Mayfield Carehome Ltd

Mayfield Care Home

Inspection report

Beaufort Road
Sale
Cheshire
M33 3WR

Tel: 01619732371

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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

Mayfield Care Home provides personal care and accommodation for up to 24 older people. It is a large detached, extended property standing in its own grounds near to the area of Sale, Greater Manchester. There is a passenger lift in the home. There is one double room in the home however we were told that this would not be utilised unless explicitly requested, for example by a married couple.

The inspection took place on 18 January 2017 and was unannounced which meant we did not notify anyone at the service that we would be attending. At the time of our inspection there were 20 people living in the home.

Our last inspection at Mayfield Care Home was in October 2014. The home was judged to be meeting all the standards we looked at during the inspection. The home was sold to a new provider in November 2015 and was reregistered accordingly. The registered manager and the staff team at the home remained the same following the change in registered provider.

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.

People we spoke with told us they felt safe living at Mayfield care home and spoke very positively about the staff. There were sufficient staff to meet people's needs safely and effectively.

We found systems were in place to make sure people received their medicines safely. When we did raise an issue with medicines this was explored and resolved straight away.

Staff underwent a thorough induction and shadowed other colleagues prior to commencing work. Regular updates to their training were completed to ensure they had the skills and knowledge to carry out their roles. Staff were receiving supervision and felt well supported by the registered manager.

The registered manager acknowledged that more could be done to make the home a more dementia-friendly environment. The registered manager intended to explore good practice in modern dementia care more fully in order to improve the quality of life of those people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of health care professionals to help maintain their health.

People told us the meals provided were good in quality, presentation and quantity. Alternatives were

always available if people did not like the meals that were on offer. Diets provided to people took into account dietary needs and preferences so their health was promoted and choices could be respected. People's fluid and diet intake was monitored by staff where a risk of dehydration or malnutrition had been identified.

Activities were provided both in and outside of the home which people said they enjoyed. There was no bespoke activities co ordinator employed by the service however there was provision of exercise and activities by external organisations. Staff also organised activities and one to one sessions with individuals. We saw that people who were able to enjoyed accessing the community on a regular basis.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns. They were confident that their concerns would be listened to and any necessary action would be taken.

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, their relatives and professionals had been asked their opinion of the service via questionnaires. The results of those returned had been made public. It was obvious to us, and the service could evidence, that they wanted to listen and act on suggestions in order to learn and improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff had received appropriate training in safeguarding adults and knew what actions to take if they suspected abuse.

Medicines were administered, stored and disposed of safely. There were appropriate policies and training in place to support with this.

There was a robust recruitment process in place. There were sufficient staff on duty to meet the needs of people living at Mayfield Care Home.

Is the service effective?

Good

The service was effective.

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

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People were provided with access to relevant health professionals to support their health needs.

People had access to a good range of food and drink throughout the day.

Is the service caring?

Good

The service was caring.

People and relatives said staff were very caring in their approach.

The relationships we saw between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

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

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 had a good knowledge of people's preferences and support needs.

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

Activities were provided both in and outside of the home which people said they enjoyed.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the service.

People and relatives said the registered manager had an 'open door' policy and was always available to talk to.

Systems were in place to regularly assess and monitor the service provided. The manager was pro-active in addressing identified concerns.

Mayfield Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2017 and was unannounced which meant no one at the service knew beforehand that we would be visiting. The inspection team consisted of two inspectors 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 expert by experience had experience in older people's care services.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service dies or experiences a serious injury.

The service had completed a provider information return (PIR) for this inspection. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Trafford 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. Part of the local Healthwatch programme is to carry out Enter and view visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. Healthwatch had undertaken an Enter and View visit to Mayfield care home in September 2016. The outcome of the visit was positive and the authorised representatives leading the visit felt that the standard of care at Mayfield Care Home was good.

During our inspection we spoke with twelve people living at the home and four of their relatives to obtain their views of the support provided. We spoke with seven members of staff, which included the registered

manager, four care staff and ancillary staff such as maintenance, catering and domestic staff.

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

Good

Is the service safe?

Our findings

People we spoke with said they felt safe living at Mayfield Care Home. People told us, "I love living here, it's very friendly," "Yes I'm safe; I'm well looked after," "I feel safe because if I need help they (staff) are there to look after me," and "Everyone is very friendly and kind; it's safe."

