Mayfield Care Limited

# Mayfield Nursing Home

## Inspection report

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Tel: 01514309503

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Mayfield nursing home is a 'care home' that provides nursing care for a maximum of 31 older people. At the time of the inspection there were 26 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

We carried out this inspection on 04 and 08 January 2018. The first day of the inspection was unannounced and the second day was announced.
At the last inspection, in April 2015, the service was rated Good. At this inspection we found the service remained Good.

People felt safe living at the service. They were protected from abuse and harm because staff understood how to recognise and report safeguarding concerns. Risks to people's safety were assessed and mitigated, this included risks associated with aspects of people's care and the environment.

The environment was clean and hygienic and smelt pleasant throughout. Staff followed good infection prevention and control practices such as the use of personal protective equipment (PPE) to help minimise the spread of infection.

Medication was managed safely. There were safe systems in place for the receipt, storage, recording and administration of medication. People received their medication at the right times and it was administered by staff who were suitably trained and underwent regular checks on their competence.

Staff were recruited safely. The suitability of staff was assessed prior to them being offered a position. This included a check on their criminal background, previous work history, skills and qualifications. There were sufficient numbers of suitably skilled and experienced staff to meet the needs of people and keep them safe.

Staff received training and support for their role. New staff completed induction training to learn their role and they were provided with ongoing training in areas of health and safety and topics relevant to the needs of people. Staff received support through one to one supervisions, appraisals and staff meetings.

People were provided with food and drink to meet their needs and help them maintain a balanced diet. People were given a choice of food which was prepared in accordance with their likes, dislikes and dietary

requirements set out in their care plans.

People's healthcare needs were understood and met. Staff supported people to access appropriate healthcare services as and when they needed to. Staff recognised when there was a decline in a person's health and wellbeing and took the appropriate action. This included prompt contact and referrals to other health and social care professionals.

People's legal rights were understood and upheld. Staff demonstrated knowledge and understanding of the principles of the Mental Capacity Act (MCA) 2005 and associated deprivation of liberty safeguards (DoLS). Decisions made on behalf of people who lacked capacity were made in accordance with legal requirements. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them.

Some items of furniture and carpets were in need of replacing due to wear and tear. The registered provider assured us that these were being replaced as part of an ongoing programme of refurbishment. The environment had some aids including signage to help orientate and stimulate people living with dementia. The registered manager and registered provider recognised that further developments were needed to improve the environment for people living with dementia and this was ongoing.

People were treated with kindness and their privacy and dignity was respected. People were given emotional support when they were anxious or upset and staff provided this in a sensitive and compassionate way. Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's behaviour and body language showed that they felt cared for by staff.

Care plans contained personalised information about people's individual needs and how they were to be met. They included direction and guidance for staff to follow to help ensure people received their care and support they needed and in the way they wanted. Care plans were kept under review and updated with any changes as they occurred.

People were given the opportunity to able to take part in a range of group and individual activities. Profiles detailing people's backgrounds, life history, things of importance and personal preferences were developed. These gave staff a good insight into people's past lives and lifestyle choices enabling them to engage people in conversations and activities of interest.

The service was well led. People and relatives all described the registered manager as open, supportive and approachable. There were regular meetings for people, family members and staff so they could share their views about the running of the service. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## 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 remains Good.

**Is the service effective?**

Good

The service remains Good.

**Is the service caring?**

Good

The service remains Good.

**Is the service responsive?**

Good

The service remains Good.

**Is the service well-led?**

Good

The service remains Good.

# Mayfield Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 and 08 January 2018. The first day of the inspection was unannounced and carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was announced and carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. This enables us to decide if we need to respond to potential areas of concern. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. Prior to the inspection we requested information about the service from the local authority commissioners and safeguarding team, they raised no concerns about the service.

During the inspection we spoke with seven people who used the service and five family members. We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the registered manager, the deputy manager, a nurse, six care staff, catering and domestic staff. We looked at records relating to the care of four people, four staff recruitment files, staff rotas, staff training records and other records relating to the running of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service and that there was enough staff on duty during the day and night to meet their needs and keep them safe. Their comments included; "I feel really safe and I feel happy that the staff are about in case I black out," "Yes I feel safe because I had a fall and I know people are about", "Staff are always about. When I use my call bell they come quite quickly." "There are a lot of staff about. Last night I used my call bell and the nurse gave me paracetamol because I had back ache." Family members told us they had no worries about the safety of their relative. One relative said "Dad is very safe here. I go home and have no worries at all."

