

# Age Concern Manchester Holmfield Care

## Inspection report

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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 over two days on 12 and 13 December 2017. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement.

Holmfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Located in Didsbury, South Manchester, Holmfield is registered with the CQC to accommodate up to 29 people. At the time of this inspection there were 21 people living in the home. The home is converted from two adjacent houses with a link between them. There are three adjoining lounges and a dining area.

The previous inspection took place in place in September 2016. At that time the home received an overall performance rating of 'Requires Improvement.' However, the issues we found at that time were low level and there were no regulatory breaches. At this inspection we found continued improvements had been made to attain an overall rating of 'Good.'

People living at Holmfield told us they considered the home to be a safe place to live. This was underpinned by effective systems and procedures which sought to protect people from abuse.

Where people experienced an accident or untoward incident, such as a fall, these were reported and recorded in a timely manner and management took appropriate action to reduce the likelihood of such events occurring again in the future.

Where a particular risk had been identified, information was provided in people's care records which sought to ensure care and support was delivered as safely as possible. Reviews of risk were also completed in a timely manner.

People's medicines were ordered, administered, stored and disposed of safely. Staff responsible for the management of medicines were suitably trained and competent to do so.

Staffing levels at Holmfield were sufficient to meet people's needs and the home benefited from a stable workforce.

All relevant health and safety and building maintenance checks had been completed and safety certificates were up to date. Equipment used for moving and handling people had been serviced and maintained in line with regulations and was deemed safe to operate.

People living at Holmfield are cared for by staff who were well trained and competent to carry out their roles. The home benefited from an in-house trainer and all new staff were required to complete the Care Certificate.

Staff supported people to have maximum choice and control of their lives and in the least restrictive way possible; the policies and systems in the service reflected this practice.

People were well supported to eat and drink and to maintain a balanced diet. A senior care assistant had lead responsibility for nutrition and they worked well with the chef.

The outside space at Holmfield had been transformed to create a wonderful sensory garden that was now accessible to all.

Staff treated people with compassion and dignity and respected their privacy. We saw people were afforded time to express their needs and communication was at an appropriate level and was not rushed. Staff talked to people with kindness and encouragement and this clearly brought out the best in people.

Everyone living at Holmfield was allocated a keyworker. Their role was to get to know the person particularly well and to ensure their day-to-day needs were met. The keyworkers were full time members of staff who each had a maximum of three people they were responsible for. This meant they had the opportunity to get to know those people well.

Holmfield is a well managed home and people spoke highly of the management team and wider staff group.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and secure living at the home.

The management of accidents and incidents was effective.

The home had good systems and procedures which sought to protect people from abuse.

### Is the service effective?

Good ●

The service was effective.

Staff were competent, well trained and supported in their roles.

Great emphasis was placed on good quality food and drink.

People's routine health needs were met and the home sought to keep people out of hospital for as long as possible.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and explanations were provided before a task was completed with people.

Personal preferences and choices we valued and respected.

### Is the service responsive?

Good ●

The service was responsive.

Care planning was thorough and person-centred. People were involved in reviews and decisions about their care.

Activities were engaging and offered on a one-to-one or group basis.

Complaints were handled effectively.

## Is the service well-led?

Good 

The service was well-led.

The registered manager and assistant managers worked well as a team, and were well regarded by people living in the home and other members of staff.

Audit, quality assurance and questioning of practice was good.

The ethos and culture within the home was open, honest and transparent. This translated into good quality care.

# Holmfield Care

## **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 was carried out over two days on 12 and 13 December 2017. The first day was unannounced. The second day was by arrangement.

The inspection team comprised of one 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 visit we gathered information from a number of sources. We looked at the 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. Services are required by regulations to notify certain events to the Care Quality Commission (CQC). We looked at the notifications sent to the CQC by the registered manager. We also contacted the quality and contracts team for adult social care at Manchester City Council about any recent monitoring visits.