We saw that people had individual risk assessments for such things as moving and handling and bed safety. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments.

One person's care files contained a risk assessment for the use of bed rails. It was recorded that the person did not have a need for them, however they had requested to have grab rails, to support them to get out of bed. The service had undertaken a comprehensive risk assessment on both options and there was a clear rationale for the provision of the grab rails. During the inspection we saw staff had the skills to support people safely, for example when mobilising and using hoists. Each risk assessment contained an Personal Emergency Evacuation Plan (PEEP). PEEP's showed the support a person would need if they needed to leave the building in the event of an emergency, such as a fire. This showed the service ensured people had personalised risk assessments in place which were regularly updated.

Records showed staff had received training in safeguarding vulnerable adults and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff we spoke with were confident they would be protected should they ever feel it necessary to raise such concerns.

Safeguarding and whistleblowing policies and procedures were available for staff to refer to and on display in the general office at the home. Staff we spoke with were aware of their responsibilities in reporting any safeguarding concerns they had to the registered manager or senior member of staff at the home.

In 2016 we followed up with the new owners following receipt of a historical report issued by the coroner. This was in relation to an incident that had occurred at the home in 2013 whilst a person was waiting for reassessment due to an increase in needs . The new provider responded promptly outlining the measures that had been introduced at the time to increase the vigilance of people using the service, especially those that might be attempting to leave. This demonstrated that the provider addressed their responsibilities in ensuring the safety of people using the service was paramount.

All the people we spoke with told us that they felt there was enough staff to care for their needs. Some people mentioned that staff worked very hard and when a member of staff was off sick, this reflected on the workload of others. People said they understood the demands on staff and accepted that at times they had to wait for assistance but this did not happen often. During the day, we saw at least one member of staff remained in the lounge area or in view of people in case they needed assistance. During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance

this was provided.

People said, "You seem to get attention when you want it, for instance, I have just asked to be changed and got immediate attention," "I like to be independent but when I need staff to help me, they are always there," "No (there are not enough staff), they are sometimes run off their feet" and
"I have never felt that there is a shortage of staff. In this home there is always someone around to see to you."

On the day of the inspection there was the registered manager and four care staff on duty, including a senior care worker, during the day. There were also other anxillary staff, including two domestics and a cook on duty at the time of inspection. Staff told us there were always between three and four care staff plus a senior member of care staff on duty during the day. We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff we spoke with said enough staff were provided to support people's needs. From our observations, the records shown to us and from what people using the service and staff told us, there were sufficient staffing levels to meet the needs of people living at Mayfield Care Home.

There was a robust recruitment process in place. We looked at four staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. 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. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

There was a medicines policy in place for the safe storage, administration and disposal of medicines. As part of our inspection we looked at how medicines were administered, stored and disposed of to ensure the service was managing this safely. We looked at the Medication Administration Records (MARs), observed staff administering medicines and checked the stock of medicines held for four people.

We found that all the MARs had been completed and signed for, however when we checked a medicine which did not come in the blister packs, for example pain relief, we found the number of tablets did not match the recorded amount. We discussed this with the deputy manager who explained the anomaly and how it had happened. They told us they would speak with the staff member involved.

There were no controlled drugs on site at the time of our inspection. Medicines supplied by the pharmacy were in colour coded blister packs. The service then highlighted the medicines transcribed on the? MAR to match so that it was clear to staff administering medicines what was due and when. Any medicines which had been dispensed then refused or dropped on the floor, were put in a sealed packet which was signed, dated and put in the returns box to be disposed of.

No one living at the service was in receipt of covert medicines and we saw the service kept protocols for 'as require' (PRN) medicines, with the MARs. We saw when people had specific medical conditions such as diabetes, the service ensured that information was recorded with their MAR about possible side effects and triggers. We saw there was a medicines policy in place which was being followed. For example, when a person's MAR had been hand written, we saw the service ensured there were two signatures to say the medicines had been checked.

Regular checks of the building were carried out to keep people safe and the home well maintained, including service visits and maintenance checks on the lift. Fire fighting equipment and gas safety were all

checked on a regular basis by qualified contractors. Information on the fire risk assessment provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service and we saw that this had updated in May 2016.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Mayfield care home was clean with no unpleasant malodours observed.

Good

Is the service effective?

Our findings

People spoke positively about living at Mayfield care home and the support they received. People we spoke with said they felt well cared for by staff 'who knew what they were doing'. Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member.

