

Oaklea Nursing Home Ltd

Oaklea Nursing Home

Inspection report

2-4 Eastbourne Road
Linthorpe
TS5 6QW
Tel: 01642 819667

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on the 18 May 2015. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. We had also received concerns about the service regarding poor nutrition and hydration, poor care planning, poor privacy and dignity and poor environment and facilities.

The service was last inspected July 2014 and found to be compliant with the regulations we looked at.

Oaklea Nursing Home provides care and accommodation for up to 18 people. Accommodation is provided over two floors. All of the bedrooms were single and contained a

sink. There were two communal lounges, a dining room and a conservatory on the ground floor of the home. The home is close to Linthorpe Village, shops, pubs and public transport.

At the time of inspection there were 12 people living at the service.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since February 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 observed that the care workers were kind, supportive, and respectful to the people that used the service.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. We found care plans were written up to state how people wanted their care to be provided. However, where people requested unusual methods of care the care plan agreement was not signed by the person. We discussed this with the registered manager who was going to arrange to get these signed straight away.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents recorded were too few therefore did not identify any trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

We found that medicines were administered appropriately. However, there were some gaps on the Medication Administration Records (MARs), some medicines were in bottles with unreadable labels and we questioned the storage of the medicine trolley being in the kitchen, due to the heat. We discussed our concerns with the registered manager.

We observed a lunchtime meal, these meals were flexible to suit the needs of the people who used the service. Meals were well cooked and the portions were plentiful.

The service was clean and we saw that there was plenty of personal protection equipment (PPE) available. However the environment was in need of refurbishment everywhere.

The registered manager had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met for example in house training. However some mandatory training was a month or two out of date for some staff but the registered manager stated they were aware of this and was arranging updates where needed.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager.

We saw there had been a complaint within the last 12 months that was currently being investigated by the service.

Staff were supported by their manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints. The manager reviewed processes and practices to ensure people received a high quality service.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

The registered manager carried out regular audits such as medicine audit, hand hygiene audit, mattress audit and health and safety audit.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were cared for by staff that had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

Work needed to be done to make sure people's medicines were handled, stored and administered safely.

Requires improvement



Is the service effective?

The service was not always effective.

People were cared for by staff who had received training in how to effectively meet their needs. However, some mandatory training was a month or two out of date.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary wellbeing.

The environment needed was in need of refurbishment everywhere

Requires improvement



Is the service caring?

The service was caring.

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy and dignity was respected by staff.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



Is the service responsive?

The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

Activities were mainly one to one time, unless people requested to do a group activity such as bingo.

Good



Summary of findings

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service and satisfaction surveys were provided to obtain their views on the service and the support they received. A complaints process was in place.

Is the service well-led?

The service was well-led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

The service had processes in place to review incidents that occurred. Incidents were notified to the Care Quality Commission as required.

The registered manager reviewed policies and practices at the service to ensure the quality of service provision, and monitor the support provided to people that used the service.

Good



Oaklea 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 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 was unannounced and took place on the 18 May 2015. Due to concerns that were raised the inspection was undertaken by three adult social care 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 service.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed the information we held about the home for example notifications, safeguarding's and complaints and contacted the Commissioning & Development Officer at the Local Authority to obtain their views after their recent audit.

During the visit we spoke with 12 people who used the service, one relative, the registered manager, one senior care worker, five care workers, a cook, a housekeeper and the maintenance person. We also undertook general observations of practices within the home and reviewed relevant records. These included three people's care records, two staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

People we spoke with who used the service and a relative said they felt safe and had no issues in respect of feeling safe with the staff. Comments included, “Yes, of course I feel safe with the staff, they are very kind, all of them.” Another person said “I have always been treated very well and I know I am safe with all the girls who work here.” And “Yes, I do feel safe here. I did not want to give my home up but it has been the right thing to do.” The relative we spoke with said “I come in twice a week to visit my sister. I have no doubt about the safety of my sister otherwise I would do something about it.”

Staff we spoke with understood how to keep people safe, especially when using equipment. Comments included, “Using the Hoist, I know how scary it is because I have tried it. We always talk to whoever we are lifting, and tell them what we are doing. I think that helps. We have to take care when we transfer anyone of our residents from bed to wheelchairs too.” Another said, ““We know we have to have two of us when we are using the Hoist, there are so many slings and belts, we have to be careful. Hygiene is important too, we avoid infections that way.” One person who used the service said, “I do feel safe when they use the hoist. I was not at first, but they know what they are doing. It is alright now.”

