

# East Cleveland M.S. Home

## Ann Charlton Lodge

### Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

We inspected Ann Charlton Lodge on 18 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Ann Charlton Lodge provides care and accommodation to people who have multiple sclerosis or related conditions of the nervous system. At the time of the inspection 24 people were using the service.

It is a detached, single storey; purpose built facility, which is situated in a residential area of Redcar. There are wheelchair accessible gardens surrounding the building.

The home had a registered manager in place. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke

# Summary of findings

with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, choking, falls and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager said that they were increasing staff supervision to six times yearly (currently four times yearly) in line with the requirements of the local authority.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs.

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).

General capacity assessments were available for inspection. However, these were not decision specific, for example in relation to finance, health or medication amongst others. The registered manager was aware of the need to develop such decision specific capacity

assessments. At the time of the inspection the registered manager had assessed two people as being deprived of their liberty and was to make applications to the local authority in respect of this.

We found that safe recruitment procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed on a regular basis and nutritional screening had taken place.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people's care plans were very person centred and described their care and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

# Summary of findings

There were systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried by the registered manager. Where

issues had been identified action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

# 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 safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way.

Good



### Is the service effective?

The service was effective.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. Nutritional assessments were in place and people were regularly monitored for any weight loss.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

Good



### Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

Any concerns or complaints were taken seriously. People told us they felt comfortable in speaking with any staff or the registered manager if they had cause to make a complaint.

Good



### Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Good



# Summary of findings

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

# Ann Charlton Lodge

## 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.

We inspected the service on 18 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection visit there were 24 people who used the service. We spoke with seven people who used the service and one visitor. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager, a senior care assistant, a care assistant, the chef, an apprentice, a kitchen assistant, a trustee and the activity co-ordinator. Before the inspection we also contacted commissioners to seek their views on the care and service provided.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at three staff files, staff recruitment, supervision and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, “You can speak to anyone of the staff if there is something you are worried about.” Another person said, “There’s always someone around which gives you a feeling of security.”

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us their suggestions were listened to and they felt able to raise issues or concerns with the registered manager. One staff member said, “The manager has talked to us about whistleblowing. I haven’t needed to but would whistleblow if needed.”

The registered manager told us that all staff had been given an updated version of the employee handbook. This included key policies and procedures such as safeguarding and whistleblowing. This meant that staff had been provided information on how to keep people safe.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people’s dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were behaviour plans in place which the registered manager could demonstrate were working for people. However, one of the behaviour care plans we looked at did not detail the action that staff should take if the person was to display such behaviours. The registered manager said that the care plan would be updated with immediate effect. Risks to people’s safety had been assessed by staff and records of these assessments had

been reviewed. Risk assessments had been personalised to each individual and covered areas such as falls, moving and handling and choking. This enabled staff to have the guidance they needed to help people to remain safe.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and emergency lighting.

We saw certificates to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Records showed that fire evacuation practices had been undertaken. However only one of these during 2015 had included night staff. The registered manager said that the handyman was to do another fire drill in the next few weeks with night staff to ensure all staff had taken part and were familiar of what actions to take in the event of fire. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, but they had appropriate documentation in which to record an accident and incident should they occur. We saw records to confirm that this was the case.

We looked at the recruitment records of three staff who had started work at the service within the last 12 months. We saw that the registered provider operated a safe and effective recruitment process. This included completion of an application form, a formal interview, a previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who

## Is the service safe?

intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that from 8am until 3pm there were seven care staff on duty and from 3pm until 10pm there were four care staff on duty. Overnight there were three care staff on duty. In addition to this there was a nurse on duty at all times during the day and night. From 8am until 3pm on a Monday until Saturday there was either an additional nurse or the registered manager on duty to attend to managerial duties and if needs be provide care and support to people who used the service. The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the day or night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "People don't have to wait unrealistic amounts of time for help and support. Our service users are also very understanding of each other. For example if one person needs to be up early for a hospital appointment then we would explain to others why there might be any slight delay."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines. At the time of our inspection one person who used the service was responsible for the

administration of most of their own medicines. Medicines were kept in a locked draw and a risk assessment had been undertaken to ensure that the person was able to manage this process safely. For others, nurses had taken over the storage and administration of medicines on people's behalf. People who used the service confirmed they received their tablets when they needed them. One person who used the service said, "I like my tablets late morning as I am not a morning person." Staff told us another person also used to have their afternoon medicines at 2pm before they came into the home so they have continued with this arrangement. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Record (MAR). We found this was completed, contained required entries and was signed. The registered manager carried out checks to make sure that staff had signed for the administration of medicines and where they identified gaps this was pointed out to nurses. We saw that there was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management checks to monitor safe practices. This showed us there were systems in place to ensure medicines were managed safely.