During our inspection we spoke with 13 people using the service and eight staff, including the registered manager, assistant managers, care staff, senior carers, domestic staff and the chef.

We observed how care and support was being delivered in communal areas of the service and inspected the kitchen area, laundry and communal bathrooms and toilets. We also completed a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care records and associated documentation. We also looked at records relating to recruitment, including four staff files, medicines management, buildings, maintenance and equipment and audits undertaken to measure the quality of the service provided.

# Is the service safe?

## Our findings

People living at Holmfield told us they considered the home to be a safe place to live. Comments included, "I feel safer here more than at home because there is always someone there to help me, like at night when I can't sleep and become anxious and can't settle. One of the staff will make me a cup of tea and have a chat with me."; "I have been here about eight weeks; it's brilliant. I am unsteady on my feet and I wasn't safe at home but there are people to help me here and they are great"; and, "I have been here five years. It's safer than the outside world. I am a lucky person, they look after me, I feel safe, they wash and iron my clothes, I get 4 meals a day and the staff are all good with me. What more could I want."

We looked at systems which sought to protect people from abuse and improper treatment. The home had a safeguarding policy and staff had completed safeguarding vulnerable adults training, which we verified by looking at training records. All the staff we spoke with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The home had a whistleblowing policy which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and felt confident these would be taken seriously by management and acted upon.

The home had effective systems in place for the management of accidents, incidents and near misses. These were reported and recorded by staff in a timely manner, with follow-up management actions clearly describing outcomes which sought to reduce the likelihood of such an event occurring again in the future. The registered manager reviewed all incidents to look for developing trends and resulting actions were discussed with staff to ensure people received their on-going care and support in a safe way.

In people's care records, we saw a range of risk assessments were present which sought to ensure care and support was delivered as safely as possible. These included Waterlow risk assessments (which assess people's vulnerability to pressure sores), and risks in relation to malnutrition, falls, bathing, and moving and handling. We saw monthly reviews of these risk assessments in all files.

We checked to ensure people had a personal emergency evacuation plan (PEEP) in place. A PEEP provides details about the support people would need in the event of an emergency evacuation, for example in the event of a fire. We saw PEEP's documentation was easily accessible and updated in response to people's changing needs.

We looked at whether medicines were being ordered, administered, stored and disposed of safely. We saw an up to date medicines policy was in place and records demonstrated that staff responsible for management of medicines were suitably qualified and competent.

The treatment room where medicines were stored was on the ground floor. The ambient room temperature was within a normal range but we found the temperature of the medicines fridge to be high. We brought this to the attention of the registered manager and action was taken to rectify the issue. There was a locked cabinet inside the room for storing controlled drugs. These are drugs which by their nature are required to

be kept more secure than others. There was a controlled drugs register which was signed and countersigned by two members of staff. We checked three drugs and saw that the quantity recorded in the register matched the actual amount still in stock.

We saw that Medication Administration Records (MARs) were signed after each person had received their medicines. Where 'PRN' (as required) medicine was prescribed, information was provided to support staff about when to give it and what signs to look for, for example, if someone was in pain. Comments from people who were supported to take their medicines included, "I have to take medication and they help me with all that no problem."; "I have things for asthma but I do it myself." and, "They do help me with medication and they make sure I take it."

We reviewed staffing levels at Holmfield and found the home continued to benefit from a stable workforce with low staff turnover. The home did not use agency staff but instead had a bank of staff who could be called on to cover shifts as and when required. Whilst the registered manager did not use a formal dependency tool to inform staffing levels against the needs of people living at the home, we were assured there was sufficient flexibility within the existing workforce to meet any potential increase in dependency.

At the start of each shift and throughout the day, we saw the deployment of staff was effective, with the senior care assistant taking responsibility to ensure people were in the right place, doing the right job, at the right time. Comments from people regarding staffing levels included, "I think there is enough staff and I know all of them and can talk to them and they will go the extra mile if I am upset or anxious by calming me down."; "If I ring the buzzer for the toilet or a drink they get to me pretty quick."; and, "There are enough staff and there are a mix of characters and I get on with them; I have no complaints about them."

