

SheffCare Limited

# Burnt Tree Croft

## 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

Burnt Tree Croft is registered to provide accommodation and personal care for up to 40 older people, some of whom may be living with dementia. The home is situated in a residential area of Sheffield, close to local amenities and transport links.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Burnt Tree Croft took place on 2 May 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 16 June 2016 and was unannounced. This meant the people who lived at Burnt Tree Croft and the staff who worked there did not know we were coming. On the day of our inspection there were 37 people living at Burnt Tree Croft.

People spoken with were positive about their experience of living at Burnt Tree Croft. They told us they felt safe and they liked the staff.

Relatives spoken with had no concerns regarding their relative's care. They told us they knew staff well and they were always kept up to date with any news.

Healthcare professionals spoken with told us they had no concerns about Burnt Tree Croft.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They told us they liked their jobs, worked well as a team and were well supported by the registered manager.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires, the results of these had been audited to identify any areas for improvement.

## 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people which were

meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

# Burnt Tree Croft

## Detailed findings

### Background to this inspection

Start this section with the following sentence:

'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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 16 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with 11 people living at the home and three of their relatives or friends to obtain their views of the support provided. We spoke with ten members of staff, which included the

registered manager, the area care manager, care workers, team leaders, the activity worker, the administrator and ancillary staff such as catering and domestic staff. We also spoke with two community professionals who were visiting the home during our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. 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 we could not fully talk with.

We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports

# Is the service safe?

## Our findings

People spoken with said they felt safe living at Burnt Tree Croft. Comments included, "Oh I feel very safe here. We're all safe" and "I get down sometimes and I worry. I've always been like it. I talk to [the area care manager] a lot. I know I am safe here."

People told us that if they did have a worry or any concern they would tell a member of staff and staff would listen and "sort it out" for them.

We found that questionnaires had been sent to people living at Burnt Tree Croft, to obtain their views of the support provided. Twenty two people had completed the questionnaire and this had been audited by an independent company. The report from this audit showed that 100% of respondents said Burnt Tree Croft was a safe and secure place to live.

Relatives spoke positively about Burnt Tree Croft. They told us they had no concerns or worries about the care and support their relative received and they could speak to staff about any worries they might have. Comments included, "I come a lot and I've never seen anything to worry me. [Name of relative] is happy and settled here. I think it is a good home" and "We have no worries at all. [My relative] wouldn't be here if we had."

All of the staff asked said that they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

Employment records were held at the services head office, but these were available to view on the services computer system. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw the company had a staff recruitment policy so that



important information was provided to managers. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained that each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager and administrator undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

At the time of this visit 37 people were living at Burnt Tree Croft. We found five care staff, the registered manager, two team leaders, and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The registered manager explained a minimum of five care staff and one team leader were provided each day, and three staff were provided each night.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager told us staff were observed administering medicines before they were deemed competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines. We found a community pharmacist had inspected the medicines systems in February 2016 and recommendations made had been acted upon. For example, the pharmacist had recommended that the staff signatures list was updated and this had been done.

We found identified staff were designated to administer medicine. We observed staff administering part of the breakfast and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We observed one administration where staff dispensed one tablet into their hand before putting it into a pot. We also observed one administration where staff signed the MAR just before giving the tablet to the person. We discussed these observations with the registered manager and observed a discussion between the registered manager and relevant staff to remind them that safe procedures must be adhered to. All other administrations observed were in line with safe procedures.

We found that some night staff were trained to administer medicines so that people's needs relating to

medicines could be met. We found two night staff and two further staff who covered occasional night shifts had not undertaken medicines administration training. The manager told us that they always organised the rota so that a trained night staff was working. Whilst the rota showed that a trained person was on duty each night, there was the potential for gaps as not all night staff had been provided with relevant training. This meant people may have to wait for pain relief whilst the trained on call staff attended the home. We discussed this with the registered manager who arranged for the two identified night staff and a further two staff who covered some night shifts to undertake the training the week following this inspection. This meant all staff working nights would be trained to administer medicines and the risk of people having to wait for pain relief was removed.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Burnt Tree Croft was clean. Two domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection.

# Is the service effective?

## Our findings

People told us their health was looked after and they were provided with the support they needed. Comments included, "I can see the doctor when I need to. They [staff] always make sure you are all right" and "I have put on weight since I came here. I feel much better."

We looked at the report compiled from questionnaire results and this showed that 100% of the 22 respondents said staff were capable of providing the care people needed. 94% of respondents agreed with the statement, 'I am satisfied with the care and support I receive, 6 % chose to neither agree nor disagree.