We asked what checks were undertaken to ensure medicines were stored at the correct temperatures. The registered manager told us the room and fridge in which medicines were stored were taken and recorded on a daily basis. We looked at this record and found some gaps in daily recording. We pointed this out to the registered manager who said that she would address this with nursing staff immediately.



# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, “This place would be nothing without them [staff].” Another person said, “I can’t find any fault with here. The staff and care that we get is very good.”

We asked staff to tell us about the training and development opportunities they had completed at the service. We spoke with the one member of staff who had recently been recruited as an apprentice. They told us they were spending their time learning both at college and the service. They told us they had been through induction and had been provided with great support from staff. They also told us how their training had involved reading the care and support plans of all people who used the service, reading policies and procedures and that they had shadowed experienced staff until they felt confident and competent. They also said, “I enjoyed the palliative care training and how to deal with grieving.” Another staff member said, “I have done e-learning and face to face training but I prefer face to face. Our fire training was really good we got the fire trolley out and did a pretend evacuation.” The same person also said, “This home has always encouraged us to progress in our career by doing NVQ’s.”

All staff had completed training in the last 12 months in moving and handling and most of the staff had completed training in fire safety, infection control, safeguarding and health and safety. Staff confirmed that the training provided them with the necessary skills and knowledge to do their job.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervisions and an annual personal development review. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervisions and appraisals had taken place. The registered manager said that it was their policy to provide supervisions to staff four times a year but that this is to increase to six times yearly as requested by the local authority at their recent visit to the service.

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. At the time of the inspection the registered manager said that they had been in discussions with the local authority and had assessed that two people were being deprived of their liberty. They told us they were to submit both applications to the local authority the following day. The registered manager told us they were aware of the need to inform the Care Quality Commission of the outcomes of both DoLS and any conditions which might be attached.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice.

We found the care records we reviewed contained generic assessments of the person’s capacity to make decisions. The assessments were not specific to a particular decision, for example finance, health and medicines. The registered manager told us they were aware of this had discussed this with the local authority and that care plans would be updated over the next few days.

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held ‘Do not attempt cardio-pulmonary resuscitation’ (DNACPR) decisions. The correct form had been used and was fully completed recording the person’s name, an assessment of capacity, communication with relatives and the names and positions held of the

## Is the service effective?

healthcare professional completing the form. Staff we spoke with knew of the DNACPR decisions and were aware that these documents must accompany people if they were to be admitted to hospital.

Staff and people who used the service told us that they were involved in making choices about the food that they ate. People told us they were provided with two choices at each meal time but in addition to this they were always given alternatives such as a salad, soup, sandwich or jacket potato. One person told us they were a fussy eater and that on occasions their relative would shop and bring some food in for them which the chef would cook. This person found the kitchen staff to be very accommodating.

We observed the lunch time of people who used the service. We saw that people had made different choices with what they wanted to eat. We saw that portion size varied and those people who needed help were provided with support they needed. The mealtime was a pleasant experience. People were not rushed and were encouraged and supported to eat their food. Food guards were available and placed on those plates of people needing them to prevent food from slipping off the plate. People told us they enjoyed the food. One person said, "There isn't much I don't like. The food is always well prepared." A relative we spoke with told they had enjoyed numerous meals at the service. They said, "It's healthier than I would have eaten. It's varied and there are always vegetables and never too much salt." They also said, "They have built up a list of my likes and dislikes." We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As

part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or dietary difficulties.

People were supported to receive health care from external professionals. The service paid for a physiotherapist to visit the service one day each week and assess and treat those people identified as needing physiotherapist. One person told us how they benefitted from this. They told us that the physiotherapist would do exercises with them and then they would continue with them during the week. We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing service. People told us they had received their annual flu vaccination. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. The service had two vehicles and drivers in which to take people to their appointments. This meant that people received continuity and were familiar with people who helped support them during their visits to appointments.

In one area of the main hall there was a rack of leaflets and books. These provided information on both health and social care. We saw that information was available to read on motor neurone disease, cerebral palsy, multiple sclerosis, Huntington's and DOLS amongst others. This meant that useful information was available for people who used the service should they wish to read it.

# Is the service caring?

## Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, “The staff here are just wonderful.” Another person who used the service told us a person close to them had been very poorly. They said, “I have had full support. They have provided reassurance, love and care.”

We spent some time speaking with one relative who clearly appreciated the care and support not only provided to the person who used the service but also to them. They said, “The staff are caring. They do it with a personal touch to [person who used the service]. You can feel the warmth and you can see it. [Person who used the service] has seen it as well and she has frequently taken their [staff] hand and kissed it.”

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that staff smiled and greeted people at every opportunity.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful and interacted well with people. When staff saw that one person who used the service had food around their mouth staff discreetly got a wipe to clean the person’s mouth. Staff told us the importance of providing people with dignity, privacy and respect. One staff member said, “This starts from the minute you walk into a person’s room. You respect their decisions.” They told us how one person who used the service had chosen not to have a shave that morning and although they had provided gentle encouragement they respected that it was important that where able people made their own choices. Another staff member told us the importance of covering windows and closing doors when providing personal care.

