Little Heaton Care Limited

Little Heaton Care Home

Inspection report

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Middleton, Manchester
Greater Manchester
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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

Little Heaton Care Home is registered to provide personal care and accommodation for up to 25 people. The home is located in Middleton, is close to local transport links and has a variety of shops and other amenities close by.

The service were last inspected in February 2016 when the service required improvement in three domains. The service needed to gain valid consent to care and treatment for people who used the service, to ensure staff had been trained sufficiently and for a person to be registered as manager. The service returned an action plan to the Care Quality Commission to say how they were going to meet the required actions.

The service now had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix had been updated and showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

People who had capacity gave their consent to care and treatment. The registered manager arranged best interest meetings to protect the rights of people who lacked mental capacity to ensure their rights were protected.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

There were sufficient staff to meet the needs of people who used the service.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People who used the service told us the food was good. We observed one mealtime which was a social occasion with staff talking to people and encouraging them to take a good diet. People's weights were recorded and professional help was sought for any person who was nutritionally at risk.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies. There were regular fire alarm

tests and staff fire safety training to help protect the health and welfare of people.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

We observed there were good interactions between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate any concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

There were sufficient activities to provide people with stimulation if they wished to join in. There were also outings into the community for people to enjoy.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment could benefit from some upgrading but was homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

People who used the service and their relatives were asked about their views of the service and action was taken to make any improvements suggested.

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.

There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and looked after them.

We saw visitors were welcomed into the home and people could

see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

People were able to join in activities suitable to their age, gender and ability. This included outings in the community.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Little Heaton Care 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 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 was an unannounced inspection and was conducted by two inspectors on the 01 August 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us of any incident that has an adverse effect on people who use the service.

We did not request a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The service would not have had time to respond with the information.

During the inspection we talked with three people who used the service, two care staff members, the cook, and the registered manager.

There were 22 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for 22 people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel safe here. Nobody bothers me", "I feel safe. The night staff check on me", "No staff have ever been horrible."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative, which was displayed where staff and visitors could see it. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Two staff members said, "I have whistle blown on someone. I would report any abuse issues" and "I am aware of the whistle blowing policy and would definitely report poor practice." There were safe systems for the protection of people who used the service and staff understood their responsibilities.

We saw that there was a safe system for looking after people's spending money. Two staff checked money out and receipts were obtained when money was spent.

People who used the service said, "There are enough staff who work here." On the day of the inspection there were three care staff on duty, a team leader, a maintenance man, a cook, domestic assistant and the registered manager. The off duty rota showed this to be the norm for this service to look after the 23 people accommodated at the home. There was also an activities coordinator who worked ten hours a week to provide people with entertainment. Staff told us, "Perhaps we could do with more staff in the morning. Two staff are needed to hoist people and it's time consuming" and "There could be another couple of staff but I think we are doing really well. We do get some time to talk to people." We observed staff did have time to sit and talk to people.

One person we spoke with said, "It's always clean and tidy." On the day of the inspection we toured the building and found it to be clean, tidy and had no malodours.

There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

We visited the laundry and noted it was sited away from food preparation areas. There was sufficient equipment to keep linen clean and a sluicing facility to wash soiled clothes. The service also used red alginate bags to safely wash soiled linen. Soiled linen can be placed in the bags which dissolve when put in the washing machine. There were hand washing facilities in strategic areas for staff to use in order to

prevent the spread of infection and each bedroom contained hand wash gel and paper towels. This helped prevent cross contamination of bacteria. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that electrical and gas equipment was serviced and maintained. This included the electrical installation, portable appliance testing, the fire system, emergency lighting, the lift, hoists and call bell system.

Two staff members said, "We have training in the use of any equipment. I am confident to use the equipment and put things away if they were faulty and report to the manager" and "When I had my induction part of that was the use of equipment like the hoists and slings."

The fire alarm system was tested regularly to ensure it was in good working order. Staff attended fire safety training and took part in fire drills. Each person had a personal emergency evacuation plan (PEEP) which showed any support needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure, staffing crises, loss of gas supply and the responsibilities of staff.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a speech and language therapist (SALT) or dietician.