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one. One relative told us, "We've no worries at all. We often see nurses visiting and the GP comes all the time." Another relative told us, "[Name of person supported] wasn't well recently and they saw the doctor straight way. They [staff] phoned us so we knew what was happening. They are good like that."

We spoke two separate visiting community professional during our inspection. They told us they had no concerns about Burnt Tree Croft. Comments included, "It's good, a nice care home. We have no concerns. Staff follow the instructions we provide regarding skin care." and "This home is of a very high standard. The staff are knowledgeable about the people here. I don't have any worries or concerns. It is a very good home."

People told us the food was good and they enjoyed the meals. Comments on the food included, "The meals are excellent, the food is really good. I enjoy a tippie before my dinner and I always get that," "We get plenty of choice and can have what we want really. They know what I'm not keen on and I have different when I want" and "The food is lovely."

In their questionnaires, 100% of the 22 respondents agreed with the statements, 'The food served at mealtimes is of good quality' and 'The menu offers good choice and variety.'

We saw some people in one dining area at breakfast and lunch time. The room was clean. Tables were set with cloths and place settings. We saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and we saw people had different meals according to personal choice. No one was left waiting for help and the staff were cheerful and encouraging.

People told us there were plenty of warm and cold drinks served during the day. We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these needs could be met. We looked at the menu for four weeks and this showed that a varied diet was provided and

choices were available at all mealtimes. The records showed people's dietary and cultural needs were met. Where people wanted different to the menu, this was provided. For example, one person was provided with a ham salad for lunch as they did not want either of the two hot choices. This demonstrated a flexible approach to providing nutrition.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS had been referred to the Local authority in line with guidance and we saw records of these applications.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement where they had been able to sign. Care plans contained people's signed consent to photographs and medication administration to show they had been consulted.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

We saw parts of the home had been redecorated and refurbished to maintain a homely and clean environment. However, we found windows and external paintwork appeared in poor condition and did not

enhance the external appearance of the home. We discussed this with the registered manager who told us that new windows were being fitted, commencing 27 June 2016. Staff were aware of this and told us they had made plans to support people effectively whilst their windows were being replaced.

# Is the service caring?

## Our findings

People told us they were happy living at Burnt Tree Croft. They told us the staff were respectful and they could choose what to do with their day. Their comments included, "Nothing is too much trouble, they [staff] are nice people, I can't fault them," "I think it's very good. The staff are kind and always take time to chat" and "We can do as we please really. I like to sit in here (a small lounge) because I'm with friends. If I want to I can just spend time in my room."

We looked at the report compiled from questionnaire results and this showed that 100% of the 22 respondents agreed staff were sensitive to how they feel and they were treated with kindness, dignity and respect. In addition, 100% of respondents agreed that they could choose what time to get up and go to bed and whether they wanted visitors or not. This showed that people's choices and opinions were respected.

Relatives told us the care staff were kind and caring. They told us they could visit at any time. One relative commented, "The staff are very, very nice. There are times I come and staff don't realise I am here. I overhear staff being really lovely and friendly with people. Staff go past and always call in to see [name of relative] is okay" and "I am a regular visitor and staff always have a smile and make me feel welcome. They are good here."

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day. We saw the home had some visitors throughout the day and all were greeted warmly by staff that knew them.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear that staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We heard a care worker patiently asking a person what drink they would like when they said they did not want a hot drink. We saw care workers knock on bedroom doors before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

The SOFI observation we carried out showed us that people were not always asked their opinion. We saw staff turn off the television and switch on the radio without asking people or explain what they were doing. The room felt crowded during medicines administration but became quieter once this had been completed. There were some positive interactions between the people we observed and the staff supporting them. Most people appeared content and we consistently saw staff were patient with people and repeated reassurance. Staff did not rush people.

We found that systems were in place to encourage people's involvement. The provider held 'resident's

forum' meetings where representatives from each home within the organisation met with senior representatives of the provider to discuss issues and share ideas. We found that two people from Burnt Tree Croft attended the forum. The registered manager told us that people had chosen to hold the forum four times each year. The next forum was due to take place on 14 July 2016.

All of the staff spoken with said they would be happy for their loved one to live at Burnt Tree Croft. One staff said, "I would be happy for my relative to live here, it is a home."