We looked at recruitment and selection records for the most recently recruited staff and found safe practices were in place. This included fully completed application forms, employment history, professional references, identification checks and a Disclosure and Barring (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps prevent unsuitable people working with this client group.

Health and safety and building maintenance records were examined and found to be in order. Up-to-date certificates were available to demonstrate checks had been completed in respect of gas and electrical safety, fire safety and legionella. Records were also maintained to demonstrate that visual safety checks had been completed for portable electrical appliances. Equipment used for moving and handling people had been serviced and maintained in line with regulations.

During a tour of the building, we noticed the integrity of window restrictors on a set of upper floor stained glass windows had been compromised and did not meet the required legal standard. We brought this to the immediate attention of the registered manager and we were told this area was not routinely accessed by people living at Holmfield and therefore had not been considered a risk. However, the registered manager took immediate action and the maintenance operative attended to fit new window restrictors. During the inspection, we were provided with further assurance that all upper floor windows had been risk assessed and they met legal requirements.

# Is the service effective?

## Our findings

People living at Holmfield were cared for by staff who were well trained and competent to carry out their roles.

New staff completed a period of shadowing as part of their induction training. This meant they observed how other staff were working and provided an opportunity to get to know the people living at the home. The training and development needs of new staff were assessed on an individual basis and prioritised according to their previous experience. The provider benefited from an in-house trainer who could deliver training to an individual new starter or to a small group. New staff were also enrolled on the Care Certificate. The Care Certificate is a nationally recognised induction programme for staff new to care.

Staff felt they had enough training to keep people safe and meet their needs. They told us the training was thorough and that they had been provided with specific training to meet people's care needs, such as dementia awareness, first aid and training relating to people's specific health conditions. Staff told us that when training was due it appeared on their rota and they were allocated time to do it. During the inspection we reviewed the training matrix and saw training completed by staff and the timescales when it needed to be renewed. The training matrix was well maintained and up to date.

Supervisions took place every three months. Supervisions provide an opportunity for line managers to meet with staff, feedback on their performance, identify any concerns, and offer support. Supervision was given either by the registered manager or an assistant manager. The supervision record showed the dates these had taken place in 2017, and staff confirmed supervisions had happened. We also saw the recorded dates of annual appraisals which all staff had received. Appraisals are opportunities for staff to discuss the previous year and look ahead to assess longer term development needs and career aspirations.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager supplied the provider's policy on the MCA and DoLS which gave guidance on when to apply for a DoLS authorisation. The registered manager also used a screening tool from the local authority to help identify the more urgent DoLS applications, based on specific criteria. The registered manager was aware of the need to apply for a DoLS authorisation if the service needed to deprive someone of their liberty in order to keep them safe.

We observed staff asking for people's consent prior to them providing any care or support. Staff also explained to us if someone declined support, how they would leave the person and try again later, or another staff member would try. People's ability to consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, we saw the service had taken time to look at what was in the person's best interests and a decision was made in consultation with people who knew the person well.

We looked at how well people were supported to eat and drink and to maintain a balanced diet. One of the senior care assistants had lead responsibility for nutrition and they had been supported to complete a level two qualification in health and nutrition. They had an excellent working relationship with the chef and monthly food review meetings took place. The food review meetings also allowed people to comment on the food and make suggestions about what was working well and what might need to be changed. Everyone living at Holmfield also had an individual food profile which detailed special diets, food preferences and likes and dislikes. In the sample of care records we viewed, documentation relating to eating and drinking was completed and up-to-date. People were weighed on a regular basis and nutrition assessments had been completed and reviewed. In November 2017, additional training provided by the local NHS community dieticians centred around providing good nutrition. At the time of our inspection, no one living at Holmfield was identified as a high risk of malnutrition.