Staff we spoke with were able to describe the procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the registered manager or if they were not available they could contact the registered manager of the sister home which is very close by. We saw that both homes were working closely together and supporting each other. The registered manager showed us a record of all safeguarding alerts they had made to the local authority safeguarding team and the outcome of any investigations.

Staff knew they had a responsibility to raise any concerns they may have about the treatment of anyone who used the service and they would be protected by the registered provider’s whistleblowing policy. The registered manager was in the process of updating this policy at the time of inspection. Staff said they felt confident raise concerns with the registered manager and felt they would take their concerns seriously and act on them. Staff were also aware they could approach outside agencies if they felt the need to raise concerns they may have. The registered manager

told us they took staff concerns seriously and would take appropriate action if any allegations were made against any of the staff to protect people who used the service from harm.

People’s care plans contained assessments which identified areas of daily living which may pose a risk to the person, for example mobility, nutrition, falls and bed rails. Assessments had been undertaken with regard to the risk of developing pressure sores with instructions for staff to follow to make sure the risk of people developing these was eliminated. All risk assessments were reviewed monthly.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents recorded were too few therefore did not identify any trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Rotas showed four care workers on shift till one pm days then three carers in the afternoon and a registered general nurse [RGN] across these shifts. On a night there was one care worker and one RGN. We saw a dependency tool in place that showed the number of people who used the service and a rating of their care need that the registered manager stated they used to indicate where more staff may be needed. This was done each month.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. We viewed two staff files. We were told that the service had not recruited any care staff for over two years and so we looked at the cook’s file who had been recruited within the last six months and that of a care staff member. We saw that both staff members had completed application forms and gone through an interview process, where they were asked questions relating to their specific role. For example, the cook was asked questions about the dietary needs of elderly people. We saw that people’s previous employment and character references were checked. We saw an Independent Safeguarding Authority (ISA) First, an ISA check will reveal if the person is registered and able to work with children and/or vulnerable adults. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record

Is the service safe?

and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We observed a lunch time medicine round and found that medicines were administered appropriately. However, there were some gaps on the Medication Administration Records (MARs), the registered manager recognised this may be a training issue with a new member of staff and said they would rectify the importance of completing the MAR charts. We saw some medicines were in bottles with unreadable labels, the registered manager said they have questioned this with the supplying pharmacy; these bottles were removed straight away to return to the pharmacy. We questioned the storage of the medicine trolley being in the kitchen, due to the heat. The registered manager monitored the temperature daily from inside the trolley and no temperature recordings went over 25 degree centigrade. The registered manager said they had recognised this may still be an issue and on the day of inspection started recording temperatures in different areas of the home where the medicine trolley could be stored.

The service had protocols for 'when required' medicines (PRN) and these were individual to each person, explaining why and how each PRN should be administered and when to be repeated.

We saw a small room with a cupboard upstairs which contained excess stock of medicines; this room was very warm with no thermometer. **We recommend that this excess stock is reduced and no medicines are kept that belong to other people who once used the service or have had this medicine discontinued. This room needs to have the temperature monitored.**

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, the lift and collaboration scales. Water temperature checks were recorded weekly.

The service was clean and free from unpleasant smells. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke with confirmed they always had enough PPE.

Is the service effective?

Our findings

People who used the service told us they thought the staff were well trained and could meet their needs, comments included, “Well, if they don’t know what I need by now, they will never know. I have been here for twelve years. I get very good care. I am happy in here.” Another person said, “They know what help I need. I manage to take my own medicine but the pills are brought to me with a glass of water. I get help with bathing & dressing. I am quite satisfied.” And “Yes they do know what help I need; I have no problems at all. I get all the help I need” Another person who used the service said, “I know they have been trained to use the hoist, they have mentioned it, so they know what they are doing. They help me a lot. They are good.”

We asked staff if they felt sufficiently trained to support the people who used the service. Staff we spoke with said, “We are all trained to at least level two. I have been trained to level three. We do some in-service training, with the staff from Linthorpe [their sister service] but we do other training too.” Another staff member said “Yes we have been encouraged to do training, the Matron [registered manager] believes in it. I have NVQ two and am doing some work book learning too.” On staff member said, “It is important to be trained so that you keep people safe and as well as you can. I have already done level two [NVQ] and am now doing other training. We have done Control of substances hazardous to health (COSHH) and health and safety, and all the mandatory training. I am going to do fire safety training in Durham.”