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so that health professionals could see them in private. We heard staff speaking to people and explaining their actions so that people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found the home had a dignity champion and an end of life champion whose roles were to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

The care plans seen had been signed by the person or their relative to show their involvement.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

## Is the service responsive?

### Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "We're all right for things to do. You can choose whether you join in. We went to a local club recently to celebrate the Queen's birthday, I enjoyed that," "I enjoy the quizzes, it keeps my brain going" and "We go out in the minibus sometimes." One group of four people spoken with together told us Burnt Tree Croft was celebrating National Care Homes Open Day the day following this inspection. They commented, "We've been helping to organise it. We're having a coffee morning and we've done a treasure map and there will be tombola. We all did it together and enjoyed it. We are looking forward to tomorrow."

The group of four people spoken with told us, "We like to sit in this lounge together. We all get on. We can't complain about anything, the staff are lovely. It really is very good here." All of the four people agreed the home was a good place to live and they were happy.

We looked at the report compiled from questionnaire results and this showed that 100% of the 22 respondents agreed that they could take part in activities if they wanted to, have visitors when they wanted to and could choose when to get up and go to bed."

People living at the home and their relatives spoken with all said that they could speak to staff if they had any worries. People commented, "I can talk to the staff if I need to. I wouldn't hesitate" and "I don't have anything to worry about but if I had I am sure I could speak to them [staff]."

The report questionnaire results showed 87% of the 22 respondents agreed that staff dealt with complaints and concerns, 13% did not express an opinion.

Relatives told us they found the home very responsive and we heard staff asking visitors if they needed anything and checking all was well. Staff appeared to know relatives well and greeted them by name. One relative told us, "[Name of relative] is always clean and well dressed. They are very content here."

We found two activity workers were employed for a total of 30 hours each week. We found a variety of leisure opportunities were provided for people to enjoy as they chose. The home had access to a minibus to facilitate trips out of the home so that people were provided with more leisure opportunities. We saw a record of activities and people told us the activities provided included quizzes and games, trips out to Derbyshire and Castleton, visiting entertainers, and crafts. During our inspection we saw a variety of activities, both in groups and individually. People were working on crafts for the open day the following day, other people were seen reading newspapers. We spoke with one person who was going out to the local shops. They told us they enjoyed their daily walk.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and if they would like to join in activities.



Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw that one person needed specific support to maintain their health. We checked the person's care plan and found records showing the support was provided as identified as needed. The care plan contained details of the intervention from other healthcare professionals to support the person. These examples showed that care planning was person centred and care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' leaflets on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Burnt Tree Croft. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. We found one concern had been received a few weeks prior to this inspection. Records relating to this concern showed that the registered manager had detailed the nature of the concern and the actions taken in response. The manager told us she would record the outcome once this was known. This showed that concerns and complaints received were acted upon and procedures were followed so that people had a voice.

# Is the service well-led?

## Our findings

The manager was registered with CQC.

People living at Burnt Tree Croft told us they know the registered manager well and found her approachable. Comments included, "We know who she [the registered manager] is, of course we do. She is a nice person" and "They [staff] are all nice. [Name of registered manager] is the one in charge."

Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home and staff freely approached the registered manager to speak with them.

One person spoke with us about how they were feeling. They explained, "I get like this, always have. I will talk to [registered manager]; she always makes me feel better. Later during the inspection we saw this person speaking in private with the registered manager in their office. The person then confirmed with us that they were feeling much better.

Relatives told us staff were approachable, friendly and supportive. One relative told us, "The staff are really good, always friendly."

Staff told us the registered manager was approachable and supportive. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas.

We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and feel listened to. They told us they enjoyed their jobs and they would be happy for a relative to live at Burnt Tree Croft. We saw a quarterly newsletter was on display that gave information on forthcoming events and news so that people were kept informed.

We found a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the area care manager had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus. The area care manager told us the next visit would have a focus of 'resident involvement'.

We saw checks and audits had been made by the registered manager and team leader's staff at the home. These included care plan, medication, health and safety and infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. We saw records of a 'daily walk around' that the registered manager completed to check and audit the environment to make sure it was safe. Health and safety checks were also undertaken as part of the registered manager's daily walk around and the area care manager's monthly visits.

We found questionnaires had been sent to people living at the home, their relatives and professional

visitors. We saw the results of questionnaires from people living at the home had been audited by an independent company. Information from the returned questionnaires has been reported on throughout this report. The registered manager told us that if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this. We saw the results of the survey were on display in the entrance area of the home so that people had access to this information should they choose to read it.

Staff spoken with said staff meetings took place so that important information could be shared. Records showed that senior staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We found that 'resident's meetings' were held and people had the opportunity to attend the 'resident's forum' to share information and ideas so that the provider could obtain people's views. This showed an open culture within the home.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant any changes in current practices were reflected in the home's policies.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.