People were protected from abuse and harm because staff knew how to respond to any concerns. Staff had completed safeguarding training and they had access to information on what was meant by abuse and how to report any concerns they had. Staff told us they thought any concerns they reported would be taken seriously and dealt with in the right way to ensure people's safety. Safeguarding referrals had been submitted to the local authority where there was a risk of abuse. The registered provider had a whistle-blowing policy and staff knew about this. The policy guided staff on how they could report any concerns in confidence without any reprisals.

There registered provider had an equality and diversity policy and staff received training on equality and diversity. Staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff told us they supported people in a way which ensured that they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Risk assessments had been carried out for each person, and where a risk had been identified there was guidance for staff on how to support people safely. Risk assessments were specific to people's needs such as; nutrition and hydration, mobility, skin integrity and falls. Environmental risk assessments were carried out on to protect people from any potential hazards which may present a risk. Risk assessments were kept under review and updated to take account of any changes.

Accidents and incidents which occurred at the service were recorded and reported in line with the registered provider's procedures. A record of these events which involved individuals was held in their care files and a copy was held centrally. Such events were audited by the registered manager as a way of identifying any patterns or trends and how the risk of re-occurrence could be reduced. Records showed actions were taken to help reduce any repeated occurrences.

Systems were in place to ensure equipment was regularly checked, serviced and repaired so that it was safe to use. This included checks on gas and electricity systems and portable appliances, fire systems and equipment used to help people with their mobility. All necessary safety checks and tests had been completed by appropriately skilled contractors.

There was sufficient staff on duty to meet people's needs in a safe way. The registered manager reviewed people's needs regularly which helped to ensure there was sufficient skilled and experienced staff planned

to be on duty. On both days of the inspection there were six care staff and two nurses on duty throughout the day to meet the needs of 26 people. In addition, the registered manager, cook and three housekeepers were working at the service during the inspection visit. At night one nurse and three carers were on duty. The person in charge at the beginning of each shift ensured staff were allocated to work in specific areas of the service. This helped to ensure staffing was allocated appropriately so people received the care and support they needed in a safe way. People and family members told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner and people told us this was usual.

Recruitment of new staff was safe. Applicants underwent a series of pre-employment checks before starting work. This included a check on their criminal background with the Disclosure and Barring Scheme (DBS) and checks obtained from previous employers. Staff confirmed to us that the recruitment processes was robust and that their appointment was only confirmed on receipt of satisfactory checks.

The registered provider operated safe systems for the administration, ordering, storage and disposal of medicines. Staff had access to the most up to date guidance and codes of practice in relation to the management of medication in care home settings. Medicines were administered by staff that had been trained and assessed as competent to carry out the task. Staff explained to people what their medicines were for and ensured each person had taken them before signing the person's medication administration record (MAR). People were given their medicines at the correct times, this included time specific medication such as before food or before getting out of bed each morning. Controlled Drugs (CDs) which are medicines which require stricter controls by law were stored correctly and records were kept in line with relevant legislation. Medicines such as eye drops which needed to be kept cool so they remained effective were stored in a refrigerator. These along with other medicines which had an expiry date on opening had been labelled to show when they were first opened. The temperature of the medication room and refrigerator was taken and recorded daily to ensure they were in a safe range for the safe storage of medication.

There were occasions when staff were required to transcribe medicines for people, on to MARs following advice from medical staff. We saw that these handwritten entries were signed and had been witnessed by a second member of staff. This helped to ensure that the information was accurate, thus reducing the risk of potential errors. MARs included a section for any known allergies and displayed a recent photograph of each person. This helped to ensure that right medicines were given to the right person. However we noted that one person's MAR had not been completed to show a known allergy which was recorded on their medication profile. The nurse updated the person's MAR as soon as we pointed this out.

Some people required medicines to be given when required. These are known as PRN medicines which are to be given as necessary or on request, such as for pain relief. There were protocols in place detailing what these medicines were for, when they should be given and instructions for use such as gaps between doses. However, we noted that there was no protocol in place for an item of PRN medication which had recently been prescribed for one person. The nurse on duty actioned this immediately after we raised it with them.

The service was clean and hygienic throughout. The registered provider had an infection control policy and procedure and a member of staff was appointed as an infection control champion. They had responsibilities for providing advice and guidance to other staff on best practice about infection prevention and control. The registered manager understood who they needed to contact externally if they needed advice or assistance with infection control issues. Staff received training in relation to infection prevention and control and they understood the need use protective personal equipment (PPE) such as aprons and gloves, where this was necessary. There was a good supply of PPE available to staff and we observed them using these appropriately throughout the inspection.

