record important events after each shift. If I had any concerns I would not hesitate. I would speak to one of the managers or the owner." Staff knew how to report concerns about practice and told us they were aware of the whistleblowing policy in place. One care worker told us, "I know it's private and confidential. I would do it if I saw something wrong and didn't agree with it. I would report it to the manager and discuss the circumstances. I feel confident to approach all management. I would expect it to be kept confidential."

The registered provider had a 'Safeguarding Adults Policy & Procedures' document that set out the responsibilities of all staff, volunteers and managers who worked at the home. We reviewed information the registered provider had submitted to the CQC since our last inspection. This included two safeguarding referrals. We found that reviews had been concluded in line with the services policy and procedures and where appropriate guidance from Leeds City Council safeguarding team. Appropriate investigations and actions had been implemented that helped to prevent re-occurrence and to keep people safe.

We saw that people had risk assessments in place for falls, infection control and administering of people's medicines and that these were reviewed and updated with the involvement of people, families and professionals. One person gave an example of their relative smoking in their bedroom when they first moved to the home. However, staff had supported the person to use the designated smoking area as the potential for a fire was high. The relative said this was initially difficult as the person could not find the smoking area so staff supported them by putting posters on the walls to help them find it.

The registered provider had a health and safety file. This included fire safety and information on the safe control of substances hazardous to health (COSHH). Additional information included risk assessments that identified a particular hazard, the person in danger and measures in place to reduce the risk. Identified hazards included caring for people who may be prone to falling or developing pressure ulcers, for example. This information ensured that where risks were identified measures were in place to help everybody stay safe.

The registered provider had contracts in place to keep the home safe and these included, portable appliance testing (PAT), gas and electric test certificates, equipment for the moving and handling of people, test certificates and maintenance of water outlets to control the risks from legionella. All of these checks were up to date.

We were shown around the home. Where people needed to use specialist equipment their care plans

contained an assessment of the suitability of the equipment and how this was to be used to keep them safe. One care worker told us, "We check all equipment before we use it as part of our role. Equipment is maintained and kept in working order."

The registered provider had systems and processes in place to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence. Information was recorded on an electronic system and we saw these were processed and evaluated regularly. This meant the registered provider could monitor and assess accidents within the home to make sure people were kept safe and any health and safety risks were identified and actioned upon as needed.

We saw people were kept safe from the risk of emergencies in the home. People had a risk assessment in their care files for the environment and a personal emergency evacuation plan (PEEP). PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking place.

We looked at staffing arrangements for during the day and night time. The registered provider and care manager did not use a recognised dependency tool to calculate the appropriate staffing levels. However, it was clear that they knew people well, their dependency needs and when to increase staffing to accommodate any changes in care needs. The care manager gave us examples of when they had increased the staffing numbers to support people who may be receiving end of life care or needed supervision due to their behaviours which may challenge. This was confirmed by the staff we spoke with. We looked at staffing rotas. We saw there were sufficient numbers of suitably trained and competent care workers, and that staffing levels were regularly reviewed.

The staff team was also supported by catering, housekeeping and laundry staff. The care manager told us, "We can add to the staff on duty when we need to, that isn't a problem. We don't use agency staff, we like to cover the home with our own staff for consistency." One care worker told us, "We have enough staff, we work together and are proud of what we do. People here are quite independent and we keep it that way." People we spoke with who lived at the home told us they thought there were enough skilled care workers to deal with their needs. One person said, "We do not have to wait for anything, the staff are around when we need them." Comments from the relatives we spoke with confirmed this view.

The registered provider had a robust recruitment process. Checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These checks help employers make safer recruiting decisions and help to minimise the risk of unsuitable people from working with children and adults at risk. It was clear that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work at the home.

People had records of assessments in their care plans that provided information with the amount of support they required with their medicines. The registered provider had a medication policy and procedure in place. This had been rewritten following the last inspection and provided care workers with guidance on how to administer medicines safely. We observed two medicine rounds and noted that the member of staff did this without interruption and in a timely way.

We saw medication administration records (MAR) charts were kept up to date and that care workers did not sign the MAR chart until they had observed that the person had taken their medicine. Weekly audits were completed to check that care workers were recording people's medicines accurately. The registered provider had taken steps to ensure care workers were competent with the correct skills to deliver and record

medicines in a safe way by carrying out observations and competency checks. We found that people received their medicines safely and as prescribed.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff. Temperatures of storage of medicines were taken and recorded daily; this included the medicines fridge and the temperature of the room where the medicines were kept.