On the first day of our inspection we observed the lunch time experience. Tables were well presented with cutlery and condiments. The atmosphere was relaxed and people clearly enjoyed listening to the ambient background music. The menu options were described in both a written and colourful pictorial format which meant choosing from the menu was easier for people with memory problems, or those with a visual impairment.

People were encouraged to sit where they preferred with some people choosing to sit at the dining table. Others preferred to sit in the lounge, and a number of people chose to remain in their bedroom. For those people who needed help to eat and drink, support was offered on a one-to-one basis and was unhurried. Food was home cooked and well presented. Special attention was also given to people who required a soft or pureed diet and care was taken to ensure the food resembled portions that were being served to people on non-special diets.

We looked at how well people were supported to access the outside space at Holmfield. We saw that during 2017 the home had engaged with an organisation called 'Thrive.' Thrive is the leading charity in the UK using gardening to change the lives of disabled people. We saw how the outside space at Holmfield had been transformed to create a wonderful sensory garden that was now accessible to all. We learnt how the project had been completed just in time for summer 2017 and had proved extremely popular with people, their relatives and staff.

People's care records showed their routine day-to-day health needs were being met. People had access to a local GP of their choice and district nurses visited the service on a regular basis. Holmfield had also implemented a policy which sought to reduce unnecessary hospital admissions. Produced in collaboration with relevant health care professionals, the policy document gave clear guidance to staff with regards to the actions they could take in the event of a person living at Holmfield presenting outside of their normal parameters. There was a particular emphasis on staff accessing appropriate primary medical care in a timely manner, such as the pharmacist, GP or advanced nurse practitioner. In the care records we viewed, we saw evidence of how this system was proving effective and where clinically appropriate, people were able to remain at Holmfield in surroundings that were familiar and with staff who knew them best.

## Is the service caring?

### Our findings

Staff we spoke with fully understood their roles and responsibilities in ensuring people were treated with dignity and respect, especially when providing personal care. One of the senior care assistants at Holmfield was the 'dignity and dementia champion' and promoted dignity within the home.

We asked people living at Holmfield if they considered staff to be caring, comments included, "They are very attentive with me and treat me with respect when they help me wash and dress."; "I can do most things myself because I can get around but they are there if needed."; and, "I can wash and dress myself mostly and I can get about but they help me with washing my back because I can't reach. They are very good and patient with me." At each residents' meeting people were also asked whether they felt they were treated with dignity.

Some of the people at Holmfield were living with dementia and unable to express their thoughts and feelings to us. To understand their experience we conducted a formal period of observation to watch how well they were cared for. We saw people were afforded time to express their needs and communication was at an appropriate level and was not rushed. Staff talked to people with kindness and encouragement and this clearly brought out the best in people. More widely, we found that staff clearly knew people well and understood their individual personalities and sense of humour. This meant there was lots of laughter and people clearly enjoyed this type of interaction.

Through talking to one member of staff, we learnt how they had gone above and beyond to ensure a person was able to attend a hospital appointment. The member of staff had reorganised their own personal commitments which had been planned for a day off, to ensure they could come into work and support the person to attend hospital.

In the main communal corridor an information board about the staff employed at Holmfield was displayed. This contained a photograph of each member of staff and a short summary entitled 'what is important to me.' This was reflective of the kind of information captured in people's care plans and people we spoke with found the information about staff was useful and helped to contribute towards positive communication.

We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how information was provided to people living with a sensory impairment; how the needs of lesbian, gay, bisexual or transgender (LGBT) were met; how people of non-white heritage were supported; and, how the pastoral needs of those who practiced faith were met. At the time of our inspection, we were told by the registered manager there was no one living at Holmfield who was non-white, and to the best of their knowledge, no one identified as LGBT. For people of faith, we saw the home had good links with the local religious community. One person was living with a sensory impairment but they told us they had no desire for information to be provided in an alternative format. This person also commented, "I know the staff by name which is important to me because I can't see and it makes me feel comfortable to know who is looking after me." However, this person was provided with appropriate aids and adaptations at mealtimes which meant they could eat independently. By looking at the format of care

records and how information was captured, and through talking to staff and members of the management team, we were satisfied the home always sought to deliver care and support in a way that was non-discriminatory and respected personal preferences.

