The Hollies Care Services Ltd

The Hollies

Inspection report

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Ratings

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

Overall summary

The inspection of The Hollies residential home took place on 6 October 2015 and was unannounced. We previously inspected the service on 11 March 2014 and the service was not found to have been in breach of the Health and Social Care Act 2008 regulations at that time.

The Hollies provides accommodation and personal care for up to 29 older people some of who may also have a physical disability or be living with a diagnosis of dementia. The home has three floors with a lift and there are assisted bathing facilities for those who require them. There are a number of rooms downstairs allowing for social interaction or quiet time. On the day of our inspection there were 29 people living in the home.

The home had a registered manager, although they were not working on the day of the inspection as they were on leave. However, the deputy manager and Director of Care were present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were able to explain how they would identify and respond to any concerns about abuse. Risk assessments were focused on the individual and reflected their specific needs.

Staffing was appropriate for the needs of the people living at the home on the day of inspection. People received their medicines in line with the guidance from the National Institute of Clinical Excellence meaning that staff were trained and administered medicines safely.

People had access to a range of food and drink throughout the day and were supported where required with eating and drinking. There was also regular contact with other health professionals such as GPs or dieticians.

The home was following the principles of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards by ensuring all people had been assessed for their levels of capacity, and where this was deemed to be lacking, decisions were made in their best interests.

Staff received a comprehensive induction and subsequent supervision. However, we found that training was not always up to date in core subjects. This meant staff did not always have the latest information for their role.

People's consent was sought prior to undertaking any care task and their privacy was respected. Most staff we observed to be caring, however there was some incidents of poor practice and these were raised with the Director of Care.

There were activities available for people to join in with and it was evident that people actively participated in making decisions about what happened in the home. We found the home had received many compliments and dealt with complaints effectively.

Records focused on the individual and were updated on a regular basis reflecting any change in needs.

People spoke highly of the registered manager and rated the care as good or excellent. The home had a positive atmosphere and staff also told us how much they liked working there.

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 and we found staff to have a working knowledge of how to recognise and respond to signs of abuse.

The service assessed risk in a personalised manner and had robust plans in place to deal with emergencies.

Staffing levels were appropriate to the needs of people living at the home on the day of inspection and people received their medicines in line with required guidelines.

Good

Is the service effective?
The service was not always effective.

Staff received an in depth induction and regular supervision. However, we found that not all staff training was current in line with the home's own policy.

People's capacity was assessed appropriately and the home was compliant with the requirements of the Deprivation of Liberty Safeguards.

People were encouraged to eat and drink and we saw staff were pro-active in supporting people who needed assistance.

We saw that additional health and social care services were accessed as required for people.

Requires improvement

Is the service caring?
The service was not always caring.

We found most staff to be empathetic and supportive in their approach but we also witnessed some disrespectful behaviour towards people living in the home.

People were involved in discussing their support needs and had their privacy and dignity respected.

Requires improvement

Is the service responsive?
The service was responsive.

People had the opportunity to join in activities or spend time reading as they preferred. They were also involved in regular residents' meetings which showed people were active in making choices about life in the home.

Care records were person-centred and complaints were dealt with effectively.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People and staff enjoyed being in the home, and the registered manager was spoken highly of.

There were audits in place, particularly around care planning and accidents which showed the service focused on people's experience of the care they received and how this could be improved.

The Hollies

Detailed findings

Background to this inspection

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

This inspection took place on 6 October 2015 and was unannounced. The inspection team consisted of three adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from the local authority safeguarding and commissioning teams.

We spoke with four people living in the home. We also spoke with eight staff including four carers, one senior carer, the activity co-ordinator, the deputy manager, and the Director of Care.

We looked at five care records, three staff personnel records, minutes of resident and staff meetings and audits including accidents, medicines and care plans.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "Staff are always checking on me to make sure I'm OK and they respond to my call bell very quickly." One member of staff told us "I would calm people down by using distraction techniques" if they saw people becoming agitated with each other. Another said "People are safe as we've recently introduced extra measures to promote this such as alarms on the external doors."

We spoke with staff who gave us different examples of what may constitute a safeguarding concern including both physical and psychological factors. They were aware of the safeguarding policy, understood its significance and the procedure for reporting concerns. Staff were also aware of how to escalate concerns if the need arose and had the confidence to do so. We were told by one member of staff who had been at the home for three years they had never had any concerns regarding the conduct of fellow staff members.

We found evidence of detailed and personalised risk assessments in place. These included moving and handling assessments, skin integrity and nutritional analysis, all of which were updated monthly and amended with any change in needs. The deputy manager told us that if a person scored above a zero when completing the MUST (malnutrition universal screening tool), then they would automatically fill in a food and fluid chart and contact the dietician to seek further advice if required. A food and fluid chart is a tool used to record what someone has eaten and drunk, thereby providing an accurate record to assess someone's nutritional intake. We also saw that one person on admittance to the home was assessed as being at high risk of falls and there was a corresponding risk assessment detailing how the home would try and minimise the risk of this. All risk assessments were reviewed on a monthly basis and reflected a person's specific requirements ensuring that risks were minimised as far as possible.

We noted near to the front door that there was an admissions register and a detailed fire evacuation procedure. We saw records of weekly fire checks, the last one was dated 25 September 2015. There was also a record of monthly fire drills. However, it was noted in June 2015 that staff did not collect the residents' register or the visitors' book which meant the service had not acted in accordance with its own guidelines. In July staff on duty had been unaware of the fire control panel and so it was recommended that further training took place with fire drills. We could not find written evidence this had happened but did acknowledge that the home were seeking to ensure they continually improved their response.

We saw a detailed emergency contingency plan whereby arrangements were in place for accommodation at alternative homes within the registered provider's group in the event the building became unusable for any reason and a comprehensive emergency evacuation plan updated in September 2015. One member of staff explained this procedure to us so it was clear the home had trained staff appropriately.

We also saw in depth accident record sheets which showed the number of falls and the reason for this. Following this we saw that people were monitored more closely for specified periods of time to minimise the risk of further falls and that this monitoring was recorded. This monitoring included checking both physical and behavioural changes at hourly intervals with specific times noted. One staff member said "Each fall is recorded on a sheet in the person's care record and we complete regular observations which are recorded." This showed the service was following its own guidelines.

The home conducted a monthly accident analysis which provided an overview of the time and cause of accidents, indicating if there had been a particular problem at a certain time. Staff completed detailed information relating to each individual who had more than one accident in a month, which included possible causes such as infection and whether there had been any external professional support offered such as physiotherapy or a GP visit. This also triggered a review of a person's moving and handling risk assessment and falls risk assessment. We saw these had been completed where required.

We asked staff their views of staffing levels. One member of staff told us "Yes, there are enough. There are four carers and one senior during the morning, and three carers and one senior in the afternoon. We are only occasionally asked to cover an extra shift and rarely have agency staff." We saw that staffing levels were decided in conjunction with the registered provider and the registered manager considered people's level of dependence.

Good

Is the service safe?

However, a different member of staff felt there were not always enough staff depending on who was living in the home at the time. They told us "At one time we had eight people requiring two carers to support but no extra staff were used. If a person needed bed rest then this caused further strain." We did not observe any concerns regarding staffing levels while we inspected the home as people received timely assistance.

We asked the deputy manager how staffing levels were determined and they said the ratios tended to remain the same. However, staff could be asked to commence their shift early if they needed to escort someone to a hospital appointment and staff were usually willing to do this. They also said that the registered manager was usually around during the weekdays to provide assistance if necessary, and the deputy manager provided extra cover at weekends. If someone required one-to-one assistance they would provide this in addition. A senior carer took responsibility for arranging activities on specific days in the home so on these days was able to provide extra support for staff.

We checked staff files and found they contained records of a person's identity checks and references had been obtained. Interview details were also included which illustrated the home asked pertinent questions for the role of carer to ensure they recruited people with the necessary knowledge and skills. The home had also requested the necessary Disclosure and Barring Service checks. These are checks made by an external agency to ensure people recruited to work with vulnerable people have no criminal history which could be detrimental to their role.

We looked at whether medication was administered, recorded and stored appropriately. At the front of the file was a list of approved signatures showing which staff could administer medication. We later saw that these staff had received medicine competency training. One member of staff said "I was shown how to do medication by the registered manager first and then shadowed another staff member. After this my competency was checked while I was doing the medication".

In each person's record there was a photograph of the individual and details of the GP. Any specific conditions were also identified alongside any allergies. The Medication Administration Records (MAR) were completed correctly evidencing that medicines were administered in accordance with the prescription. People's medication was reviewed regularly by the GP. There were communication sheets within the records which showed any changes that were required ensuring the home identified enacted upon any changes in medication promptly.