Good

# Is the service effective?

## Our findings

People told us that they received all the right care and support to meet their needs by staff that were good at their job. People said they enjoyed the food and had plenty to eat and drink. Family members told us they felt staff had the correct training and knowledge to care for their relative.

People's needs were assessed and planned for. Before moving into the service the registered manager or a suitably qualified member of staff visited people at their place of residence to assess their needs. This helped to ensure that the person's needs could be met at the service. People and where appropriate their family members were involved in the assessment process which also took account of people's choices and preferences. People and relevant others visited the service to help decide if it was the right place for them to live. Copies of pre admission assessments including those obtained from other health and social care professionals were held in people's care files. Care plans were developed on the basis of assessments.

People received effective care from staff that received regular training and support and had a good understanding of people's needs. Staff told us they were provided with a good amount of training which they considered relevant to people's needs, their roles and responsibilities. They said the training gave them the skills and knowledge to support people effectively. Staff completed on line training and attended classroom based training for practical topics such as moving and handling. Nursing staff had received training relevant to their roles such as wound care and stroke awareness.

On appointment new staff commenced induction training. This involved spending time with a senior member of staff, and shadowing more experienced staff to learn their roles. Records showed that new staff completed training in line with the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. Staff told us they had received a thorough induction. Staff were also supported to gain further qualifications including a Diploma in Health and Social Care.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt supported by the registered manager, the deputy manager and nurses and were able to ask them for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service. The registered manager and deputy manager provided nurses with clinical supervision and ensured they were provided with regular updates in practices and matters relating to their clinical role.

People's nutritional and hydration needs were understood and met. A nationally recognised tool was used to assess and identify people's nutritional and hydration needs and any risks associated with them. Risks were set out in care plans along with information about how to minimise them. This included regular monitoring of people's food and drink intake to ensure a healthy intake. Some people needed their food and drink texturizing because they were at risk of choking. Their care plans provided clear information and instructions for staff about the required consistency of food and drink. Any assistance or special equipment people needed to eat and drink were also included. This information along with any other special dietary

requirements people had such as low sugar and fortified foods was displayed in the kitchen for the chef and other staff preparing meals and drinks. Pureed and softened food was served as separate items on the plate to help the meal look appealing and to promote taste. People told us they always got the help they needed at meal times. One person told us, "I can only use one hand so the staff cut my food up so I can manage to feed myself," another person said, "They [staff] will help if I ask."

Staff regularly consulted with people on what type of food they preferred and ensured that they were offered a variety of food choices to meet their needs. One person said; "I was asked by the chef what I liked and I wrote a list. I am very fussy and the chefs are great and always cook me what I want." People told us they liked the food and got plenty to eat and drink. One person said, "The food is very good and there's always a choice. If I don't like what's on offer I get another choice. The atmosphere at meal times was warm and friendly and staff sat next to people they provided support appropriate to meet each individual person's assessed needs.

People received appropriate healthcare to meet their needs. Staff supported people to see external healthcare professionals such as GPs, speech and language therapists (SALT), occupational therapists, dentists and opticians. Care records were updated with any advice and guidance given following contact people had with them. Family members told us staff always kept them informed of any changes to people's health and when healthcare appointments had been made.

Some items of bedroom furniture and carpets on corridors and in bedrooms showed signs of wear and tear and needed either repairing or replacing. This was discussed with the registered provider who confirmed there were plans in progress to make some structural changes to the premises. The registered provider assured us that the replacement of furniture and carpets had been factored into the work soon to be carried out.

Parts of the environment had been adapted to help orientate and stimulate people living with dementia. This included the use of signs to help people locate areas of the service including toilets and bathrooms and communal rooms. Part of the quiet lounge had been decorated to replicate a room from the past to help stimulate people's memories. The registered manager explained that they recognised the environment required developing further to improve the quality of life for people living with dementia. The registered manager had researched dementia friendly environments and was working with the registered provider to plan improvements.

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The Mental Capacity Act (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 had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been appropriately made for some people to have a DoLS authorisation, for example as the person lived in a secure environment and was therefore not free to leave the service at any time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered providers policies and systems in place at the service supported this practice. We observed throughout the inspection that staff obtained people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Good

# Is the service caring?

## Our findings

People told us that they were treated with respect and that their privacy was respected. Their comments included; "My privacy is respected at all times. Nobody enters my room unless they knock first" and "The staff help me wash and dress and always do this with my dignity in mind. I like to have a soak in the bath and they always let me take my time and don't rush me." Family members told us that their relative was treated with dignity and respect.

