Manor House Care Limited

The Manor House

Inspection report

26 Bridge Road
Chatburn
Clitheroe
Lancashire
BB7 4AW

Tel: 01200441394

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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

We carried out an inspection of The Manor House on 5 and 6 September 2016. The first day was unannounced.

The Manor House is registered to provide personal and nursing care for up to 50 people. The home is located in the centre of the village of Chatburn, close to all local amenities. Accommodation is provided in 50 bedrooms, 41 of which have an ensuite facility. There are two passenger lifts and one stair lift. At the time of the inspection there were 50 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the first inspection of the service following the registration of a new provider. During this inspection we found the service was meeting all the current regulations.

People living in the home said they felt safe and staff treated them well. There were enough staff on duty and deployed in the home to meet people's care and support needs. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. Risks associated with care were identified and assessed. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to remain as independent as possible and supported to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to

continuously improve people's experience of care.

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.

People said they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good

The service was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual care plan. People had been involved in the care planning process and were familiar with the contents of their plan.

People were provided with a range of social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

The Manor House

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 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 5 and 6 September 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, the deputy manager, three members of staff, the maintenance supervisor, two healthcare professionals, 14 people living in the home, three relatives and one visitor. We also discussed our findings with the owner of the company.

We looked at a sample of records including four people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance certificates, policies and procedures and audits.

Following the inspection, we asked the registered manager to send us a copy of the revised recruitment and selection procedure. We received this information three days after the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe with the service provided and the staff who supported them. One person commented, "I feel very safe here. You would be hard put to beat it" and another person told us, "I am always treated with the utmost kindness and tremendous respect." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I know [family member's] safety is beyond doubt. I have no concerns at all."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe which included fire safety, moving and handling and infection control.

The registered manager and the deputy manager were both designated safeguarding champions and attended local meetings in order to keep up to date with current procedures and good practice. The registered manager confirmed there had been no incidents in the last 12 months which came under the remit of safeguarding vulnerable adults.

Risks to individuals and the service were managed. This helped to protect people's safety and rights to freedom and independence. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, falls, tissue viability and malnutrition and dehydration. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. Staff were observed supporting people to move safely, for instance we saw staff assisting a person onto a stair lift and noted they gave the person reassurance throughout the manoeuvre.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls and the use of equipment and hazardous substances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, hoists, bedrails, wheelchairs and assisted baths. The maintenance team also carried out a monthly building safety check which included the internal and external environment as well as all the bedrooms. We found there were arrangements in place for ongoing maintenance and repairs to the building.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be

made to prevent incidents happening again. The management team had made referrals as appropriate for example to the falls team. An analysis of falls was carried out on a monthly basis in order to identify any patterns or trends. The number of falls was displayed in a pictorial format for the staff to see the level of incidence. Any learning points from accidents and incidents were disseminated and discussed at team meetings.

We looked at how the service managed staffing levels and recruitment. People told us there were sufficient staff available to keep them safe and to help them when they needed assistance. One person told us, "There are always plenty of staff on duty, I never have to wait long." The home had a rota which was completed six weeks in advance and indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Records showed planned leave or sickness were covered by existing staff and occasionally agency nurses. We were told the agency staff used had previous experience of working at the home. This ensured people were looked after by staff who were familiar with their needs. Staff spoken with confirmed they had sufficient time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's needs. The registered manager told us the staffing levels were flexible depending on people's needs, for instance wherever necessary, additional staff were placed on duty to support people with hospital appointments or other events.

We looked at the recruitment records of two members of staff and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We noted the candidates' responses were recorded to support a fair process. We also noted two written references and a DBS (Disclosure and Barring Service) check had been sought before staff commenced work in the home. A DBS check allows employers to check whether the applicant has any convictions and whether they have been barred from working with vulnerable people.

We noted from looking at one new staff member's recruitment records that they had not included a full history of employment. The registered manager took immediate action to obtain this information and assured us the application form would be updated to ensure all future applicants were clear about what information was required. The registered manager also agreed to update the recruitment and selection procedure in line with the current regulations. We received a copy of the revised procedure following the inspection. As part of the recruitment procedure candidates met people living in the home and members of staff. Feedback was obtained and used to inform the selection procedure.

People were satisfied with the arrangements in place to manage their medicines. One person told us, "They are spot on with my medication. They give it to me on time every day." People's medicines were stored in a locked cupboard in their bedrooms. This meant people were given their medicines at a time of their choice. The level of assistance that people needed was recorded in their care plan alongside guidance on the management of any risks. One person was self-administering their medicines, which was fully supported by the registered manager and the staff team.

Staff designated to administer medicines had completed a safe handling of medicines course and had access to a full set of policies and procedures and a good practice guide in the recording and administration of medication. The registered manager had also obtained a copy of the NICE (National Institute for Health and Care Excellence) guidelines for the management of medicines in care homes.

The medicine administration records were pre-printed by the supplying pharmacist and were well organised and presented. All records seen were complete and up to date. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks

corresponded accurately to the controlled drugs register.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "The staff are very knowledgeable. Everyone is a real gem" and a relative commented, "The staff are very welcoming and seem to know exactly what they are doing."

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, mandatory training and where appropriate the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role.

There was a rolling programme of training available for all staff, which included, safeguarding and the Mental Capacity Act 2005, fire safety, infection control, health and safety, safe moving of people, food hygiene, record keeping and first aid. Staff also completed a number of specialist training courses which included dementia awareness, malnutrition in older people and end of life care. We saw the staff training records during the inspection and noted there was a robust system in place to ensure staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff spoken with told us the management team carried out regular supervisions of their work practice. The supervision sessions covered all aspects of each member of staff's role and also provided an opportunity to discuss their training and development needs. Staff had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the agenda items for the meetings and were able discuss any issues relating to people's care and the operation of the home.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a good knowledge of the principles of the Act. They

understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. We noted all people had a mental capacity assessment and where any issues had been identified a best interest meeting had been held.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. We saw people had signed to give their consent to their care being provided in line with their care plan, staff taking photographs and staff assisting with their medicines. People spoken with confirmed they were involved in all aspects of their care and support and were given the opportunity to attend care plan review meetings.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, one DoLS application had been authorised and the registered manager had submitted a further eight applications to the local authority for consideration. This ensured that people were not unlawfully restricted.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is marvellous. There's always a choice and there's always something I like on a menu." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits.

People had been consulted about their likes and dislikes and the menu had been devised to take account their preferences. We noted weekly menus were planned and rotated every four weeks. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising and the portions served were ample. All meals were prepared daily from fresh ingredients. Staff interacted with people throughout the meal and we saw them supporting people sensitively.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts had been maintained where a nutritional and hydration risk had been identified. Special diets were fully catered for by the catering staff.

We looked at how people were supported to maintain good health. Where there were concerns people were referred to appropriate health professionals. We spoke with two healthcare professionals during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. One professional commented, "I have no concerns at all. They always go above and beyond to help and care for people and they are proactive in making referrals."

Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and speech and language therapists. We noted a local GP held a weekly surgery at the home and attended the service at other times when people were unwell. People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Information and transfer forms had been prepared in the event a person was

admitted to hospital.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "I am very happy here. It's a home from home" and another person commented, "I'm very well looked after. The staff are lovely and I couldn't ask for anything better." Relatives also gave us positive feedback about the service. One relative said, "The staff are really approachable and understanding. I am very pleased with the way [family member] is looked after."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed the home had a friendly and welcoming atmosphere and throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. At lunch time we saw that staff sat and spoke with people. Staff assisted people and ensured they were using their mobility aids safely. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really love my job. I like helping people and spending time with them."

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. People were able to express a preference on who they wished to be their keyworker. One person told us, "I chose my keyworker. She knows me so well and we get on well together." Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat. People were involved in the planning of their care. Relatives had also been consulted about their family member's likes and dislikes, and personal history.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with understood the way people communicated which helped them to meet people's individual needs. People told us staff were always available to talk to and they felt staff were interested in their well-being.

People's privacy and dignity was respected. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide. People were provided with a personal copy of the guide on admission to the home.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance people were supported to maintain their mobility and a person was supported to self-administer their own medication. The deputy manager also explained that an exercise bike had been sourced for one person to support them regain their confidence and physical strength. The person had cycled the equivalent of John O'Groats to Land's End. Their progress had been plotted on a map and they had been sponsored to raise money for their chosen charity. This meant the person experienced a great sense of achievement.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views by means of daily conversations, residents meetings, care plan reviews and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. A member of staff showed us a letter from a relative which had been received on the day of the inspection. We noted the relative had praised the staff for their care and compassion.

The registered manager explained the home had achieved a Gold Standards Framework award. This meant the staff worked closely with people, their families and other professionals when people were nearing the end of their life. The management team and staff were committed to providing people a high level of compassionate care at this time.

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "All I have to do is ask and they do their best to help" and another person commented, "The staff are so equable and kind. Nothing seems to be too much trouble for them." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "They know [family member] very well and understand how they want to be looked after."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined four people's care plans and other associated documentation. We noted an assessment of needs had been carried out before people moved into the home. We found the completed assessments covered all aspects of the person's needs. Wherever possible, people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. People were invited to visit the service before making any decisions. This allowed them to meet other people and the staff and experience life in the home.

We noted all people had an individual care plan which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need, for instance mobility, eating and drinking, personal hygiene, communication, medicines, physical and mental health and social activities. The care plans and all ongoing care notes were stored in people's bedrooms. This meant people had access to their records at all times. People were familiar with their care plans and confirmed they accurately reflected their needs. One person told us, "I have discussed my plan with staff and I'm happy with it." Staff felt the care plans contained enough information to be able to understand people's needs and preferences. We found the care plans we looked at contained information about what people's needs were, and what their views were about how they were supported. We noted the care plans were reviewed at regular intervals.

When it was felt a person was nearing the end of life or needed a period of intensive care a "Caring Hands" care plan was introduced. This was reviewed on a daily basis and contained essential information for all staff providing the person with care.

All people had completed an "All about me" booklet, which provided staff with an insight into their past life experiences and achievements. One person explained "I told the staff what to write and they wrote it up for me." Some people had also completed a "This is me" form. This was designed to enable people living with dementia to tell staff about their needs, preferences, likes, dislikes and interests.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff had a handover meeting at the start and end of each shift. We noted a handover board was used which listed every person and any information staff needed to be aware of. The notes on the board related to the sections of each person's care plan. This helped to ensure staff were kept well informed about the care of people living in the home and any deterioration of health.

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily monitoring charts and made notes if any care was not carried out according to people's care plans.

People had access to a programme of activities and told us there were things to do to occupy their time. There was an activity arranged every day and information about forthcoming activities was displayed in the home. Activities included music to movement, quizzes, baking, games, knitting and musical entertainment. During the inspection, we observed people participating in sewing and a floor game which incorporated a quiz. We noted the activity organiser spent individual time with people who chose to stay in their bedrooms. People were supported to continue with their hobbies, for instance one person had a special interest in gardening. To support this interest and the person's work in the garden, the home had been entered into a national gardening competition.

People were also given the opportunity to go on seasonal trips outside the home. For instance trips on a barge and bus rides round the local countryside. People also visited places of interest such as the gardens at Harlow Carr. Records were maintained of the activities offered and provided. We noted there were numerous photographs on display around the home of people enjoying activities. There was Wi-Fi within the home and the home had computer tablets which were used for activities.

We looked at how the service managed complaints. People spoken with told us they had not needed to make a complaint and any minor issues were dealt with informally and promptly. Relatives spoken with told us they would be happy to approach the owners, the registered manager or the staff in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The provider had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure included in the service user guide and this had been discussed at a residents' meeting. We looked at the complaints records and found the registered manager had received three complaints during the last 12 months. We noted appropriate action had been taken to resolve the concerns in a timely manner.

Good

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The whole place runs like clockwork. The owners and managers are hands on which is good" and a relative said, "It is very well managed, everything runs smoothly."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements over the last 12 months as introducing senior roles following a restructure of staff, the introduction of staff competence tests for handling medicines and becoming a safeguarding champion. The registered manager also described her plans over the next 12 months as improving the recruitment procedures, the introduction of an oral health assessment tool and piloting the use of a "red bag" in order to transfer essential documents to hospital when a person is admitted. The registered manager had also set out planned improvements for the service in the PIR (Provider Information Return). This demonstrated the registered manager had a good understanding of the service.

The registered manager kept up to date with current practice by attending Lancashire provider forums. She had also subscribed to various professional publications, was a member of the nursing home association and had signed up to the social care commitment. The social care commitment is a promise made by staff who work in adult social care to give the best care and support they can.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties, for instance staff were allocated specific duties on the daily rota. This meant they were aware of their tasks for the day. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was good. They said they felt supported to carry out their roles in caring for people and felt confident in carrying out their duties. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities.

The registered manager and management team used various ways to monitor the quality of the service. This included a programme of audits of the medicines systems, health and safety arrangements, incidents and accidents, staff training and staff supervisions, complaints and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed. The owner of the company had oversight of all the audits.

People were regularly asked for their views on the service. This was achieved by means of daily conversations, meetings and annual satisfaction surveys. The last satisfaction questionnaire had been distributed in October 2015. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "It has a happy and friendly atmosphere, staff are always pleased to help and listen to our questions and it is also has a good relationship with the community."

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.