There was also an environmental audit to ensure all parts of the service were safe. This covered potential accidents like slips, trips, falls, external hazards, faults, furniture and fittings.

A person who used the service told us, "I get my medicines on time. I do administer some of my own." We observed one medicine round during the inspection. We noted staff gave out medicines correctly and safely. We saw the member of staff observed good practice and took care not to leave the medicines trolley unattended. The member of staff waited whilst people took their medicines and then signed the medicines administration records (MAR).

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at 22 medicines records and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home. However, we highlighted two minor mistakes. Two staff should sign any hand written medication records and in one instance we found this had been completed by one member and one eye drop container had been dated when opened and one had not. The registered manager was made aware of the situation and whilst there had not been any adverse effects upon people who used the service he agreed to speak to the member of staff concerned to improve the safe administration of medicines.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register. We checked the medicines stored and controlled drug book and saw the records were accurate.

There was a medication risk assessment in each person's MAR and a medical history. We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice. The pharmacist who supplied the care service was available for staff to contact for advice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines.

We saw that all rooms that contained chemicals or cleaning agents were locked for the safety of people who used the service.

Good

Is the service effective?

Our findings

At the last inspection we found it was not possible to decide if staff were well trained. At this inspection the registered manager had updated the training matrix and staff files. Staff had either received training or were enrolled on courses and the requirement action was met.

At the last inspection people had not signed their consent to care and treatment. We found they had met the requirement action at this inspection. We found that where people had consent they had signed their agreement to care, treatment and to be photographed. The registered manager was aware of the need assess people's mental capacity and arrange best interest meetings if they did not. A best interest meeting is held between staff at the home, professionals and families if required to ensure that any decisions made are the least restrictive. We also saw staff obtaining people's consent before they undertook any support.

A member of staff said, "I had an induction when I started, looked at policies and procedures and was shadowed until I knew what to do and got to know people. I was ready to do the job after induction." We looked at the current induction program. We saw that this was comprehensive and covered the management system, a tour of the premises and fire system, emergency exits, the telephone system, contract, the codes of practice, working under supervision with an experienced member of staff, evaluation of performance, providing meals and drinks, tidying bedrooms, the use of equipment such as mobility aids, personal care, infection control such as pads, laundry, bathing and showering, outings and activities. We saw the form had been completed and signed off as competent. We spoke to the registered manager and he said they were looking to bring in the care certificate for any new members of staff. The care certificate is considered best practice for any worker new to the care industry.

A person who used the service said, "The staff are well trained. Well they know how to look after us." Two staff members said, "We can go on the computer in the office to do some training" and "There is plenty of training here." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. There was also opportunity for staff to complete end of life training, dementia awareness, dignity and diversity and nutrition. We saw that since the last inspection it had been determined what training staff required. The training had either been completed or staff had been booked on a course.

Two staff members said, "We get supervision and appraisal. I think you can also say what you like at meetings" and "I have discussed my training needs at supervision." The registered manager had a supervision and appraisal matrix which identified when staff next needed supervision. All the staff we spoke with said they felt supported to do their jobs and could go to the manager for advice. The registered manager said he undertook supervision with the governance director and received feedback on his and the services performance.

People who used the service told us, "The food is good. You get plenty of choice. You get enough food", ""The food is ok, it's not like a posh hotel in Blackpool but it is fine. I had three prunes, one Weetabix and half a slice of toast with marmalade, oh and a boiled egg this morning", "We can have a choice for lunch" and "I enjoyed my lunch. It is usually meat, I love fish and they do give it to me"

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We observed lunch on the second day of the inspection. There was a good social atmosphere and staff and people who used the service chatted with each other. We saw that any person who required assistance with the meal was treated in an individual and dignified manner. Staff sat with them and verbally encouraged them to eat. Tables were set with cloths and serviettes. There were condiments available on each table for people to flavour their food. People were served a drink with their meals.