We talked through how medication was administered with one member of staff. They explained they checked the MAR sheet, checking the person's name against the medicines about to be administered. As each tablet was taken out of its packaging, they made a mark on the MAR sheet and only after the person had taken it did they sign the sheet. They told us two people were on pain control patches which were administered and stored in accordance with the Controlled Drugs as defined under the Misuse of Drugs Act 1971.

In one person's file we noted that blood sugar readings were missing for particular dates. We spoke with the deputy manager about this and they advised us it was the district nurse who would check these if someone needed help. For the individual in this instance we were advised they often checked their own blood sugars as they had the ability to do so, hence the gaps in the records.

Where people required PRN (as required) medication this was recorded appropriately and we were advised no one was administered covert medication. The home completed daily fridge and room temperature checks, and these were all within the correct range. All medicines we checked were in date and the home conducted a weekly stock check. We saw a recently completed audit by an independent pharmacist which confirmed that medicines were being administered and correctly.

We saw that equipment used to help people move was individually named. There was a list of names indicating the size and colour of each sling required when using a hoist to help staff identify the correct one. We saw records that these were serviced every six months. However, these were hung together on pegs so there was a risk of cross infection.

Requires improvement

Is the service effective?

Our findings

One person told us "the food is excellent." Another said "the food is nice. We choose what we like when we come down in a morning" and a further person told us "Yes, I like it." A different person said "If you don't like what's on offer, they'll do you something special." We observed two people being offered choices during the morning as they had woken up later and staff checked to ensure they were happy with this. We heard a gentleman asking for a bacon sandwich at 10am which was duly prepared.

We saw an extensive menu board in the reception area with food being offered almost continuously during the day.

People were asked mid-morning if they would like tea or coffee. These were made according to people's preferences. We also heard people being offered various flavours of crisps and biscuits. One person came into the lounge at 10.30am and requested marmalade and toast and this was provided.

We observed lunchtime in the home. Although there was a dining room not everyone chose to eat in there. We saw someone who had difficulty retaining an upright posture and had limited communication being supported in a very patient manner by a member of staff. The staff member followed the person's lead and offered them food only when the person indicated by lifting up their head. Another person with a poor appetite was encouraged to eat as much as they wished, and was enabled to feed themselves through the use of appropriate equipment such as a plate guard.

We saw another person asked if they would like a drink and the member of staff was prompted by a different member of staff to ensure the drink had thickener added as the person was at risk of aspiration. The staff member duly went to get this but showed they had not been aware of this initially.

One person was woken up and their lunch placed in front of them. About ten minutes later two staff came in and offered the person an alternative as they could see they had not eaten their lunch. They took the unfinished meal away and then proceeded to offer a choice of sandwiches, an egg or hot dogs. The person indicated they would like hot dogs and these were brought, and promptly eaten. Staff in the dining room asked each person if their food was good.

Staff demonstrated an informed knowledge about people's nutritional requirements and were able to tell us who was at risk and what measures were in place to reduce these such as weekly weigh ins and monitoring of food and fluid intake on the records. We saw these had been completed in detail. This meant that the home were able to effectively monitor where people needed additional support or input from external professionals.

We found evidence of a robust induction programme for new staff which incorporated key areas such as moving and handling procedures, infection control and the importance of confidentiality.

One member of staff we spoke with confirmed they had not been allowed to work until they had completed their moving and handling training and shadowed other members of staff. When they had their first shifts they also worked as part of a pair to ensure they were performing tasks in line with expectation. Another member of staff said "I shadowed for three days before starting properly" and this was echoed by a new member of staff who had started to work at the home the day before our inspection. This showed that the home was keen to ensure staff had the necessary skills and knowledge before supporting people.

We saw supervision records which, although contained generic information, showed staff were receiving a minimum of four per year and had discussed topics such as safeguarding, end of life care, moving and handling, how to deal with falls and mental capacity. The information was presented succinctly and provided clear direction for staff to show what they were expected to know. For example, the supervision regarding safeguarding detailed staff's responsibilities to both the alleged person to have caused harm and the victim. This was linked to the reason for taking such action, the legal background and the requirements to report such concerns. These records were signed and dated by both staff members and the registered manager. One staff member told us that "Supervision was an opportunity to raise any issues and feel supported".

Staff had also received appraisals and one member of staff told us that "it was a discussion about how much I have progressed and it was a fair process". It had been a meeting between the registered manager and the staff member, and they had been able to discuss if they had any concerns or issues. There were records in staff files of where the registered manager had needed to tackle poor staff

Is the service effective?

performance. This included the concern and the expected remedial action. This demonstrated that the home was keen to have a staff team that was appropriately skilled and confident in their role.

Training in a range of topics had been offered to staff including safeguarding, infection control, dementia awareness, care planning and person centred care. One member of staff told us "most training is in house but it is practical. I got to experience the hoist". We found evidence of a planned training schedule with a list of forthcoming dates which staff could access as required. These included topics such as food hygiene, safeguarding, dementia awareness, Deprivation of Liberty Safeguards and medicine training for those who had responsibility for this. One staff member told us they were being encouraged to attend a team leading course although this was to be done in their own time.

Although staff had access to this training, some of the training should have been renewed according to the records we saw. The policy of the home specified which training needed annual renewal. Out of 29 staff, five needed to renew their moving and handling training, 17 their Care of Substances Hazardous to Health (COSHH), 18 infection control and 15 safeguarding.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We asked staff what they understood by mental capacity. One member of staff told us "it's whether people can make a decision for themselves, manage their finances or function unaided". They went on to say that depending on a person's level of capacity they may only be able to indicate limited decisions such as whether they were hot or cold or were in pain.

One member of staff told us that the home used to have an 'open door' but this was no longer possible as some people would be at risk if they left the home due to their limited capacity. The staff member was aware that these people had a Deprivation of Liberty Safeguard in place to ensure 'they were kept safe'. Although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure people's rights were protected. The home was awaiting the outcome of other applications. Two people had DoLS in place on the day of our inspection for which we had received the required notification.

We found the home to be decorated in neutral colours with people's name on their door. Rooms were clean and tidy. There were displays of artwork on the corridor walls which helped to promote a homely feel. The building was on four different levels with lift access to three of these. The main staircase had a 'garden' gate with bolts to restrict people accessing the stairs, and there was another gate before accessing the lower ground level. This helped to remind people that they needed to seek support for using the stairs.

In the communal area downstairs there was a noticeboard which had the wrong date. There was also a display of photographs of people joining in activities but there was no date so it was unclear when the photographs had been taken or what they referred to. There was a birthday list for October and a sign which indicated the home had monthly musical entertainment. One person had a large station clock outside their room which showed the home acknowledged people's interests.

During our initial walk around the building we noted that a jug of juice without a lid was on a table at the top of the stairs. In a bathroom downstairs there were no handtowels or bin. In one toilet upstairs there was a bare lightbulb. There was a smoking room for people living in the home located off the dining room which was used regularly during the day. As this was adjacent to the dining room each time the door was opened the smell of smoke permeated the dining area. People had the choice during the day to be in the communal lounges which were away from this area but it was more difficult at mealtimes as the door was not airtight. People in the home were aware of the smoking policy.

Staff advised us that people had access to all necessary health and social care interventions from external agencies as required such as the GP, district nurse and speech and language therapy team for assistance for people with swallowing difficulties. We saw evidence of prompt and appropriate requests for this additional support in care records such as when a person needed a medicine review. We also noted the home provided an escort for someone for a hospital appointment on the day of the inspection.

Requires improvement

Is the service caring?

Our findings

Two people living in the home said "Staff look after us" and "Yes, they're alright". Another person told us "Staff can't do enough for you. Nothing is too much trouble". A further person said "Staff always chat with me" showing that people were treated as individuals.

We overheard a member of staff asking someone if they would like anything else to eat after their breakfast. The person said "no" and the staff member asked "are you sure?" in a very kind manner. We saw this again later in the day when a member of staff again sought reassurance the person had had enough to eat. A member of the kitchen staff was chatting freely to the people living in the home while providing breakfasts showing an interest in their wellbeing.

Our observations over lunchtime were mixed. We saw two different members of staff supporting people to eat their lunch, regularly reminding them what they were eating and using their name. A different member of staff came in and asked one person if they had had enough dinner. We saw that the staff member took time when the person struggled to understand what they were saying and repeated themselves and held the person's hand while doing so. This demonstrated an empathetic approach to caring.

However, we observed a different person went to push another staff member's hand away and was told "Don't do that, it's naughty. You mustn't dig your nails in". A further member of staff said "I'm doing well. I haven't been kicked today. They usually kick or hit you" as they referred to the person they were assisting who would also have been able to hear what had been said.

