Care Quality Commission

Jutrad Limited

The Conifers Nursing Home

Inspection report

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Wombwell
Barnsley
South Yorkshire
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Tel: 01226751007

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Conifers is registered to provide accommodation, nursing and personal care for up to 33 older people. The home is situated in Wombwell, close to local amenities and bus routes.

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 The Conifers took place on 17 July 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 23 August and was unannounced. This meant the people who lived at The Conifers and the staff who worked there did not know we were coming. On the day of our inspection there were 24 people living at The Conifers.

People spoken with were very positive about their experience of living at The Conifers. They told us they felt safe and they liked the staff.

Relatives spoke highly of the staff and the care provided to their family member. They had no concerns or complaints about the home.

Healthcare professionals spoken with told us they had no concerns about The Conifers and felt people were well cared for.

We found systems were in place to make sure people received their medicines safely.

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

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They told us they liked their jobs, worked well as a team and were well supported by the registered manager.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected.

Some activities were provided by care staff and a range of entertainers visited the home to provide leisure opportunities.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

Sufficient levels of staff were provided to meet people's needs.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Good

The service was effective.

A varied menu was provided to people.

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

People felt staff had the skills to do their job.

Is the service caring?

Good

The service was caring.

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

People said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

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

Is the service well-led?

Good

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available for staff.

Care Quality Commission

The Conifers 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 was 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 23 August 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. 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 and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted some healthcare professionals that visited the home, including district nurses, tissue viability nurses, GP's, and End of Life care facilitators. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with 11 people living at the home and five of their relatives or friends to obtain their views of the support provided. We spoke with ten members of staff, which included the registered manager, two qualified nurses, night care staff, a senior care worker, day care staff and ancillary staff such as catering and domestic staff.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not fully talk with.

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.

Good

Is the service safe?

Our findings

All of the people living at The Conifers spoken with said they felt safe. Comments included, "Yes I feel very safe here. I know there is always someone around," "I feel very safe here, I have nothing to complain about" and "I am well looked after. I don't think I could be any safer. The staff are lovely." People told us they were happy with how they received their medicines. Comments included, "They [staff] see to my tablets. I have them at meal times and have that many it's like another meal. I couldn't manage them myself so it is a big help" and "They [staff] are very good. They always make sure I get my tablets on time." We saw one person was asked if they needed any pain relief. They told us, "They [staff] always ask me if I need pain killers, they never forget."

People told us if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said they had no worries or concerns about the safety of their family member living at The Conifers. Comments included, "[My relative] was having falls at home and it was worrying. I know they are safe now. The staff are brilliant," "I think [my relative] is very safe here and they are only a phone call away" and "I know [my relative] is safe here. It gives us peace of mind."

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

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 were clear of the actions they should take if they suspected abuse, or if an allegation was made so 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 they would always report any concerns to the registered manager or senior person on duty 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. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was 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.

We found a staff recruitment policy was in place so important information was provided to managers. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as

suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support people required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the 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 undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

At the time of this visit 24 people were living at The Conifers. We found two care staff and one qualified nurse were provided each night and these were the numbers of staff working when we arrived at the home. Three care staff and one nurse were provided each day. During the day of our inspection we found the registered manager, a qualified nurse, a senior carer, two care staff were working. In addition, ancillary staff which included a domestic assistant, a laundry person, a maintenance person and a cook were on duty.

We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed the calculated staffing levels were maintained so people's needs could be met. Relatives spoken with said enough staff were provided.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. The registered manager told us she observed staff administering medicines before signing them as competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines. We found a pharmacist had inspected the medicines systems in June 2016 and recommendations made had been acted upon.

We observed staff administering part of the breakfast and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found medicines were stored securely. We checked the MAR and medicines held for three people and found the MAR had been fully completed and the medicines held corresponded with the details recorded on the MAR. We saw the registered manager undertook medicines audits to make sure safe procedures were followed.

We found three bottles of pain relieving medicine was kept. Two of these held the date the bottle was opened, in line with safe procedures, as the medicine had a three month expiry date. One of these two bottles had expired the day before this inspection and the second had expired a month prior to this inspection. The third bottle had been opened but the date of opening had not been recorded. We discussed this with the registered manager who disposed of these bottles and replaced with new, in date medicine. The registered manager gave assurances more regular audits would take place to ensure safe procedures

were adhered to.

A small number of people were prescribed controlled drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. We checked the records of two people who were receiving controlled drugs. The drugs were stored appropriately in a CD cabinet and signed by two people in a CD register. This showed procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation. However, we found that whist safe records were maintained, four CD registers were in use and some sheets had become loose. We discussed this with the registered manager who gave assurances she would obtain a new CD register and use this for all CD administrations.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found The Conifers was clean. 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. A few days prior to this inspection we received a concern which included information that ineffective gloves were provided for the control of infection. We discussed this with the registered manager who told us that plastic gloves were provided for 'lighter' cleaning and latex gloves were provided for more thorough cleaning tasks. The registered manager said that she had ordered further latex gloves to make sure these were available as she had been unaware these were no longer in stock. We saw the order for these latex gloves. Staff asked said that latex gloves were usually available.

Good

Is the service effective?

Our findings

People told us their health was looked after and they were provided with the support they needed. Comments included; "I see the doctor when I need to, they look after you all right," "They look after me very well" and "They are very good. I got help with my eyes and there's always a nurse here." One person told us, "I see the [(district]) nurse regularly and the doctor when I need to. I've no worries and feel looked after." People told us they enjoyed the food and there was always a choice. One person told us, "I didn't want my dinner so they made me a prawn sandwich." Another person commented, "There's always plenty. Sometimes I have soup instead of my dinner because I prefer it. The cook is lovely. Nothing is too much trouble."

We found questionnaires had been sent to people living at The Conifers in April 2016, to obtain their views of the support provided. 13 people had completed the questionnaire and this had been audited and a report compiled from the results. The report showed 100% of respondents agreed when asked if they found staff helpful and approachable. 100% agreed when asked if they were happy with the personal care they received and 100% agreed when asked if the food was enjoyable.

Relatives spoken with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. Comments included, "We are very happy. The staff know [name of family member] very well," "Staff are always asking [name of family member] if they are in pain. They know them so well they can tell by their face," "When [family member] started to get poorly they fetched the doctor straight away" and "The doctor comes every week and the Macmillan nurse and doctor see [family member] regularly."

Community and health professionals contacted prior to our inspection told us they had no concerns about the home. Comments included; I have delivered [specific] training and education to members of the care team. On each occasion I have delivered training and then returned to the care home to support the care team, I have found them to be engaging, caring and person focused." and "I have not been in The Conifers for a while. However when I do visit there, all the staff seem very helpful and friendly. The home is usually clean and presentable. The nurses are usually very good at referring to our service."

One health professional informed us they had visited the home to support a person who was not receiving nursing care with their syringe driver as part of their role. The registered manager informed us all qualified nursing staff at the home have annual training in the use of syringe drivers so that they can support people who were receiving nursing care with this if needed.

We saw some people in the dining area at breakfast and lunch time. The room was clean. Tables were set with cloths and place settings. During the meals staff were chatting to people as they served food and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and no- one was left waiting for help. Staff sat with people who needed to support to eat. The staff were cheerful and encouraging.

We observed drinks being regularly taken into the lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. We looked at the menu for four weeks and this showed a varied diet was provided. Whilst the main meal did not have an alternative on the menu, people told us they could always have different to the menu and choices were available at all mealtimes. This was confirmed by staff. This demonstrated a flexible approach to providing nutrition. We saw plentiful food stocks that included fresh fruit and vegetables. We saw a variety of homemade cakes had been prepared ready for people to enjoy at tea time.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

Whilst the registered manager gave assurances a policy on supervision was in place, this could not be located on the day of our inspection. The registered manager forwarded us a copy of this policy shortly after our inspection. 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 an annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the registered manager at any time. Staff were knowledgeable about their responsibilities and role.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. 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. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS applications had been referred to the local authority in line with guidance and we saw records of these. Best interest meetings had taken place to evidence full procedures had been followed to uphold people's rights. For example, we saw records of a best interest meeting where family and staff had discussed and agreed the use of bed sides to help promote a person's safety.

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 had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw consent to care plans had been signed by the person or their representative to evidence their agreement.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly or more often if identified as needed and we saw evidence of involvement of dieticians where identified as needed.

We found the environment was well maintained. An enclosed garden area had been provided with planting and a gazebo so people had a pleasant outside place to enjoy. Whilst a ramp was in place to provide access to the garden, the door to the ramp had a small step making access more difficult. We discussed this with the registered manager who told us she would explore ways of addressing this.

Good

Is the service caring?

Our findings

People told us they were happy living at The Conifers. They told us the staff were respectful and they could choose what to do with their day. Their comments included, "The staff are smashing. I make sure they maintain standards (said laughing)," "They [staff] are very kind, nothing is too much trouble for them," "I can have a joke with them [staff]. I ring my buzzer and when they come I tell them I just wanted to see how fast they were and we just laugh," "The staff are very caring" and "We all get on. She [pointing to the nurse] is lovely. They [staff] know me and I know them. They are lovely people."

We looked at the report compiled from questionnaire results and this showed 100% of the 13 respondents agreed when asked if staff treated them with respect, compassion and dignity.

A few days prior to this inspection we received a concern which included an allegation that people were being woken early, which may not have been in line with their wishes. We arrived at the home prior to the day shift commencing and whilst night staff were still on duty. We found five people were awake and dressed. Three of these people told us this was their choice as they were 'early risers'. One person who we were not able to fully communicate with nodded when asked if they wanted to be up early. When we arrived at the home we saw one person sitting in a specific area chatting to staff. Their care plan stated they preferred to get up early and spend time in this area. During the day all people spoken with told us they chose when to get up and go to bed. In the report compiled from people's questionnaires, we saw 100% of respondents agreed they could choose what time to get up and go to bed. People's comments included, "I like to get up early, I always have. It's the best part of the day" and "I never have to get up or go to bed if I don't want to. I am up early because I want to be."

Relatives told us the care staff were caring. Comments included, "They have bent over backwards. Brilliant people," "This is an excellent place. They really look after [family member]" "The staff are very friendly. They always keep us involved and let us know anything."

Relatives spoken with said they visited regularly and at different times of the day. We saw the home had visitors throughout the day and all were greeted warmly by staff that knew them.

We found systems were in place to ensure end of life care was appropriate to people's needs. One relative told us "We have discussed end of life care and the preferred place of death so we know they [person supported] can stay here." Another relative said "[My relative] did not want to go into hospital. They wanted to stay here. They said they were happy and safe here. The staff made sure this happened. They were brilliant and I can't fault them."

Staff told us they received training on end of life care. We saw records of 'preferred priorities of care' (PPC) for people who were identified as towards end of life or may be unable to share their opinions in the future. These records detailed people's wishes and preferences, including those for end of life care so they could be respected.

One person's care record seen reflected the 'traffic light' system used to identify end of life. The person had been assessed as amber risk and was receiving more frequent visits from the GP as a result.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. People appeared content and we consistently saw staff were patient with people who needed repeated reassurance. Staff did not rush people.

We found systems were in place to encourage people's involvement. The registered manager held 'resident's meetings' to discuss issues and share ideas. The records of these meetings showed they were well attended and various topics in relation to choice and the running of the home were discussed.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking with people and explaining their actions so people felt included and considered.

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

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

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

Good

Is the service responsive?

Our findings

People living at The Conifers said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "I can do what I want. I have choice," "I like to sit and read my newspaper. I have my routines and it's never a bother to staff," "I am quite satisfied. I get what I need" and "I watched Olympics, I was able to do this even late into the night, we always have choice."

We spoke with the registered manager about activities in the home. They told us the home did not employ an activities worker, and some activities were provided by care staff at the home such as dominoes and games. In addition, visiting entertainers regularly visited the home and events were planned for people to enjoy, such as summer fayres and fund raising events. Most people spoken with said they were happy with the activities provided. One person spoken with said they got bored sometimes, but they had a lot of visitors.

Relatives spoken with said they thought enough activities were provided, one telling us "There are plenty of activities, singers come a lot." Relatives told us they found the home very welcoming and we heard staff asking visitors if they needed anything and checking all was well. Staff appeared to know relatives well and greeted them by name.

People living at the home and their relatives spoken with all said they could speak to staff if they had any worries.

We looked at the report compiled from questionnaire results and this showed 100% of the 13 respondents agreed when asked if they felt they could complain if necessary.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and where they wanted to sit.

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person supported and/or their relative to evidence their involvement. Relatives told us they had been involved in their family member's care planning so their views could be taken into account.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

The care plans checked identified any specific support that was needed to maintain health. We found records showing the support was provided as identified as needed. The care plans contained details of the intervention from other healthcare professionals to support the person.

We saw one person needed specific equipment to support them. We checked the person's care plan and found clear details and an explanation for this. We found another person had a specific health need. We checked their care plan and also found clear details of this and the actions required of staff at the home and the intervention from other healthcare professionals to support the person. These examples showed care plan's were person centred and contained relevant and accurate information.

There was a clear complaints procedure in place. 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. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into The Conifers. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection. We saw a range of recent compliment cards were on display in the corridor area of the home.

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

People living at The Conifers told us they know the registered manager well and found her approachable. Comments included, "We see her [registered manager] most days, she always has a chat," "[Name of registered manager] is always around to say hello to." and "I can talk to [name of registered manager] anytime. She's smashing."

Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them.

Relatives told us staff were approachable, friendly and supportive. One relative told us, "The manager is very approachable and we sometimes see the owner. We could talk to them at any time" and "They were very friendly and welcoming." One relative told us, "It was a really difficult decision to make [(family member moving into The Conifers] but we know we did the right thing. This home is brilliant. [Name of relative] is well looked after, happy and safe."

Staff told us they worked well as a team and all supported each other. Staff told us they enjoyed their jobs and "People [who used the service] were put first."

Staff told us the registered manager was active around the home and did occasional care shifts to work alongside them. All of the staff said the registered manager had an 'open door' and they could talk to her at any time. They told us the registered manager was always approachable and keen on staff working together. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas.

We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs and the management was supportive. Comments included, "The manager is great, very supportive" and "I love my job. It doesn't feel like coming to work. I know people are really looked after."

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. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place for 'residents', staffing and environment. Records showed the registered manager undertook regular audits covering all aspects of the home. Those seen included care plan, medication, health and safety and infection control audits. We saw environment checks and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

We found questionnaires had been sent to people living at the home, their relatives and staff. The results of questionnaires were audited and a report compiled from these so people had access to this information. Information from the returned questionnaires has been reported on throughout this report. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Staff spoken with said staff meetings took place so important information could be shared. Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt 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. We observed the night to day handover meeting and found it was detailed and each person using the service was discussed individually. Notes were made in the communication book so staff could reference and act on this. For example, it was identified during the handover one person supported should be seen by the GP and this was logged in the communications book so staff would arrange this.

We found 'resident's meetings' were regularly held to share information and obtain people's views. Minutes from these meetings showed topics such as activities and choice were always discussed.

The home had policies and procedures in place which covered all aspects of the service. Most of the policies seen had been reviewed and were up to date. Some policies were dated 2012 which meant they could be out of date. We discussed this with the registered manager who gave assurances that all policies would be reviewed as necessary. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.