On both days of the inspection we observed a calm, relaxed and friendly atmosphere. Staff interacted with people in a caring and compassionate manner. People told us they felt comfortable and safe with staff and that they had no reservations about speaking with them should they have any worries or needed advice or reassurance.

People commented positively about the attitudes and approach of staff. They told us that staff treated them with kindness, respect and compassion. Staff spoke about people with kindness and compassion. Their comments included; "This is their home and we should respect that," "I treat people as individuals because they are all very different and need and want different things" and "I love my job and am here for the residents."

Staff sat with people in lounges and engaged them in discussions of interest. For example a member of staff chatted with one person about where they used to live and work and the person reacted positively to this. The member of staff maintained eye contact with the person and listened with interest to what the person had to say. There was lots of laughter and banter between people and staff and people told us this was usual and that they enjoyed those interactions. The body language expressed by people who were unable to communicate verbally, showed that they were comfortable and happy when staff interacted with them.

Staff were patient and respectful towards people when providing them with care and support. They took the time to speak with people as they supported them. For example, staff took their time and provided constant reassurance to one person whilst assisting them to transfer by use of a hoist. Staff checked the persons comfort throughout and maintained their dignity by ensuring no part of their body was exposed. Staff were patient when assisting people to eat and drink. They did not rush people and provided gentle prompting and encouragement to those that needed it. A staff member sat next to the person they were assisting and maintained eye contact and focused completely on the person throughout the meal time.

Some people's ability to communicate was limited, however staff understood what people communicated and they responded using methods of communication which met people's needs. Staff provided people with appropriate care and support during periods of distress. For example, one person was visibly upset and anxious and staff comforted the person by holding their hand and speaking to them gently. The person soon became less upset and anxious.

People's backgrounds, past lives and relationships which were important to them were known and understood by staff. Staff had worked with people and where appropriate family members to develop a

document titled 'A day in the life of' and 'A night in the life of'. This included the persons preferred name and gender of carer and other information about the person. For example their family, background, employment, things and people that matter and certain routines which were particularly important to them. This helped staff to generate discussion with people about their past lives, interests and things of importance.

The views and experiences of people who used the service, their families and friends were obtained. Regular care plan reviews took place involving people and relevant others and residents and relatives meetings were held. These provided people with an opportunity to have a say in how their care and support was provided and to comment and make suggestions about the running and development of the service.

People's privacy and dignity was promoted and respected. Staff knocked and waited for a response before entering bedrooms and people received personal care in private. For example, where people needed physical and intimate care, they were taken to their bedroom or a bathroom and provided with the care and support they needed behind closed doors with doors locked. Staff provided examples of how they maintained people's dignity when providing them with personal care. Examples included; ensuring people were covered as much as possible, explaining to people what they were about to do and ensuring people were comfortable and warm. People told us that these practices were usual.

Personal information about people was treated in confidence. Paper records were locked away when unsupervised and information held on the computer was password protected. Only authorised staff had access to people's personal information. Staff were careful not to be overheard when speaking with people about personal matters and when sharing information amongst other staff about people. Staff understood their responsibilities for ensuring the protection of personal information about people. Their comments included; "Information about people is private and that's how it should stay" and "I know we have to protect people's confidentiality by law."

Staff understood the importance of ensuring people's human rights, equality and diversity. Care plans captured information to ensure that the person received the care and support they needed in accordance with their wishes and lifestyle choices.

Good

# Is the service responsive?

## Our findings

People told us they knew how to complain and would if they needed to. They told us they had the opportunity to take part in activities. People's comments included; "Oh yes I would complain if I wasn't happy," "I'm sure they'd sort out any problems," "There are things going on each day," "I don't take part in activities. I prefer to stay in my room and watch my TV" and "I take part in some of the activities if I feel like it."

People had a care plan which was tailored around their assessed needs. Where possible people, and relevant others, such as family members were involved in the development and reviewing of care plans. Care plans covered areas of need including personal care, mobility, communication, nutrition and hydration and healthcare. The care plans were kept under review to help ensure they accurately reflected people's needs and how they were to be met. People, and where appropriate family members with appropriate legal authority were given the opportunity to sign care plans to show that they were in agreement with the content. Care plans identified the area of need and what the intended outcome was for the person. They provided instructions and guidance for staff on how best to meet the person's needs to achieve the intended outcome. Staff told us that care plans were easily accessible to them, easy to follow and informative.