Later, during the same lunchtime period, the same member of staff was heard to say "Last bit, then I'll get you a nice pudding. All gone now" in a tone which would have been more appropriate with a young child. This pudding did not materialise until a further eighteen minutes later. This member of staff also spoke to a colleague about the person they were assisting to eat as though the individual was not there, for example "she was like this last week" and "we'll have to keep an eye on her". While assisting another person to eat they said to them "I can't wait to clock off at 2pm as I've had enough". They continually spoke with other care staff and visitors in the room while assisting someone to eat, and often stopped assisting while talking to the other people. We found their conduct to be lacking in care and compassion and raised this with the Director of Care who agreed to take further action.

We noted a member of the kitchen staff identified that the music was playing rather loudly and turned it down. This had not been noted by the two care staff.

We asked staff how they helped promote someone's privacy. One staff member told us "I make sure doors are closed and people are covered with towels when receiving personal care support". This member of staff had a good understanding as they related their practice to how they would feel if they were in receipt of this care. We observed staff knocking on doors and waiting for an answer before entering someone's room.

We saw that people were smartly dressed and ladies had handbags with them, and some men wore suits. Others wore smart shirts and jumpers. One member of staff noted during the lunchtime period that someone's trouser leg had ridden up and tactfully pulled it down to protect the person's dignity.

Good

Is the service responsive?

Our findings

One person told us "I have snakes and ladders but there is not really much else to do. There is an exercise class on a Wednesday – a lady comes in and does a class". We observed one person writing out menu cards to be displayed on the tables that day. We asked them why they were doing this and they said "I like to help".

There were a number of occupied lounges during our inspection. There were two interlinked rooms, one of which had the TV on and the other had a radio on. People were sat around the edges of the room and there was little interaction when we initially arrived. In addition to these larger communal areas there were two further rooms, both of which had TVs and one also had books and magazines for people to read.

One member of staff told us that activities usually occurred three days a week and included "floor games, bingo, manicures, and a memory game designed specifically for people with dementia". We saw the hairdresser arrive later in the day. Some people were enabled to maintain their faith as services were held every Sunday in the home by the local Catholic church.

We saw a list of activities that the home offered including arts and crafts, exercise, massage and aromatherapy, sing a longs, cinema, trips out, bingo and reminiscence activities. We also spoke with the member of staff who provided specific activity input and they told us "people enjoy playing bingo, snakes and ladders (we have a large floor board), catching a beach ball, ten pin bowling in the lounge area and dominoes". They went on to tell us "We also take people out if they wish to go to organised entertainment. We have arranged a performance of Annie at Christmas." We observed people playing ten pin bowling from their chairs during the morning and saw a notice giving the dates of the monthly singer who visited the home. This showed that the home had a varied range of activities for people to engage with and reflected what people wished to do.

We asked if the home held residents' meetings and we were advised there had been one the week before. We saw minutes of this meeting which had discussed topics such as the menus and the range of choices, people's views of the accommodation and staff. Some of the comments included "some of the residents said they would like to have a take away one evening" and the home agreed to look into this as a possibility.

Some people had mentioned the "smell of smoke which comes through to the dining room". One person suggested a better extractor fan may be an option and "this will be mentioned to the management" was the response. The staff member told us that it had been raised and that the registered provider was looking at the issue. It was also raised that easier access to the garden should be considered and it was recorded that a conversation was held with the owner of the building to consider a ramped access. It was evident that people were actively involved in making decisions that affected them in the home and that any issues were taken seriously, with actions following up concerns where required.

We saw the home had received many compliments about the care it had given to people as it had retained many cards and letters. The home had displayed its complaints procedure in the reception area ensuring all people had access to this information. We saw the complaints file which only contained one complaint from the beginning of the year. Prior to this the previous complaint had been from April 2014. We saw the complaint from earlier in the year had resulted in a full investigation, specific staff intervention and a review of the person's care held with family members within a two week period showing the home responded promptly and efficiently to any concerns.

We looked at care records and found these contained details of people's life histories and specific care needs, the latter of which were all reviewed on a monthly basis. At the front of each file was a large and clear photograph of the person living in the home and we also saw consent forms with regards to people accessing the information in the care record and for having a photograph taken.

The care records included life histories which covered key information such as where a person was born, birthdays of people important to them, the person's best memories and an outline of their adult life including details of their relationships, children, work, and significant events. People's preferences were also recorded such as their preferred name, time to wake up and go to bed, food and activities they liked to undertake.