Staff mandatory training was a month or two out of date for some staff but the registered manager stated they were aware of this and were arranging updates where needed. For example moving and handling training was carried out with all staff in January and March 2014 and was due for refresh in 12 months so this was out of date and fire training was also done in March 2014 so again this was due for refresh in March 2015. There was a very consistent staff team with staff we spoke with working at the service in excess of five years and up to 13 years. We saw the service carried out in house training on the following subjects in 2015; pressure sores, chronic obstructive pulmonary disease (COPD), strokes, arthritis, Parkinson’s, heart failure, end of life, equality and diversity and catheter care.

We saw that if people had prior qualifications that certificates were examined prior to them starting work and that a full induction was in place that included shadowing of experienced staff. All care staff were trained to a minimum of NVQ Level two in health and social care.

We saw staff had received regular supervisions in the last year with a minimum of four and an appraisal in the last few months. The registered manager did raise that not all the appraisal and supervision forms had been signed by both parties but they were aware of this and would prompt staff to do this. We saw the registered manager’s comments were supportive and positive towards staff and people were given additional responsibilities as we saw one staff was made the nutritional champion for the service. We also saw that the manager tackled poor performance where required and this was documented so that both parties were aware of what needed to be improved.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for five people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. We saw paperwork confirming this.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately with the persons consent.

We saw a monthly nutritional risk assessment was carried out for each person using a recognised assessment tool. We saw when people had suffered sustained weight loss over a period of time, appropriate referrals had been made to the dietetics service and the speech and language therapy team (SALT).

Is the service effective?

People who used the service said they had a choice of food; which they enjoyed. Meals were well cooked and the portions were plentiful. People could choose where they wished to eat; tea, coffee and fruit juices are available throughout the day and always at mealtimes.

People we spoke with who used the service said, "The food is good and we get plenty of it. We can have more if we want it, there is always plenty to eat and drink." Another person said "I prefer to have my meals in my own room. Staff don't mind where I eat. The food is good and well cooked. I have very little at breakfast, only toast, on occasions though I do have a poached egg, but I have to fancy having one." And another person said, "The food is very good. We have a choice, like today it is steak and kidney pie and a load of vegetables with sponge and custard to follow. You can have anything (or almost) you want if you don't particularly care for what is on the menu. I have had a baked potato instead of what was on the menu so you can have what you want."

At lunchtime we observed two people in the lounge area with the support of one care worker and the housekeeper who was chatting with people and providing encouragement and offering people alternative choices. One person who was visually impaired was being assisted by a care worker and this was done with kindness and dignity for example, the care worker explained when the food was close to the person's mouth and exactly what items of food were on the spoon. One person was refusing to eat anything and the housekeeper was trying to tempt them with lots of alternatives including ice-cream. They told me this person did enjoy cornflakes for their breakfast and that they added lots of full-fat milk to try and increase the person's calorific intake. The housekeeper also said the service had discussed with the family about this person's difficulty with food. Both staff told us that they kept this person's meal and that they would more than likely request it later on in the afternoon. Staff clearly knew this person's needs and although they were relatively new to the service they were working with family and the person to best meet their nutritional needs in any way they could.

When we spoke with the cook they were able to describe each person's food and drink preferences. In addition,

information was clearly recorded and displayed in the kitchen about each person's food texture requirements. The cook said, "We have a very good store cupboard. I will do anything for anyone of our people. There is always something you can tempt them with. I like to satisfy them, food is so important. I change the menu around every four weeks to bring in different choices."

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. Information seen in records showed people were supported to attend GP and outpatient appointments. People who used the service said, "Yes you can ask for your own doctor to visit. They know you and you know them. It is better that way." And "I had the dentist come to see me a couple of weeks ago. I have had a bit of trouble with the teeth I have left. She came here to see me." Another said, "I see my own Doctor in here if I need him. Matron [registered manager] does the arranging." And "The nurse comes in to dress my legs. There is no bother about it."

We had a look around the premises and found the environment was in need of refurbishment everywhere. We saw peeling paint, worn and ripped furnishings and holes in bedroom carpets, although the registered manager when questioned said they were due to be replaced. Also in one room there was a window fastener broken off. We also questioned why the call bell system in another room was not in use and the registered manager stated it was because the person in question did not utilise it due to their cognitive impairment. The registered manager said there was a full refurbishment plan in place, people were going to have their rooms decorated in a colour of their choice and carpets were being replaced. The decorating work had started to take place the corridors at the time of our inspection.

We saw that the upstairs sluice had no door and harmful chemicals such as a five litre bottle of bleach and oxi-bright stain remover, were easily accessible. We discussed this with the registered manager who said they would speak to the handyman and have a door fitted as soon as possible.

Is the service caring?

Our findings

Every person who used the service we spoke with said they were treated with kindness and respect by every member of staff. Comments included, “The girls are kindness itself, you can go the world over and you would not find any better than these in here.” And “Yes, very kind and they do treat me with respect. When I first came in they asked me what I wanted to be called, we agreed, they use my Christian name and I use theirs.” Another said “Always been treated kindly and they don’t take you for granted. They have never been anything else but respectful to me.” And “No matter what unpleasant thing they have to do, they do it, they say it is their job to do it.”

“They are wonderful. Just lovely kind caring people.” Another said “Even the cleaners and the handyman will do anything for you. Everyone is kind.” And “We don’t have to wait long if we pull the call bell, they come quickly.” And “Yes you only need ask one of the staff as they pass by, if you want a drink or something from your room, they do it for you.”

Staff we spoke with felt they had a good understanding of their resident’s needs. Comments included “I recognised that X was quite unwell. I called Matron and X was found to be in the very early stage of a stroke. We had them into hospital within half an hour; it saved them from further damage.” Another staff member said, “X was losing weight. We picked this up by doing regular weight checks on the scales. We realised they needed some help in persuading them to eat. They are now gaining weight again.” And “We listen to our people in here. We are here for them, we love them.” And another said “We do pretty well know all our resident’s needs, we are here to help them best we can, and we do.”

People who used the service also said that their relatives and friends are made very welcome and can visit any time they wished. Visitors are also welcome to have tea, coffee or fruit juices, biscuits cakes etc. when they visit. Peoples comments included, “My family come regularly and they are always made welcome by the Matron and the staff. They can join in with us and have a cup of tea and a biscuit or cake when the girls come round with them.” And “Everyone is welcomed in. We have a little dog that comes

in to see the girl who owns it, lovely little thing. We all enjoy it.” Another person said “We are like one big family. The girls help us with anything we need help with. Nothing is a trouble to them” And “We are with kind helpful people.”

We observed staff helping people to stand or transferring people from wheelchairs to chairs with a hoist. Staff encouraged people patiently whilst assisting them with clear explanations of what was happening. We observed positive communication and interaction from staff. The majority of people in the lounges had a good level of staff interaction for the duration of our observations. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect.

We observed another staff member feeding a person who used the service. We saw the staff member feed this person at a pace which was suitable for them to manage. The staff member showed a caring manner which preserved the person’s dignity and control over the process.

Staff told us they tried where possible to maintain people’s independence and supported people to do as much as possible for themselves. We saw examples of this around the service as staff were supporting people to walk to the toilet and to their rooms and while supporting people to eat.

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people’s doors before entering rooms. People’s rooms were personalised with pictures of their families and other personal items.

A concern had been raised previous to the inspection about a downstairs toilet. We were told that staff found it difficult to manoeuvre a wheelchair in this room whilst keeping the door shut to protect people’s privacy and dignity. We discussed ideas to rectify this with the registered manager and it was decided that a shower curtain could be used or a sliding door. The registered manager said they were going to get this sorted straight away.

We discussed end of life with the registered manager. They said peoples wishes are always adhered to as best they can. The registered manager said relatives can move into the home for peoples last weeks or days. The registered manager had letters from people who had thanked them for making this difficult time a lot easier. The registered

Is the service caring?

manager was working on updating peoples care files to cover end of life wishes and preferences. We saw the service's end of life policy which also covered how staff may feel and the support that can be provided.

Is the service responsive?

Our findings

People we spoke with told us they could exercise choice in their daily lives, comments included, “Yes, we can get up and go to bed whenever we want too.” And “The good thing about these girls is that they listen to you and don’t ignore you. They don’t just walk away.” And another said, “Nothing is a trouble to these girls, or it seems not to be, they will stop and help.” One person said, “It is my choice to stay in my room, they make sure I have everything to hand.”

We looked at care plans for three people who used the service. People’s needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed comprehensively each month.