There were no visiting restrictions in place at Holmfield and relatives and friends were free to visit their loved ones at any time.

Where people lacked mental capacity and did not have any relatives who were able to advocate on their behalf, we saw the services of a professional independent advocate would be sought. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person living at the service to ensure that their views are considered and their rights are protected.

Personal and confidential information relating to people who used the service was kept secure. This included hard copy files being stored securely in lockable cupboards and information held electronically was password protected with only relevant people having authorisation.

# Is the service responsive?

## Our findings

Before a person moved into Holmfield a pre-admission assessment was always completed. The registered manager described the process to us and we were told a pre-admission assessment was important for both the potential new resident and for the existing people living in the home. We were told one of the three managers or a senior care assistant would visit the person and conduct the assessment.

We looked at five care files in detail. Each file contained a photograph of the person and a one page personal profile. This included topic areas such as 'what is important to [person]'. 'How we best support [person]' and, 'What those who know [person] best, say they like and admire about [person]'. This page enabled staff to see at a glance significant details about the person, and so helped them to deliver person-centred care.

The care plan was arranged in a clear way which was easy to follow. There were separate sections for each aspect of care and these sections set out what the care needs were and how staff were to meet them. This also included a risk assessment. The information was brief but sufficient, with no unnecessary detail. This enabled all staff to get a clear picture of a person's needs. Care plan reviews were completed on a regular basis and/or in response to a person's changing needs. Where appropriate, we saw the involvement of relevant people had been documented.

Everyone living at Holmfield was allocated a keyworker. Their role was to get to know the person particularly well and to ensure their day-to-day needs were met. The keyworkers were full time members of staff, who each had a maximum of three people they were responsible for. This meant they had the opportunity to get to know those people well.

Residents' meetings took place every three months and we viewed minutes of three meetings which had taken place during 2017. The meetings were well attended and topics for discussion included trips out, entertainment, meals, the environment and dignity in care. The minutes of the meetings clearly demonstrated that people felt involved in the running of the home and were able to contribute.

We looked at how people were engaged in social and leisure activities and we asked people how they spent their time during the day. Comments included, "There are plenty of activities to do. There is a quiz and there is something on every afternoon."; "I like to watch the TV but they have music and dancing so there are things going on." and, "I never get bored. There is literally always something to do." We saw a daily activity schedule which showed different activities each day except at weekends. The registered manager explained this was because relatives were more likely to visit at weekends.

In addition to communal activities, we saw that people were given 'personal time' in a morning or afternoon at least once a month. Staff would work with people on a one-to-one basis and help to facilitate a leisure or recreational activity that could take place either in the home or out in the community. By talking to people and looking at records, we saw this type of one-to-one engagement was popular and people found it beneficial. In particular, we saw that where people did not have any immediate family, many enjoyed trips

out into the local community to visit the shops or local restaurants.

Since our last inspection of Holmfield, the home had narrowly missed out on reaccreditation to the Gold Standard Framework (GSF) for end of life care. The GSF provides training for staff within the care sector for people approaching the end of life whether at home, in hospital or in care homes. One of the senior care assistants at Holmfield was the GSF lead and helped to cascade training and best practice to all staff. The registered manager told us they were in the process of submitting new evidence to the GSF and they were confident of reaccreditation. Despite this, staff remained competent, capable and knowledgeable in delivering end of life care and the local district nurses would provide nursing care to enable people to stay within the home if that was their preference and it was medically appropriate.