Communication systems helped ensure that people received care and support which was responsive to their needs. A staff handover meeting took place at each shift change to exchange relevant information about people. In addition staff on shift completed a daily record which summarised the care people received and any significant observations which needed to be followed up. This enabled staff coming on duty to get a quick overview of any changes in people's needs and helped to ensure consistency of care. People's health was monitored and when staff noted a decline in a person's health they reported it onto the nurse in charge. This helped ensure appropriate decisions were made in response to people's health and wellbeing.

Records were in place and completed as required for people who had been assessed as needing specific aspects of their care monitored. This included; charts for monitoring people's weight, food and fluid intake, skin integrity and repositioning. Monitoring records were located where staff could easily locate them and complete at the point of care, such as people's bedrooms. Monitoring records were evaluated daily by the nurses to check on people's progress and to make sure they received the right care and support.

People who were at risk of developing pressure ulcers and those at risk of falls had the required specialist equipment in place to minimise the risk. This included air flow mattresses and sensor mats. Records showed this equipment was regularly monitored to ensure it was set according to people's individual needs.

People were supported and encouraged to follow their interests and take part in activities. Activities available included gentle exercise, art and craft, bingo and board games. For those people who were not able or did not wish to join in the group activities, one to one time was spent with staff. Staff sat with people on both days of the inspection and engaged them in one to one activities. People told us that they had

enjoyed a variety of celebrations and events over the Christmas period.

The registered provider had a complaints procedure which people and family members were provided with. A copy was also displayed at the service. The procedure clearly set out the process for complaining and the responses people should expect and when. People and family members told us they were not afraid to complain. They said that if they had any concerns or complaints, they felt confident to discuss them with staff and the registered manager. They felt their concerns and complaints would be listened to and actioned appropriately.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Medicines were held at the service to be used if necessary to keep people comfortable. Where people chose to discuss their end of life plans an appropriate end of life care plan was developed outlining their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, relevant others about the development and review of these plans. There were good links with GP's and specialist nursing services which helped to ensure people received the care they needed during this period of their life.

Good

# Is the service well-led?

## Our findings

People who used the service, family members and staff told us positive things about the registered manager and how she managed the service. They told us the registered manager was supportive, approachable and always visible around the service. One person said, "She [registered manager] always comes and says hello and asks how I am." Another person said, "I can ask her anything and she always gives me an answer".

Staff told us that the registered manager provided strong leadership and led by example. Their comments included, "She is a very good manager, I've learnt a lot from her" and "If we are not doing something quite right she takes us to one side and explains".

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had a good understanding of their role and responsibility as registered manager and they kept abreast of current legislation and codes of practise. A deputy manager and a team of nurses provided the registered manager with managerial support including co ordinating people's care, facilitating and supervising the work of care and ancillary staff and the completion of some audits.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality and safety of the service people received. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and supervisions. Feedback from people and family members was obtained and used to help develop and improve the service.

There was an effective system in place for assessing, monitoring and improving the quality and safety of the service. Audits (checks) took place on all areas of the service including care plans and associated records, medication, infection control, staff training and supervision and the environment. The frequency of the audits was carried out in line with the registered provider's quality monitoring framework. Action plans clearly set out areas for improvement, who was responsible for completing them and when. The registered provider visited the service regularly to check on the safety and quality of the service. They held meetings with the registered manager to discuss the service including future developments and changes.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us they had confidence in raising any concerns they had with the registered manager, deputy manager or nurses in charge of each shift. They said their concerns were listened to and actioned appropriately. The registered manager liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

People's care records were kept securely and confidentially, in line with the legal requirements. Registered persons are required to notify CQC of specific incidents and events to allow us to monitor the service. CQC received notifications as required in a timely way.

People and relatives all described the management of the home as open and approachable. Relatives told us, "I can talk to the manager or staff at any time" There were regular meetings for people and their families, which meant they could share their views about the running of the service.

The registered manager constantly looked at ways to improve the service through involving all stakeholders in the service. For example, team meetings for all staff plus individual meetings dependent on their role in the service, for example nurses, care staff, and ancillary staff. Staff said that everybody had the opportunity to have their views heard and taken into account.

The registered provider had a range of policies and procedures for the service which were made available to staff and kept under review by the registered provider. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate.

The rating from the last inspection was clearly displayed at the service for people and others to see.