The people we spoke with told us that they enjoyed the meals at Mayfield care home. People said, "I like the food here; I know that they will always find me something to eat," "The meals are fine and you can ask for more if you want," "Sometimes the meals are excellent but sometimes they are not as good, but I have never been hungry" and "Staff know my likes and dislikes and also the portion size I like. They used to give me big portions but I told them I only like small portions. That encourages me to eat."

We observed lunch being served in the dining room. The room was spacious and was pleasantly decorated; tables were set with matching tablecloths. People seemed to have a preferred seat, sitting with people they knew. Most people ate independently and we saw staff had provided one person with a plate guard to aid them eat their meal independently. One person was assisted to eat their meal and the care staff sat next to them, explained what the meal was and chatted to them. We heard staff ask people if they would like assistance with cutting up their food.

We saw that the daily menu was printed off and displayed around the home for residents to read. The daily menu was clear and listed the food on offer at all meal times throughout the day. We saw that people were offered choices at every meal time and we were told that staff checked each resident's choice in advance of meal times. We saw staff offered people a choice of drinks with their meal and throughout the day and staff were monitoring and recording peoples' fluid and food intake where it had been identified that the person was at risk of dehydration or malnutrition.

People told us that they had choices and could make decisions about their care. One person said "When the exercise lady comes staff ask me if I'm having a go. I don't have to. If I'm having a bad day I don't feel like doing much." We heard care staff ask a person if they wanted to stay in their wheelchair for the morning activity session. The person told the care staff they wanted to be moved into a more comfortable armchair. The care staff said this was not a problem and that they would get the hoist to assist with their transfer. One person told us staff were in the past getting them up too early.The person said they discussed this issue with the staff and felt they had been listened to and was now happy with the time staff came in to assist them in the morning. We continually heard staff asking people how they wanted to spend time and offer choices.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked 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. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service. The registered manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We were satisfied In this way the DoLS legislation is being utilised as it was intended to protect people's rights. The registered manager made us aware of the current delays they were experiencing with regards to receiving authorisations from the supervising authority in relation to DoLS applications.

We saw a policy on staff supervision and appraisal was in place for guidance and information. Records we saw showed regular, planned supervision and an annual appraisal was provided to staff. Staff spoken with confirmed they were provided with regular supervision meetings and an annual appraisal was held with the registered manager. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting.

Staff told us they were provided with a range of training which included infection control, safeguarding vulnerable adults, mental capacity act, food hygiene, fire prevention, health and safety and control of substances hazardous to health. We looked at eight electronic training records and the registered manager demonstrated how useful the system was by printing out all eight individual training records. These showed the date when staff had completed the aspect of training and also provided the date for when refresher training was due. One member of staff required updates in most aspects of training. This was because they had just returned from a period of maternity leave. The systems in place identified when staff would require training updates so these could be pre-planned in advance. We were assured that staff were receiving appropriate and relevant training for their respective roles in a timely manner.

Induction training was provided to staff so they had the skills and knowledge for their role. New staff spent time shadowing more experienced staff to help them understand their role. New staff recruited since April 2015 completed an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

We saw in people's care records they received assistance to access health appointments and staff sometimes attended appointments with people to provide support during the visit. We saw records detailing when contact had been made with healthcare professionals. We also saw the service had updated people's care plans to reflect any advice or actions prescribed by the health care professionals. For example, we saw where one person had been visited by the GP and a discussion had been held about their end of life plans. Subsequently we saw the persons end of life care plan had been updated to reflect their wishes. One person was being supported to see a health professional on the day of inspection. Care plans contained information about people's health so that staff could provide appropriate support.

We could see that the home fostered good relationships with healthcare professionals. The seven questionnaire responses received from health professionals awarded the home A's and B's. Comments

included, "Staff are friendly and professional" and "Staff are well-informed about the residents, which is very helpful." This showed us that health professionals regarded the service to be good.

At the time of our inspection Mayfield Care Home was not a dementia-friendly environment. We saw some picture signs and photographs of some occupants on doors, but little else. Nevertheless we did not see any people wandering about lost during the day of inspection. A member of staff informed us that there were plans to install dementia friendly signs to improve the environment and help people orientate around the building. We discussed good practice in modern dementia care with the registered manager who intended to explore this more fully in order to improve the quality of life of those people living with dementia. We will check on this at our next inspection.

Good

Is the service caring?

Our findings

People told us they liked living at Mayfield care home. People said, "Staff really care for me, they give me hugs," "All of the carers are lovely; they look after you and are very friendly," "They (staff) are friendly, they know you and know your name and how you like to be cared for," "I have only been here a week, but they (staff) seem to know me already. All of the girls (staff) are good," "The staff are good to me; they wash and change me when I have an accident," "The staff are lovely "and "I feel comfortable with staff helping me because you know them all."

During the inspection we both saw and heard examples of care workers being caring in their approach to people living in the home. One person complained of not feeling well to a member of staff walking past. The staff member stopped and asked if the person had had any pain relief. When they replied that they had not the staff member asked, "Would you like some paracetamol? I'll get you some now." We saw that the person was brought tablets for pain relief and a glass of water. This showed us that staff were caring and responded to people asking for help.

People told us they were treated with kindness and they felt their dignity and privacy were respected. Comments from relatives were all positive and included, "[Family member] is always clean and fully shaven, which is important to him and us."

Staff we spoke with were able to describe how they treated people with dignity. For example, by closing doors and curtains when providing personal care to ensuring that visiting healthcare professionals saw people in the privacy of their own rooms. We heard staff speaking to people and explaining their actions so people felt included and considered. We did not see or hear staff discussing any personal information openly or compromising privacy. This showed the service understood the importance of maintaining a person's dignity.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. Throughout the visit, we saw that staff were friendly, caring and considerate with everyone. The atmosphere was homely and comfortable and everyone we spoke with told us how happy they were living at Mayfield care home. The relatives we spoke with all told us that they were made to feel welcome at any time. One relative said "We are always made to feel welcome; I come whenever I can."

We spoke to people living at Mayfield Care Home, and their family members about their involvement when reviewing their care and support needs. Some people receiving support, or relatives we spoke with, were unclear about their roles in reviewing their own or their family member's care plan. We did see some relative involvement recorded in the three care plans we reviewed. One relative said, "[Family member] and ourselves were fully involved with the staff of the home when reviewing the needs of [family member]."

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 important information was available so staff could act on this. They also provided details about the person's preferred name and the person's life history. This

showed the service had taken time to find out about the person and identify things which mattered to the them.

People's care files provided details about how each person wanted to be supported at the end of their life. The service respected people's end of lfe decisions and provided end of life support to people if their choice was to remain at the home. We saw records of staff training in end of life care so they had the skills and knowledge to meet people's needs. One staff member said they had received recent training in supporting people at the end of life. They described this training as "brilliant." This showed the service had considered people's end of life care and supported people to remain in the home rather than be admitted into hospital.

Good

Is the service responsive?

Our findings

People living at Mayfield care home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, when to see their visitors and how they wanted their care and support to be provided. Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities.

The home used both manual and electronic systems of care planning documentation. We viewed both of these and saw that the paper system contained copies of signed consent forms, Deprivation of Liberty Safeguard authorisations and Do Not Attempt Cardio Pulmonary Resuscitation (DNACAR). The electronic system documented people's care plans and risk assessments. They provided staff with information about the person, their needs, likes and dislikes and information about what the person could do. We saw the system would notify staff when the care files needed to be reviewed and updated. Daily notes were also recorded on the electronic system, with the date and time they were recorded. This meant information was being recorded in a timely manner.

People told us that they have some choice in their daily routines for example, people who were independent, told us that they chose when they got up in a morning and that they went to bed when they wished. People said they chose their own clothes and attended to their some of their own personal care needs. People, who required assistance, told us they were happy with the care they received.

People told us that a range of activities were provided and we saw these advertised on the notice board. These included activities such as group games, and crafts. In addition, entertainers visited the home and local events were planned for people to enjoy. Some people said they had recently attended a pantomime at a local theatre which they had enjoyed. All of the people spoken with said they were happy with the activities provided and they were free to choose to join in or not, depending on their preference. Relatives said, "The activities are really good. They helped [family member] to settle into the home and get to know other people."

On the day of our inspection we observed two activity sessions taking place .We saw that most people in the lounge, who were able to, joined in with the activity sessions and seemed to enjoy them. There was no bespoke activities coordinator employed at Mayfield care home but staff worked as a team to organise a variety of activities such as Singalongs and Friday morning discussions around headline news stories in the local paper, which kept people connected with community events and news. Out of 16 questionnaire responses received from people living at Mayfield care home ten people had indicated they were very happy with the activities on offer at the home.