In the care plans we reviewed, we saw people had an advanced care plan, which was reviewed every six months. This is a document which sets out people's wishes in advance for the end of life and funeral arrangements. It had either been written by or with the person themselves, or when necessary, in consultation with relatives as a best interests decision. This meant that people, and their relatives, could be confident their wishes would be met when nearing the end of life.

Being part of Age UK Manchester, Holmfield benefited from excellent local relationships within the wider charity. This included the Ageing Well Lead for Age UK Manchester. The ageing well lead had helped to coordinate an inter-generational project which gave younger people an opportunity to visit the home and participate in both group and one-to-one activities with people living at the home. We saw evidence of how this had been hugely beneficial for all concerned and there were plans for this type of work to continue throughout the year.

The registered manager and assistant managers were visible around the home and operated an 'open door policy.' Information was readily available and displayed prominently detailing how complaints could be made. People told us they felt confident in raising concerns and that issues would be taken seriously. The service maintained a complaints log which detailed outcomes. We also saw many examples of compliments to the service through thank you cards and letters of appreciation.

## Is the service well-led?

### Our findings

There was a long serving registered manager in post at the time of our inspection. 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.

In addition to the registered manager, Holmfield benefited from a well-established management team. The registered manager was well supported by two assistant managers and between them, they ensured a management presence within the home seven days a week. There was an open, honest and positive culture and staff spoke highly of the management team. Comments included, "[registered manager] saw my potential and really helped me grow and develop in the role. I'm now a senior carer.", "We get a lot of support from management, communication is excellent and as staff, we can all contribute." and, "I've never had any issues with management. They have an open door and I can honestly say I can go in and talk to them about anything. What's also important, is that the managers also really care about the people living here."

We asked people living at Holmfield if they considered the home to be well managed. Comments included, "[registered manager] is fantastic; they are always about and I can talk to them personally, but all the staff are great. I have no problems at all."; "They have meetings every so often but I have no complaints, this is a well-run place and I am happy here." and, "Overall compared to the last place I was at, this is fantastic."

We looked at audit and quality assurance and saw that regular internal audits were completed to ensure the quality and safety of the home was maintained. A variety of areas were covered through internal audit which included medicines management; hospital admissions; accidents and incidents; falls; care plans and environmental and maintenance audits. Across each audit area, we saw overarching analysis was completed in order to identify trends or contributory factors. At provider level, we were told a senior manager conducted periodic visits to the home and we saw two reports had been produced following such visits to Holmfield in August and February 2017 respectively. The provider reports were low level in nature and principally focused on the look and feel of the home at the time of the senior manager's visit. However, we were satisfied that systems and processes for internal audit and quality assurance completed at a local level were effective and demonstrated good governance.

At both provider and local management level, we looked at how the service sought to continuously learn and improve. We saw the home continued to send out annual quality standards questionnaires to relatives or representatives, and to external health professionals. A report was then produced which summarised the responses and drew comparisons with previous years. This meant the provider could maintain an overview of how the service was regarded, and identify areas for improvement. We also saw an Equal Opportunities Report had been produced for the Board of Trustees in April 2017. Whilst the focus of this report was all of Age UK Manchester's business areas, it demonstrated the providers commitment to equality of opportunity for staff.

The service had a wide range of policies and procedures in place which covered all aspects of the service at Holmfield. These were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were readily available for them to access and that staff were expected to keep themselves updated.

We looked at the minutes from various team meetings which had taken place and saw these consisted of general staff meetings and those for specific groups of staff, for example, night staff, domestic staff and senior care assistants. Staff were encouraged to raise issues and come up with ideas and solutions. Staff also had the opportunity to contribute items for the agenda in advance of the meeting.

Throughout the inspection, we asked the registered manager for a variety of documents to be made available. We found documentation was well organised and could be accessed promptly. This assisted us to find the information required efficiently.

The registered manager made statutory notifications to CQC in a timely manner and follow-up information was provided when appropriate.

Without exception, the registered manager and every member of staff we spoke with during the inspection visit was open, honest, transparent and thoroughly engaging.