We spoke with the cook who told us, "The food is ordered online from a supermarket. There is always enough money to get food. We don't waste as much food now that we are using the supermarket. I work together with the registered manager to develop the menu. Most days they have a cooked breakfast; bacon, black pudding, poached or boiled eggs. I have done food hygiene training. Service Users are asked for suggestions for the menu, as a result of this they have put kippers, parsnips and lamb steaks on the menu as an example." People were involved in planning the menu.

The menu was displayed as people came into the dining room so they were aware of what was on offer. Although there were two set choices were told people could opt for something else if they did not like it. We looked at the menus and found them to be nutritionally balanced and varied.

There were three meals a day and a supper. Drinks were also served at intervals during the day and people could request a meal. We saw some people had juice in their rooms.

There was a record of any special diets required and we saw there were plentiful supplies of fresh, frozen, dried and canned foods. This included the option of fresh fruit. The kitchen had been awarded the five star very good rating at the last environmental health inspection which meant the cook followed safe food hygiene practices.

Each person had a nutritional assessment in their plans of care and we saw that people had access to dieticians if they needed more support.

Nutritional information in the kitchen was available in relation to all service users, such as fortified diets or snack guides. This also told the cook of people's likes and dislikes, any food allergies people had or any specific requirements, for example a plate guard. People were weighed regularly for staff to keep track of if they were gaining or losing too much weight and seek appropriate advice.

A person who used the service told us, "I have my own room. It is private and I can go there when I like. It's always clean and tidy. I have made it my own room." During the tour of the building we noted some areas of the home were looking a 'little tired' and would benefit from updating. However nobody complained they were not satisfied with their rooms or the home in general. One electric light in a stairway was not in working order but was waiting for an electrician to fix it. We heard the registered manager contact the electrician again whilst we were on inspection.

We visited all the communal areas and found there was sufficient seating for all people accommodated at the home. We visited several bedrooms and found them to be personalised with people's own belongings

and photographs of their families. We saw people could sit together or in their rooms if they wished privacy.

There were suitable aids and adaptations in bathrooms and toilets to provide ease of use for people with mobility problems. There were grab rails in corridors to help people move around safely.

There was a lift for people to access both floors. There was an outside space people could use in good weather.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We looked at three plans of care during the inspection. Each person had a mental capacity assessment. There were six people who currently had a DoLS in place for it to be in their best interests to be looked after in the home. We noted the registered manager had not yet notified us of a recent application that had been approved and reminded him to send all notifications to us as soon as possible. We did however see that all applications had been completed using the relevant authorities to make the decision and had involved professionals, families and where possible people who used the service.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are very nice. They are kind and caring. They look after you if you need to be looked after", "I love and admire all the staff", "Staff are really kind and caring", "Most of them are alright. I don't know what to say. There's certain ones you get on well with and ones you don't fit in with. There is one that cannot stand me; she hasn't got the same attitude as the others."

Staff said, "I like working here. One of my family members has lived here so I would recommend the home. We give people choice. We encourage them to do things for themselves if they can and put choices before them. If they don't have capacity you have to get to know them and I know them well" and "I love working here. Residents are given choice in what they eat, drink, what they wear, the colour or style. I talk to people like my own parents and would be happy to have a parent live here. We talk to them a lot." Staff enjoyed working at the home and were aware of how to promote independence and choice.

Visiting was unrestricted and we saw some people received their visitors in communal areas or their rooms if they wished. Visiting was encouraged to help people remain in contact with their family and friends.

We observed staff assisting people who used the service during the inspection. We saw staff were polite, encouraged people to try to do things for themselves although assisted when required. There was a good rapport between staff and people who used the service with some appropriate banter.

We also saw a member of staff assisting a person to go to the bathroom. The member of staff was whispering encouragement, reassured the person she would remain to help and constantly spoke to the person to and from the bathroom. We found this to be caring and compassionate for the person receiving the care.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better and deliver personalised care. We observed that people had choice in the time they got up, where they ate and how they spent their day. People told us they had choices in their day to help them retain some control over their lives.

Some staff had been trained in end of life care which should enable them to care for someone in their last days and provide support to bereaving families. We saw that more end of life training was planned with the local hospice.