Good

Is the service responsive?

Each person's identified need was recorded and included communication, nutrition, personal care, mobilisation, social interaction and pressure care amongst other areas. We saw where particular concerns had been identified such as weight loss that this was monitored and action taken if required. In one person's care record it was identified that appropriate footwear to be worn. This was monitored and we also observed that this was the case. All of these needs were evaluated monthly and care records changed if required to reflect altered needs.

People's daily records were recorded in a person-centred manner such as "[name] chose to go to bed after 21:00" and "[name] chose to be assisted with personal cares". The records also indicated which activities a person had participated in.

All care records we saw had a form called 'thinking ahead' which referred to people's wishes for end of life care. It asked specifically who people would like to be involved if they lost capacity to make important decisions, and if they had any special requirements. However, these were not filled in for all files we saw. The deputy manager advised us this topic was broached at periodic intervals but people were reluctant to discuss such matters.

Care plan reviews were recorded and involved the person living in the home, family members and a member of the senior care staff. These occurred at six monthly intervals.

Good

Is the service well-led?

Our findings

One person told us "The manager is always visible and always chats to me". They also said "I can't think of anything I would change about the home". Another person said "I am extremely well cared for and the staff are brilliant". Comments from the satisfaction survey dated August 2015 included "The Hollies excels in creating a warm, welcoming and caring 'home from home' for residents and families. It is a very positive place to live". Another said "There is great warmth when dealing with more disorientated residents". One relative said "Staff are non-judgemental, positive and encouraging".

The home had a registered manager, although they were not working on the day of the inspection as they were on leave. However, the deputy manager and Director of Care were present. 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.

We spoke with one member of staff who told us "I find it satisfying working here and I feel supported in my role". Another told us "staff have been helpful and friendly so far" as they were a newer member of staff. A further member of staff said "I get a lot of job satisfaction. It's the best job I've had. I like to think I make a difference". We asked another staff member what is good about working at the home and they replied "It's very caring and supportive and the registered manager is visible and approachable". They went on to tell us "the registered manager knows residents and families well". A further member of staff said "I love it. It's rewarding. Every day if different". This showed that the home supported its staff and promoted their wellbeing which helped to encourage a positive atmosphere.

We saw the housekeeping book which contained details of issues and actions taken to resolve them. For example a dusty wardrobe had been found and the freezer needed defrosting. Both of these had been dealt with as evidenced by being initialled and dated. This was also mirrored in the maintenance log which was also available to see.

Also on display in the reception area was a residents' guide outlining what people could expect in relation to the service, facilities, access, care support and key workers. We also saw a 'Welcome to our home' sign which was displayed prominently as was the previous inspection report demonstrating the home was acting in accordance with the duty of candour requirements to be open and transparent.

We found a home audit dated February 2015 which looked at the premises, the management of medicines and care documents. These sections were completed, however other areas such as reviewing pressure ulcer audits, accidents, complaints and training had not been completed, and neither were there any actions following this. We later found detailed monthly care plan audits which identified issues within care records such as missing assessments and set timescales for these to be rectified. We saw a night audit completed in April 2015 which had inspected the security, building, environment and staffing. Audits are important because they identify where there are concerns and should encourage action to be taken where these issues are shown.

Staff told us they had team meetings every two-three months. We saw records of a meeting held in March 2015. We asked staff how they knew they were delivering a quality service. One staff member said "through training and being caring". A new member of staff explained how the role and expectations had been clearly explained to them. Another member of staff said that any concerns raised were "acted on".

We found a satisfaction survey completed in August 2015, of which 43% of people living in the home or their relatives had returned. 100% of respondents felt staff were helpful and polite and respected their privacy if this was needed. 100% felt communication was good or excellent, and this was also reflected in relation to working with other agencies. 77% of people who responded rated the standard of care as excellent and 23% as good. One member of staff told us "I would be happy for my mum to come and live here as residents always come first". They said the staff team was stable and very loyal.

The home had last had an external infection control audit in December 2014 and had scored 94%. We found the home's last internal audit was dated 28 November 2014 despite it saying they were to be completed six monthly. We asked the Director of Care if there was a more recent one but they were unable to locate one.

Good

Is the service well-led?

We found records which showed that equipment had been properly serviced and maintained including the lift, and equipment used for moving and handling, such as the hoist. The home had also ensured that necessary health and safety checks were current such as gas safety, fire alarms and portable appliance testing showing that they took people's safety seriously.