The care files we looked at were person centred and based on the specific needs of the person. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the person. The files had information about significant people and events in their life, family pets, and personal preferences. However, where people requested unusual methods of care the care plan agreement was not signed by the person. We discussed this with the registered manager who was going to arrange to get these signed straight away.

The registered manager said they had sent a letter to families inviting them in to review their loved ones care. At the time of inspection one person’s family had completed this review.

We asked a senior carer about activities. They told us they did not have a dedicated staff member but staff did things “ad hoc”. She said that they were planning on doing one lady’s nails this afternoon as they liked to have that done and another member of staff was planning on talking to a gentleman about his war books and looking at them with him which he enjoyed. Several people mentioned that they did get out in the community but this was with the assistance of their family rather than the service.

We discussed activities with the registered manager who said they had spent money on games such as giant hoopla and bingo. They said it is not often people want to do group activities but if someone does request it they will arrange it. The registered manager said that activities are mainly on a one to one basis but they do have external agencies coming in such as the Frantic theatre or the miniature horse. The registered manager said that staff often sit and look at photographs with people such as their wedding photos. We did see evidence of staff sitting and chatting to people on the afternoon of our inspection.

People we spoke with were happy with the activities on offer and raised no issues. One person said, “I love reading and the local library come in once a fortnight, I love historical novels.”

We saw there had been a complaint within the last 12 months that was currently being investigated by the service. There was a complaints procedure that included the contact details of the local authority and the providers details if people wished to raise any concerns and that complaints would be handled within specific timescales.

People we spoke with said that they had not made a complaint over the past year nor felt they needed to do so, comments included, “Yes indeed I would know how to make a complaint and I would do so if it was necessary but it has not been so. I would speak to matron.” And “No and I can’t imagine what anybody could complain about. I would talk to the matron if I was worried about anything, she would put it right, but no, nothing.” Another person said, “If they find anything to complain about then there must be something wrong with them. They are good to us all. If I had anything to complain about then I would, but there is nothing.” And another said, “Who could complain? Nobody I know. I only speak the truth; there is nothing to complain about. They will do anything for you, you only have to ask.”

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since February 2011. The registered manager told us that this past year has been a difficult year for both themselves and the staff. They explained different situations that had occurred and said that they have taken the positives from this and lessons had been learnt, making them a stronger team within their own service and their sister service.

We asked people who used the service about the management of the home. People who used the service said, "She [the registered manager] is brilliant, she can't do enough for you."

Staff we spoke with said, "She [the registered manager] is great. We can go to her at any time; she will always listen to us and help us." Another said, "If we have a need to change a shift then we can go to the manager and she will do her best to support us." And "She is a good leader, she knows what she is doing and she cares about everybody." Another staff member said "It is a very good organisation to work for. We have fewer residents at the moment but we don't have less staff. It gives us more time to talk to our residents."

Staff we spoke with, were aware of the values of the organisation. A number of staff had been employed within the home for a number of years. Staff were aware and indeed wished to provide a warm caring supportive environment for the people who used the service. They felt it was "my job" to be caring and care for the people. Staff comments included, "I love my job. I love helping people." And "You get a lot of satisfaction being with our residents. I love them all." And another said "We are here to help care for people. If you don't care then you are in the wrong job."

The home has two birds, a fish tank and is a member of the Cinnamon Trust. The Cinnamon Trust respects and

preserves the relationship between owners and pets. One person who used the service had their dog living with them and this has become part of the home. The registered manager said they encourage keeping people and their pets together where ever possible.

The last staff meeting took place in December 2014 and included an update on the home sale (which is now not taking place) audits, uniforms and overtime was discussed. We saw a poster which said next meeting in June. Policy stated staff meetings should happen quarterly but the registered manager had been absent from service due to illness.

The registered manager said they also carry out an annual questionnaire which they send out to people who used the service and their families. The results of these questionnaires were collated and if any actions were needed, a plan would be put in place. They were due to do another survey very shortly.

There were no meetings held for people who used the service or their relatives. The registered manager said this was done more on a one to one basis.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medicines, health and safety, care planning and safeguarding. Where an issue had been identified an action plan had been implemented and the person responsible for completing the task had been identified plus when the task needed to be completed by. This assured us the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

We saw there were monthly records of accidents, incidents, injuries, and safeguarding referrals, where appropriate, investigations had taken place and trends where possible had been identified. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.