People living at the home told us they were happy with the arrangement with their medicines. One person told us, "They are always on time." Another person said, "Yes they wake me up in the morning at 7am to take it, but then I go back to bed."

One staff member told us that they had received training in medications management; this was provided by the care manager. The staff member confirmed, "There are procedures you have to work to."

Good

Is the service effective?

Our findings

People and relatives we spoke with were happy and content with the effectiveness of the care being provided. One relative told us, "The staff here are regular. Some have been here a long time. They know [name] and what they like and don't like. They know us too."

People consented to care and support from care workers by verbally agreeing to it. Care workers confirmed they discussed care and support with people, and their relatives, and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and although it was clear their consent had been sought, it was not always recorded because the majority of records were kept electronically. The care manager told us that they had recognised this but no one had raised it as a problem. One relative told us that their brother had seen their care plan and that he was regularly involved in attending the residents meetings at the home. The person using the service confirmed that they had seen their care plan. Another relative, who was sat with their family member, told us, "We can get access to it."

Care workers told us they were supported in their role and records of supervision and appraisals were evidenced from documentation seen during the inspection. This process was also confirmed from discussion with care workers. One care worker told us, "I have supervision, but you don't have to wait until then to bring anything up. The owner and care manager are very hands on and are here most days." Another care worker said "I have it every couple of months with managers. They are supportive when I ask them anything."

All care workers completed an induction to their role and the home when first employed. We looked at care workers files and saw the induction covered principles of care that included, duty of care, person centred care, privacy and dignity, health and safety and infection prevention and control. This demonstrated how care workers were supported to understand the fundamentals of care.

The registered provider had systems in place that ensured care workers received the training and experience they required to carry out their roles. Care workers confirmed they were able to manage their own on line training. We were provided with records for the training completed. Where any was due to expire refresher training had been booked. This included areas of learning the registered provider considered to be essential such as moving and handling, safeguarding and medication along with other training that included dementia awareness, end of life, challenging behaviour, food safety, nutrition, fire safety and infection control.

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

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the registered provider was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. One person was deprived of their liberty in relation to the administration of medication. The application had been submitted by the care manager for a further assessment and authorisation to Leeds City Council. A DoLS provides a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

We observed lunch time at the home. There were two dining rooms available. They were clean and spacious and the atmosphere was pleasant. The tables in the dining room were laid with linen table clothes, cutlery and crockery. Lunch was served by the cook in each of the dining rooms from a hot trolley. People were assisted into the dining room or made their own way when lunch was announced. People had been asked what they wanted for lunch during the morning and the choices were again repeated during the meals service. The main meal of the day was served at lunch time. However, there was also a hot choice at tea time. We saw that people ate their food at their own pace and were not rushed by care workers. It was also noted that staff sat alongside people to join them for a meal and this was an opportunity for chatting and socialisation. No one required assistance with their meals, other than gentle prompting. Staff were aware of people's likes and dislikes.

When asked about the food provided people told us the food was good or excellent. One person told us, "I like my soups at tea time but they stopped it at lunch. I'm happy with the choices and the menu is good." One relative commented, "The food is outstanding, it's homely and nothing is too much trouble." Another relative told us, "If there is nothing she likes they offer her something else."

The kitchen had a food hygiene rating [FHRS] award of 5 following the last visit by the environmental health officers in July 2016.

People were supported to maintain good health. Care plans contained detailed information to ensure people who were at risk of being malnourished were being monitored. We saw the use of 'Malnutrition Universal Screening Tool' ('MUST'). These were completed monthly and where risks were identified, we saw the person's care and support plan had been updated. Action taken included referrals to the dietician, doctor's reviews and hospital appointments to see the swallowing and language therapists.

People were clear about how they could get access to their own GP and that staff in the home would arrange this for them.

There were signs on rooms such as the toilets and bathrooms and some minimal directional signage around the home which would help people to move around independently. During discussions with the registered provider it was clear that plans were being considered to improve facilities and décor where areas of the home were showing signs of wear and tear. All areas of the home were found to be clean and there were no unpleasant odours.

Good

Is the service caring?

Our findings

People we spoke with told us, without exception, that they were well cared for and treated with respect and dignity by all the staff. Comments included; "Staff are kindness itself." "They attend to you smashing." "Staff are great." And, "Carers have a lot of patience." Relatives comments included, "It's fantastic; [relative] is looked after so well. There are quiz nights and staff are humorous." Another relative told us, "I can't think of one single negative, they are always helpful when I ring up."