We asked people who used the service if their privacy and dignity was respected. One person said, “The staff always put a towel over me when I am going in the bath.”

Observation of the staff showed that they knew the people who used the service very well and could anticipate their needs. Staff were aware of those people who wanted to retire to their bed for a rest after lunch. One person who

used the service had limited communication and staff took time to time to communicate with them effectively. When this person gestured that they wanted to communicate staff always stopped and spent time with them. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One staff member said, “If I had a relative who was staying here I would be at ease because everyone gets well looked after.”

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked in some bedrooms and saw that they were very personalised. We saw that people had photographs, pictures, ornaments and other items which were important to them in their bedrooms. One person told us their room had recently been redecorated and they had chosen the colour and the wallpaper. Another person told us they wanted their walls to be stencilled and that they were going out shopping to look for ideas.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. We saw that during the day staff and people who used the service had friendly banter and laughed with each other. This meant that the staff team was committed to delivering a service that had compassion and respect for people. At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "We have a minibus and driver and go out." Another person told us how they and another person who used the service liked to do the crossword every day. They said, "We only do it for fun."

People told us they had been on trips out to Whitby, Beamish and Redcar. Two people who used the service went to the local gospel church on a Wednesday for a coffee morning. A choir visit the service a couple of times a year and sing to people.

The service employed two part time activity co-ordinators to plan and take part in activities and outings for people who used the service. We spoke with one person who used the service and an activity co-ordinator about a project they were undertaking. The person who used the service told us they were working on a story and the characters within it. The activity co-ordinator was helping the person with sentence construction and spelling. We saw that they were very respectful when supporting and encouraging this person.

One person told us that one of their hobbies was making jewellery. They told us they were able to buy the items they needed over the internet. They also told us they liked card making.

The activity co-ordinator said that they were busy preparing for Christmas. On the day of the inspection the local chemist had brought a large supply of Christmas goods for people to look at and buy. Some people told us they had already been out Christmas shopping and that presents were wrapped. Those people who wanted were to make Christmas crafts and children from a local school were to visit the service to sing songs to people.

During our visit we reviewed the care records of three people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans.

Care plans were reviewed and updated on a regular basis. They were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. The plan of one person told us they liked to have books with them at all times. We saw that staff made sure that this person had a book with them during the inspection.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. People who used the service told us they would not hesitate to raise a concern with the registered manager and staff. They told us they were encouraged to speak about at the regular meetings. A relative we spoke with also said that if they felt the need all staff and the registered manager were approachable should they wish to make a complaint.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There had not been any complaints in the last 12 months.

# Is the service well-led?

## Our findings

People who used the service spoke positively of the registered manager. One person said, “[The registered manager] is nice. She does a good job, she’s management but she will listen. You can go and tell her everything. She is approachable and is willing to listen.” Another person said, “She works here as a manager but will step in as a nurse when they are short.”

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “It’s really changed in here. We can approach [the registered manager] at any time to raise concerns or to discuss any grievances. This is a good place to work.” Another staff member said, “This is a good home with a great staff team.”

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that the last team meeting was held on 26 August 2015 and that discussion had taken place around training, activities and infections control.

The registered manager told us that they and staff looked at different and important policies and procedures on a monthly basis. At the team meeting in August 2015 we could see that staff had discussed the safeguarding policy. We saw that other policies had been discussed during other months such as data protection. In the new staff hand book that had been provided to staff there were a number of key policies and procedures. This meant that staff had been provided with an information resource they could reference would they need it.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. We saw that the last meeting took place in October 2015. Topics of discussion included redecoration, activities and inspection. We looked at the notes of another meeting held during 2015. After looking at the notes of the meeting it was evident that people who used the service took pride in the service and environment and were encouraged to share their views during meetings. People who used the service had asked that when nurses do the medicines they do not bring the medicine trolley onto the new carpet in the dining area as any spillages would mean that the carpet would get stained. This concern had been raised with nurses.

We looked at the arrangements in place for quality assurance and governance. 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. The registered manager undertook numerous checks on a monthly basis to ensure that the service was run in the best interest of people. These included checks on health and safety, medicines, infection control, accidents amongst other areas. This helped to ensure that the home was run in the best interest of people who used the service. The registered manager told us that following a visit from the infection prevention and control nurse they are to further develop the infection audit to include more checks.

The registered manager told us a trustee visited the service on a monthly basis to monitor the quality of the service provided. We saw records of visits for September and October 2015.

We saw that a survey had been carried out in September 2015 to seek the views of people who used the service. The results of the survey were a little difficult to interpret because of the way they had been presented, however following discussion with staff it was obvious that people had expressed satisfaction with the care and service provided.