People's care records included an individual support plan. These plans contained details of the person'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 and promoted.

Health care contacts had been recorded in the plans and plans showed 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. We found support plans held evidence they had been reviewed to keep them up to date. Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff told us they had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported.

People and relatives we spoke with said that they had never had the need to raise a concern or complaint but that they would feel comfortable in speaking to staff and the registered manager if needed. They told us they were confident they would be listened to and their concerns would be dealt with in a professional manner. One person told us, ""I'm from Yorkshire, I know how to complain," but then added that they had not yet had a reason to complain.

People were provided with information on how to complain in the 'service user guide' provided to them when they moved into Mayfield care home. This showed 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 in response to a complaint and the outcome of the complaint.

No complaints about the home had been made at the time of this inspection and stakeholders we contacted prior to the inspection told us they had no particular concerns about Mayfield care home. We saw that the home had received compliments, mainly in the form of thank you cards from relatives praising the care delivered by the service.

Good

Is the service well-led?

Our findings

The service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open and inclusive. The service had a manager who was registered with the Care Quality Commission.

We observed there was clear leadership present in the home, as the registered manager was available throughout the day to people who lived at the home and the staff team. The registered manager operated an open door policy and spent as much time as possible in the home with the people who lived there. Staff said the registered manager was approachable and supportive. Staff told us they were able to talk with the registered manager or senior staff if they had any concerns or felt they needed support.One staff member told us, "(Name of manager) is a good manager, she guides you and helps you to improve."

People we spoke with told us residents and relatives meetings were held every three or four months and that the decisions taken there were implemented. Residents told us they could influence how the home was run in such matters as the food served, the loudness of the TVs, for example. People we spoke with told us they could approach the manager and staff at any time if they had a problem or wanted to raise something. One person told us, "I know I can talk to the manager and staff if I'm worried about anything." People and relatives said the manager had an 'open door' and was always available to talk to and address any issues of concern they raised. People and relatives were also very positive about Mayfield Care Home and how it was managed. One relative said, "As a family we are highly satisfied with the care and have no issues whatsoever." It was apparent that both residents, relatives and staff had considerable respect for and confidence in the registered manager.

All the staff we spoke with, spoke positively about their work and spoke highly of their manager. Comments included, "I love it here. I miss the residents when I'm not at work," " The manager is able and supportive," "We work well as a team; it is a very rewarding job" and "We treat residents as though they are our own family. That's the way it should be." Staff told us they felt they had a very good team. Staff said both the registered manager and registered provider were approachable and communication was generally good within the service. Staff spoken with confirmed that staff meetings took place so important information could be shared. Staff said," We have staff meetings about every three months. They are alright; I say what I need to."

We looked at the quality assurance and governance of the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw checks and audits had been made by the registered manager and maintenance staff at the home as part of the quality assurance process. These included care plan, medication, health and safety and infection control audits. We saw that if any issues were identified, the service had taken action to address them. This showed the service had a process in place which monitored the service and took action when necessary.

During the inspection we saw a member of staff with long painted fingernails, which was contrary to

company infection control policy. We raised this with the registered manager. The manager later provided evidence that this had been addressed with the staff member. The member of staff had been referred to the staff handbook and had signed a letter to acknowledge the policy and procedure of the staff dress code and to adhere to this in the future. We were assured that the manager had dealt with the matter in a timely manner.

We found that surveys had been recently sent to people living at the home, their relatives and professionals. We saw results of the 2016 survey which were extremely positive with seven responses scoring the service a maximum ten out of ten. The registered manager had shared the results and had made them public. One feedback form scored the service eight out of ten and suggested a notice board with photographs and names of staff displayed in the foyer would result in the maximum score of ten. The registered manager was able to evidence that plans were in motion to adopt the suggestion. This showed us that the service was willing to listen and learn from ideas received on feedback forms to improve people's experiences of care and also for relatives accessing the home.

The home had policies and procedures in place which covered all aspects of the service. Most of the policies seen had been reviewed and were up to date. Some policies had not been reviewed in the last year which meant they could be out of 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 and induction programme. The registered manager told us they would review the policies and procedures to ensure they were all up to date and reflected the current service.

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 any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.