With regard to how care was being delivered, one relative told us, "They get their privacy and dignity." One staff member told us, "We help [name] get up in the morning. We shut the curtains and door and put a towel over their lap for privacy. If they are using the toilet I may leave the room for a couple of minutes."

All comments regarding the staff team were positive. One person described the staff as "great" whilst another person commented on the carehome.co.uk website, "My experience of Springfield house is excellent in every way. Very caring staff and very pleasant, nothing is too much trouble."
One relative stated "Staff can't do enough. If I need anything addressing I speak to the staff, they are on the ball. [Relative] doesn't take part in all of the activities but when she does, she enjoys it. I can't fault them. Staff are lovely. It's nice that they care about people, always have a smile and it's a lovely atmosphere."

Everyone that we spoke with said that they felt listened to and that staff were supportive. People using the service told us that they knew some of the regular staff but not everyone. One person told us, "Some of the staff I do know, they are good carers."

The care manager told us that people had key workers. These were named members of staff who were allocated to a particular person and would be involved in the detailed care and reviews. One care worker told us, "Yes, I am the key worker for two people. I have one to one meetings with them, see if they need anything. It helps for people to trust us and tell us any concerns." An example of this was when one person asked for some new jumpers in her one to one. The care worker had been able to facilitate this.

We observed care workers interacting with people throughout the day. We saw care workers were polite and sensitive to people's needs. For example, they knocked on people's doors and asked if people were happy for them to enter. A care worker told us, "It's important we respect people's privacy, this is their home." Relatives said that they felt care workers encouraged people to be as independent as possible. People who used the service also confirmed this. One person told us how they could get up when they liked and that they were able to do as they wished.

Care workers showed patience and empathy as they helped people around the home. During all interactions with people we noted care workers would chat about what they wanted to do or about their families. It was clear they knew about each person and people who were important to them. Care plans also included this information. People were comfortable in the presence of care workers and other staff at the home. We observed many instances of effective care and support including care workers providing support and reassurance to a person who was worried about a recent event. We did however discuss the need for

confidentiality with the care manager and registered provider, and that staff needed to be mindful when they were discussing sensitive or private matters in communal areas where they could be overheard.

At the time of our inspection, the service was providing care and support to people who had some of the protected characteristics as defined under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). We were told that those diverse needs were adequately provided for.

People were supported to make their preferences for end of life care known and these were recorded where they had agreed. At the time of our visit there was no one receiving this type of support but we were told this had been well managed and well planned for in the past.

Good

Is the service responsive?

Our findings

The people we spoke with were happy that care workers understood how to meet their care and support needs. Everybody who lived at the home had a care plan in place. We saw regular reviews were carried out and people using the service and their relatives were involved in these.

We saw care plans included background information centred on the individual. Information included a personal history, current and past interests, keeping in touch with people and information on doing things the person liked to do. We also noted records included information on the person's next of kin, contacts and information on any allergies. The care manager told us, "Care plans are really good and provide us with a holistic overview of the individual. We have done a lot of work to make sure all the information is included."

Care plans identified a person's daily care needs which included people's night-time support requirements and daily living. For example, weight and skin integrity plans. We saw these were reviewed at least monthly and as appropriate. Some plans had also involved multi disciplinary team visits to help support and care for the person.

We saw other recorded information which helped care workers and others involved with people's care to provide support that encouraged people's independence. We saw areas of need associated with people's personal care, mobility, eating and drinking and medication. One care worker told us, "We try and retain independence where we can." The care manager told us that one person kept their own inhalers to take when required, this was risk assessed and in keeping with what the person wanted. Another person, who was planning to return home after a short stay at the home, was managing their own medication so that they did not lose their confidence.

We saw people were supported to follow their interests and take part in social activities. We looked at people's care plans which included a risk assessment and associated support plan to ensure people could undertake activities of their choosing safely and without unnecessary restrictions in place.

All staff were responsible for organising and facilitating activities with people and people were encouraged to join in if they wished. On the morning of the inspection we observed a quiz taking place, a guessing game, people reading the daily paper or books and people doing handicrafts. Care workers were on hand to assist anybody and ensured drinks were available where people wanted. It was clear everybody enjoyed the activities they were involved in. We saw that the service had a weekly activity board, including activities for each day.

Where people were at risk of social isolation, concerns were managed well by staff and people said they were invited to take part in the activities regularly. For example, if people were reluctant to leave their rooms, staff made sure they had support to engage in activities which they enjoyed.

Activities were varied to try to encourage as many people to get involved as possible and took into account that women and men might have wanted different types of activities. The home also organised trips out and

events involving external entertainment.