Good

Is the service responsive?

Our findings

People who used the service told us, "They ask me all the time if I want to join in but I don't always want to", "They went out for lunch the other day. I always say no, I go out with family" and "I went out to the pub last week. We had a meal and a pint or two. I enjoyed it. There are lots of other things you can do if you like. I also like to watch television."

On the day of the inspection we observed a staff member going round and cutting people's nails and painting them. There was a film on the TV. We saw there were magazines all around the lounge for people to help themselves to. One person was reading a newspaper. There was an activities coordinator who provided ten hours a week on activities with care staff filling in when this member of staff was not available. The activities coordinator provided activities such as arts and crafts, music to movement, bingo, trips out to the pub or places of interest, quizzes and pamper sessions. One person went out individually. Another person told us they enjoyed gardening. We did note that some people had their choice to remain in their rooms and read or watch television. Their wishes were respected.

People who used the service told us, "I have never needed to complain. My daughter has never needed to go to the office like some people do", "No I have not had to complain about anything" and "I never get worried. I enjoy it here. I don't have any complaints. I would go to the manager if I had any concerns. He listens to me." There were several posters on the notice board which gave people advice on how to complain. This included information on the CQC, Rochdale Metropolitan Borough Council and the homes own procedure. This gave people sufficient information to raise a concern and take it further if they wished. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw the registered manager had a system for analysing complaints which would enable the service to provide a satisfactory outcome.

We looked at three care plans during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each need was highlighted and what support staff should give to help people remain safe and well. Each heading, for example personal care, diet and nutrition, mobility or sleep showed what need a person had and how staff needed to support them to reach the desired outcome. We saw that where people were able to do tasks for themselves this was encouraged to promote independence. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

The manager held meetings with people who used the service. We saw that items on the agenda included food and nutrition, recording people's weights and completing quality assurance questionnaires. People were given the opportunity to have their say in how the home was run.

Good

Is the service well-led?

Our findings

At the last inspection there was no registered manager at the service. The person who was in charge was now registered and the requirement action was met. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that the last inspection report and rating was available in a prominent place for people to read if they wished.

During the tour of the home the registered manager told us of possible plans to convert two bedrooms into three. We looked at the rooms in question. Whilst we were there a person who was accommodated in one of the rooms told us she had not been consulted about any possible changes and felt she did not want her room to be made smaller. It is good practice to consult with people and their families if any changes are likely to affect them. The registered provider was not at the service to bring the matter to their attention.

People who used the service told us, "The manager is very pleasant" and "You can go to the manager any time you like. I am happy with my care here." Staff said, "The registered manager is brilliant. He sits and talks with residents. He comes straight away if they need him. I would not hesitate to talk to him and he is very approachable" and "The manager is approachable, much better than the last one. I would not hesitate to talk to him. "People thought the registered manager was supportive.

The registered manager completed audits to check on the quality of service provision. We saw records for audits which included care plans, infection control, medicines administration, hoists and slings, health and safety, the fire alarm system, incidents and accidents, complaints and DoLS applications. We saw that where any problems were highlighted the registered manager took action to improve the service, for example one person had sensory equipment fitted to help prevent falls. We saw that the registered manager had a reciprocal agreement with a manager from another home to undertake independent audits. This system had commenced with the registered manager visiting the other home and was awaiting the return visit. This should further help improve the quality of the service.

We looked at policies and procedures which were updated regularly. The policies we looked at included health and safety, infection control, safeguarding, DoLS, confidentiality, medicines management, complaints and mental capacity. There were policies and procedures available for staff to follow good practice.

There was a staff handover at each shift for staff to pass on any information, updates, appointments or visits.

There were regular staff meetings. At the meeting of 10/06/2016 items on the agenda included financial accountability, the new management system, updating care plans, supervision and appraisal, key worker duties and responsibilities, the policies and procedures staff should read, the care of people's clothes,

personal care, any feedback they had been given, pressure area care, the improvement in morale, movement mats, wages and kitchen staff supervision. There was also a health and safety meeting on 30/06/2016. