

Dr G H Khan

Galtee More Nursing Home

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

Galtee More is registered to provide accommodation and personal care for up to 28 older people, some of who are living with dementia. The home is in a residential area on the outskirts of Barnsley town centre.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Galtee More took place on 29 October 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 11 August 2015 and was unannounced. This means the people who lived at Galtee More and the staff who worked there did not know we were coming. On the day of our inspection there were 24 people living at Galtee More.

People told us they felt safe living in the home and relatives we spoke with told us they thought their family members were safe.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs.

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

We found the home was clean, with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

Systems for managing medicines were safe.

Staff training was up to date. Systems for supporting staff were in place.

People living at the home said their health was looked after and they were provided with the support they needed.

People received a nutritious diet and found the food enjoyable. Close monitoring of people's nutritional needs was in place and any weight loss was identified and responded to.

People and relatives thought the care staff were kind, caring, patient and polite.

People's choices were respected and their views were sought through 'residents meetings'.

People had access to meaningful activities.

People felt able to tell staff if there was something they were not happy with and we saw that concerns and complaints were managed well.

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.

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.

People told us they felt safe. Staff had received the training they needed to maintain people's safety.

The home was clean.

Arrangements for staffing were good and this was kept under review in line with the needs of the people living at the home.

Procedures for managing medicines and staff recruitment were safe.

Good



Is the service effective?

The service was effective.

Staff received good training and support.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received a nutritious diet and systems were in place to identify and address any issues with weight loss.

Good



Is the service caring?

The service was caring.

People who lived at the home told us they were happy with the care they received.

Staff were respectful of people's privacy and dignity needs.

People told us they were involved in their care planning and had choice and control over their care.

Good



Is the service responsive?

The service was responsive.

People had access to activities which met their individual needs.

People felt able to tell staff if there was something they were not happy with.

There was a person centred approach to care planning and delivery.

Good



Is the service well-led?

The service was well led.

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

Staff meetings were regularly held.

There were quality assurance and audit processes in place.

Good



Galtee More Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 August 2015 and was unannounced. The inspection team consisted of two 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 care service. The expert had experience of older people and people living with dementia.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Barnsley local authority, four community healthcare professionals such as GP's and nursing services 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. We received feedback from commissioners and the two healthcare professionals. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with seven people living at the home and four relatives or friends to obtain their views of the support provided. Two relatives we spoke with had several members of their family living at Galtee More. We spoke with seven members of staff, which included the deputy manager, the administrator, three care workers, and ancillary staff such as catering and domestic staff. We also spoke briefly with the registered provider who visited the home during the afternoon of our inspection.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home and relatives we spoke with told us they thought their family members were safe. People told us they liked the care staff. They told us they felt they could speak to the care workers if they had any concerns about staff or other people and felt the care staff would take the issue seriously. One person said, "I could talk to any of these carers if I had a problem. They're all very good." Relatives we spoke with told us they would speak directly to the manager if they had any concerns about safety.

All the people and their relatives, except one, told us there were enough staff to deal with their care needs. One relative said "I come and visit at all times of the day, week days and weekends, and I've always found there's carers around looking after everybody. I've got no concerns there." One person said, "There's always carers around to help you when you need it." Another person told us they thought there were enough care staff on duty, but that the care workers were often busy during the morning.

One person and their relative did not think there were enough staff on duty to meet their needs and one specific care issue. They told us "I ask and ask for help, but the carers don't take any notice and I often have to wait for help." We agreed with the person, relative and deputy manager that a meeting would be held so a review of the person's care could take place and the concerns and issues raised could be resolved.

People told us they thought their medicines were delivered or administered appropriately and on time. Relatives we spoke with told us they thought medicines were administered appropriately.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks. We saw records showing that regular servicing of lifting equipment, electrical and gas appliances and fire safety equipment were carried out.

The home was clean and fresh smelling, including the bedrooms we visited. People and relatives told us the home was always clean and that domestic staff were always busy keeping the bedrooms and communal areas

clean. One person said, "I can't believe how quickly and efficiently the cleaners clean my room while I'm having breakfast in the dining room. It's lovely to come back to a sparkling room."

We noted that there was an uneven gap between the ground floor lounge and the upper patio area, making the doorway difficult to access for people using wheelchairs or walking frames. People would need close supervision in the communal areas inside and outside to ensure safety. There was a large tub containing dozens of cigarette ends on the upper patio table, which was unpleasant and very smelly.

We saw that there were a lot of assorted notices/posters/flyers on several walls and doors, some of which were out of date. The number of notices was confusing. We did advise the deputy manager of the need to restrict the number of notices placed around the home so that health and safety notices were not obscured and people living with dementia were not subject to sensory overload.

The deputy manager gave assurances that they would consult with the registered manager and registered provider and address these issues to ensure the safety of all people, staff and visitors to the home.

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

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding

Is the service safe?

procedures were available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The manager had notified the Care Quality Commission of safeguarding referrals they had made. This has demonstrated that policies and procedures were in place and followed to keep people safe.

The service had a policy and procedure on safeguarding people's finances. We spoke with the administrator who managed the records for people's money. The administrator explained each person had an individual record and their money was kept in individual wallets in a locked safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager and registered provider regularly audited people's accounts.

We looked at three people's care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people's needs. For example, we saw one record had been amended following a person's recent fall.

We looked to see how accidents or incidents that occurred in the home were recorded and managed. We saw that records were maintained and that a monthly analysis of the times and circumstances of when accidents or incidents had occurred was completed. The deputy manager said they used this to assess whether staffing numbers and deployment needed to be re-arranged to ensure people's safety. The deputy manager said staff numbers were increased for a short time a few weeks ago at the tea time period on the basis of this analysis.

The deputy manager told us staffing was organised according to the needs of the people living at the home. At the time of our visit four staff were provided each morning

and afternoon. This included a senior care assistant on each shift. Care staff were supported by the registered or deputy manager, cleaning, laundry, administrative and catering staff.

At the time of this visit 24 people were living at Galtee More. We found staffing levels to be appropriate to those recommended in people's care plans to support their needs. We looked at historic staff rotas and found that there was always enough staff. The deputy manager and staff we spoke with told us the arrangements for staff sickness. This was covered by the existing staff pool agreeing to take on additional shifts. This ensured that staffing levels were always appropriate.

We saw recent and appropriate personal emergency evacuation plans in all of the care files we looked at. This meant that consideration had been given as to how people could be safely evacuated from the building in the case of emergency.

We looked at recruitment files for three staff and saw that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

We saw records of disciplinary procedures having been followed when this had been necessary.

We found there was a detailed medication policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and were following the correct procedure for administering and managing medicines.

We looked at the systems that were in place for the receipt, storage and administration of medicines. Medicines were stored in locked medicine trolleys in a locked treatment room. We saw that the temperature of the room and the medicines fridge were recorded on a daily basis to make

Is the service safe?

sure that medicines were stored at an appropriate temperature. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff that had been appropriately trained.

We looked at the medication administration records (MAR) file and saw that staff followed areas of good practice such as the inclusion of a PRN protocol for any medicines given on an 'as required' basis.

We checked the quantities of a sample of medicines available against the amounts recorded as received and the amounts recorded as administered. All were correct. Controlled drugs were stored safely and records relating to these were accurate.

We observed the senior care worker giving medicines in the morning and at lunch time, explaining to residents what the medicine was for, offering people a drink to help them take their medicines with and supervising where appropriate.

We found that policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. They said that they would benefit from extra help for some cleaning tasks. The deputy manager said the home were actively trying to recruit an additional part time member of domestic staff but had been unsuccessful in recent searches.

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. A relative told us they thought the care staff knew the care needs of all the people living at the home. They said, "The carers work well as a team, because they all know the residents well and they help each other out."

People and their relatives we spoke with told us that staff would call a GP if they or their family member needed medical attention. One relative told us they had been particularly pleased recently when a member of the care staff had noticed a sudden deterioration in their family member's health and they had summoned medical assistance rapidly. The relative told us that the hospital doctor complimented the care home staff for noticing the deterioration so quickly, particularly as this person was living with dementia. This relative had nominated the care worker concerned for the staff member of the month award as a result.

Care staff we observed and spoke with knew people well. Several care staff told us about a person who needed extra care and support and how they were now meeting their individual needs.

One relative told us that the care home organised optician visits. Another relative told us that district nurses visited when necessary, for example to dress wounds.

Two healthcare professionals contacted us prior to this inspection, in response to our request for information. Both professionals said they had no concerns relating to the care provided by staff at Galtee More and one professional commented, "People always seem well dressed and comfortable when I visit."

People and relatives we spoke with told us they thought the food was good. Comments from people included, "The food here is very well cooked and tasty," "I like the fact I can have a full English breakfast every morning. Then I'm set up for the day," "I do like my food and the food here is very good, so I'm happy with that," "I never go hungry. There's always something I enjoy," "You get a choice and I like everything that's on offer" and "Not long ago we had rabbit stew. Now there's not many places do that!"

Relatives said, "I'm impressed with the range of sandwiches on offer at tea time and it's real salmon, not salmon spread" and "The cook knows what [family member] likes and I know she doesn't get served anything she doesn't like."

Two people told us they had not been eating properly before they came to live at the home, but had put weight on as soon as they started to live there. They told us they were weighed weekly and were told their weight each time. One person said "I put on a stone the first month I was here, so that's not bad going."

We saw that 22 of the 24 people living at the home ate their lunch in the dining area. The hot meals served at lunch time looked appetising and were presented well, including the pureed meals where the ingredients were placed separately on the plates. People told us they enjoyed their meals and most people ate all of their meals. Some of those who did not finish their meals told us they were not hungry as they had eaten a large breakfast. We saw that the cook served most people's meals individually, one at a time, from the kitchen and spoke to each person about the meal they were served and how it met their individual needs and wishes. This positive interaction did, however, slow the serving process down, so some people waited an hour to be served their full meal.

Staff told us that people had a choice of meals at lunch time. We saw one person in the dining room did not want to eat any of their warm meal. This person was given an assortment of sandwiches instead and did eat some of these.

We saw people who needed support sat at one table and that, alongside the main meal; they were offered supplement plates, with portions of finger food to encourage them to eat. Two care staff were present at that table for the whole lunch time to ensure people ate sufficiently. People sitting at other tables who needed encouragement to eat were also given individual attention by care staff. Some people had plate guards to enable independent eating. Beakers and cups were suited to individual needs to enable independent drinking. People were allowed to eat at their own pace.

People we spoke with told us they had enough to drink during the day. We saw that care staff serving drinks from the morning and afternoon trolley knew the individual preferences of people for beverages and people were

Is the service effective?

offered cups or beakers suitable for their needs. At lunchtime each person was served a drink individually from a trolley before the meal and the kitchen assistant knew the preferences of the person, but also offered each person a choice of drink. One person said, "I only drink tea or orange squash – and that's what I get."

We saw people who spent time in their bedrooms had jugs of squash in their rooms.

We spoke with the cook who had a very good knowledge of people's food preferences and specific diets so that these could be respected. The cook was aware of people who need a specific diet and described how soft diet and pureed diets were provided to people in line with their assessed needs and following advice from a dietician. This demonstrated that staff had a good knowledge of the people in their care. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes.

Staff told us they were provided with a range of training that included people moving people, infection control, safeguarding, food hygiene, end of life care and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training was "Good" and provided them with the skills they needed to do their job. Staff said, "The training is good here, I've learned a lot" and "There is lots of training here."

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

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also,

where any restrictions or restraints are necessary, that least restrictive measures are used. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant staff had relevant knowledge of procedures to follow in line with legislation. The deputy manager informed us that where needed, DoLS had been referred to the Local Authority in line with guidance and they were still awaiting decisions on three DoLS applications. Five people had a DoLS application in place. CQC had not been informed of these applications as required. The administrator said that this had been an oversight and the relevant forms had been completed but not forwarded to CQC. These forms were forwarded to CQC during the afternoon of our visit.

We saw best interest meetings were recorded in people's care plans and best interest assessments were completed for all parts of people's daily lives from the consenting to receive flu vaccinations and other physical interventions.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans had been signed by the person or their relative to evidence their agreement.

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

During our inspection we found that there were a number of objects around the home which limited some of the walking space, particularly for those with mobility aids. The small lounge and the dining/ activities area were both narrow rooms which, along with the number of floor-based decorative items, also limited the space for chairs and residents who needed assistance with walking or mobility aids. We discussed this issue with the deputy manager who said they would remind staff for the need to ensure all walkways are kept clear to maintain the safety of people living at Galtee More.

Is the service caring?

Our findings

During our visit we asked people who lived at the home for their views on how staff treated them and if staff maintained their dignity. For people who were not able to tell us, we used our observations to inform us of their experience.

People and relatives we spoke with told us they thought the care staff were kind, caring, patient and polite. Comments included, "The carers are very nice and helpful," "I like the carers, I think they work very hard and they do their best for you," "They [the care staff] are always friendly and very polite. I do like them," "They [the care staff] are kind with everyone. No problems there" and "I can't tell you how good the care is here. It's marvellous."

A visiting hairdresser told us they had started working at the home because they used to visit a person regularly at Galtee More and liked the friendly atmosphere of the home.

We saw health professionals and relatives had left written compliments during the past month about the staff and home. Some comments included, "Mum is looked after brilliantly," "Very friendly and professional staff, nothing is too much trouble for them," "The staff treat residents as members of their own family, visitors are welcomed and made to feel at home" and "The love for the residents is easy to see, the home is happy."

We saw people were relaxed in the company of care staff and interactions were friendly and respectful on the day of our visit. People all looked clean, well dressed and well groomed.

We saw care staff knocking on peoples' bedroom doors before entering and heard staff explaining to people what they were doing before interventions, such as moving their dining chairs closer to the dining tables. Care staff spoke

discreetly with people about their toileting needs and staff also spoke sensitively with people whilst supporting them with their meals. We heard care staff waiting for people with communication difficulties to finish speaking before answering them.

The three care plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. There was a page in each person's care plan titled "I would like you to know." This page contained information about a person's preferences, likes and dislikes and family who were close to them.

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

One person told us their independence was maintained because the care staff allowed them to do virtually all their personal care themselves and they could go out with friends whenever they wanted.

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

Staff told us the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

We found some staff had been provided with additional training on end of life care to share good practice and enhance their skills and to improve the delivery of quality end of life care. Staff spoken with were very clear that end of life care was individual to the person.

End of life preferred arrangements and information was contained in people's care plans and staff had involved relatives in these discussions.

Is the service responsive?

Our findings

In the entrance area of the home there was a reminiscence display with dozens of objects including a mangle, wash tub, sewing machine table and dolls. On the corridors there were some sensory ribbons hung from hand rails. In the small lounge there were two bird cages with a bird in each. Some people told us they liked the 'cluttered' appearance of the home. One person said, "I think this home has a lovely, homely feel. It's very unusual, I think, but I really like it." Another person said "This is like a home from home for me. And it reminds these young 'uns what we had to do with things like washing when we were their age." One relative said "My mum's house was just like this, full of stuff, so I think it's great that this home looks like a proper home and not a clinical care home."

We found that a variety of leisure opportunities were provided for people to enjoy as they chose.

We saw a cake decorating session taking place on the morning of our visit, which many people enjoyed. Care staff were helping people and chatting with them as they decorated buns. Appropriate music was playing, which people told us they liked. We saw two people were sitting in the small lounge in the morning and the television was on, a 'very loud' chat show was on television and neither of the people were watching the programme.

We did not see any activities taking place in the afternoon. Most people sat in the two lounges. In the small lounge several people were asleep. There was a member of staff writing notes in the room, but not interacting with people. The television was still on but playing relaxing music via the music channel. In the large lounge there was a small CD player playing 50's music at one end of the room. At the other end of the room there was a television playing, placed very high on the wall, which no-one was watching. The person sitting nearest to it said, "I don't know why this telly is on. It's so high you can't see it. I prefer music myself." But this person could not hear the music at the other end of the room.

People we spoke with told us there were some activities they could join in most days. One person said, "I like it when we get entertainers in. I like a good sing song." Another person said "We get to play some games, but sometimes we just sit." Another person told us they enjoyed going outside in warm weather.

One relative told us there were a number of activities on offer during the week, including games, crafts, entertainers, sing-songs and church services.

We spoke with some people who preferred to spend their time during the day in their bedrooms. One person said, "I like to watch my own TV programmes, so I prefer to stop in here."

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

We saw that before people came to live at the home, an assessment of their needs had been completed. This helped ensure the service would be able to meet the needs of the individual. At the assessment stage, people's needs were identified and a care plan developed to meet the needs. Each care plan was based on individual need and included what people liked and disliked, how they communicated and what their abilities were. We saw that the care plans had been developed using a person centred approach. This meant that the person, their needs, abilities and choices had all been considered so that staff knew how to provide the support the needed in the way they preferred. Reviews of care plans were made to make sure that the information was current and reflected the person's changing needs.

People we spoke with told us they did not know much about their care plans, but were confident the care staff and their relatives knew more and did not want to be more involved. Relatives we spoke with told us they were involved in care planning and felt able to approach care staff about any issues they had. One relative told us they had been involved in the DoLS process for their family member and felt fully informed about this.

People told us they had choices about what they ate, when they got up, when they went to bed and where they spent their time during the day. One person said, "I like an early night and I can go to bed early if I like. The carers always say, "It's up to you" so I go to bed when I get tired." Another person said "I get plenty of freedom here to do what I want."

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure in the entrance area of the home. A 'suggestions box' and feedback forms were also placed in the entrance area so

Is the service responsive?

that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to

promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager was registered with CQC.

All of the people and relatives we spoke with knew who the registered manager was. The majority of people and relatives were very complimentary about the registered manager. One relative said, "As soon as this manager came into post, the home just got better and better. She is a marvel and we all love her." One person said, "She [the manager] is always walking around and talking to people. I'm missing her this week because she's on holiday." One relative had been impressed by the manager when they first visited the home because the manager had said, "Don't look at the decorating, look at the people and see if they're happy."

We saw a positive and inclusive culture in home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, "The manager is very approachable she knows us all, we respect her," "Any problems you can go to the manager," "It's a good team and a good home" and "It's a brilliant team, we are like family, when I came here for interview it was so welcoming I knew I wanted to work here."

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We heard one relative address the registered provider by name, they clearly knew each other and said they saw the registered provider frequently.

Relatives told us staff were approachable, friendly and supportive.

We saw checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw records of a 'daily walk around' that the registered manager completed to check and audit the environment to make sure it was clean and safe.

We found that surveys had been sent to people living at the home, their relatives and professional visitors. We could not find the results of the surveys had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service. The deputy manager said they would check with the manager whether a report had been developed and if not this would be addressed.

People we spoke with could not recall 'residents' meetings' taking place or being formally asked for their views, but felt that staff would listen to them if they had any suggestions. We saw records which showed that 'resident and relative meetings' were held on a regular basis, usually three monthly at the home. The home also has an elected 'chairman speaker for the residents' who attended and represented people at these meetings.

The majority of people and relatives we spoke with told us that if they had a complaint they thought the registered manager would take it seriously and address the concern. Relatives told us they would speak to the registered manager directly if they had any concern.

When we asked people what could be improved, most people told us they could not think of anything.

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

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