People using the service were encouraged and supported to develop and maintain relationships with people who were important to them. Friends and relatives were able to visit at any time. Relatives said they felt welcome and had a good relationship with care workers and the management team. They told us they felt involved in decisions about the health and welfare of their relatives and that communication between the home and themselves was good.

Everyone told us they knew how to make a complaint and two people told us there was nothing they wished to complain about. One person told us, "I'd tell the staff. I would tell any of them and report it." Another person told us, "We have meetings once a month about the home, you can ask any questions. I would speak to staff." Staff we spoke with told us they encouraged people to raise any concerns or complaints. One care worker told us, "I always ask people how they are and encourage their feedback, if they raised any concerns I would ask them if they wanted me to report it or I might be able to sort it out if it was minor."

The registered provider had a complaints policy and we saw this was available on a noticeboard in the home and included in a service user guide in each of the bedrooms. The document included guidance on how to complain and what to expect as a result. There had been seven complaints since January 2016. Six of these had been resolved quickly and the record of action taken showed that the complainant had been satisfied with the outcome. One complaint was still outstanding and was being dealt with by the registered provider.

In contrast, the home had received 16 compliments about the service. Comments included, "Wonderful care." "A safe and happy environment." "Care, love and compassion." And, "Staff go over and above." The provider also showed us comments received from an online source, Carehome.co.uk. There were six reviews about the service. One person had written, "I have nothing but the best feelings for this home. I feel very secure, I enjoy the food and above all, I am looked after at all times."

Good

Is the service well-led?

Our findings

During our inspection we looked at records and paperwork that was used to manage the service. Information was maintained, was up to date, kept securely and was available for us to inspect.

We saw that people's care was very person centred and empowered people to make choices and encouraged their independence in a safe, managed way. Care workers told us they were supported and kept up to date with changes, not just for people but also in best practice and organisational changes. One care worker told us, "We are kept up to date about people's needs at our handover meetings and during reviews. We get best practice guidance from the owner."

We sat in on a handover session between the morning and afternoon staff. Each person living at the home was discussed and an account of what had happened over the last twenty four hours was given. Information was also shared about dietary intake for those who were being monitored, planned events and any booked appointments.

We saw from care plans that the registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care, to a high standard for people.

Charts and documents to record people's care and treatment, for example records relating to the administration of people's creams, were up to date and provided sufficient guidance for care workers to follow. The registered provider showed us audits and quality assurance checks they completed to monitor and improve the way the service was delivered.

Staff told us morale was good and they put this down to the involvement of the registered provider and the support they gave one another. They also told us they worked as a team and that the registered provider and management team were visible and worked with them on shift. People told us they felt able to raise issues with the management team. We observed a warm and friendly atmosphere and it was evident that the registered provider and staff team were working hard to review all aspects of the service.

The provider had owned and run the home for over thirty years and most of the staff had worked at the home for a significant number of years. The care manager, who supported the provider, had a good understanding of their role and responsibilities. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received required notifications from the registered provider since our last inspection and the manager was able to discuss these and we were provided with outcomes and actions implemented as a result.

Everybody we spoke with spoke highly of the organisation as a whole. Comments included, "They are all very nice." And, "The manager is very helpful." They went on to describe when they had needed to take time off work because one of their dependents was ill; the manager had volunteered to cover their shift so that they could provide support at home.

People told us the home had a positive culture. One care worker told us, "It's a nice place to work. It's quite open. People I work with, I would say they are alright. We do work as a team."

The care manager held staff meetings and we looked at minutes of the last two meetings. Topics discussed included activities, resident care, training, medication, positive work from staff and the last Care Quality Commission report findings. However, staff told us the meetings were not always formalised and that they had regular discussions about the home, which were not recorded but that helped them structure their work and identify priorities.

Quality questionnaires had been distributed in 2017 to people who lived at the home, relatives and staff members. 18 people who lived at the home had completed a questionnaire during a two week period from the 1st April 2017. The comments were positive overall although, four people said that they had experienced some laundry going missing. The registered manager had addressed this and systems were in place for two staff to take responsibility for returning laundry to people, and the incidents of missing laundry had reduced significantly. The other questionnaires were not available as the registered provider was in the process of collating responses.

We saw evidence of resident 'in house' meetings taking place every three months. The minutes of the last meeting showed that people were asked about activities, food options, informed of any changes to the service and what they liked or disliked. We also saw relative meetings took place, which included similar discussions as the residents meetings.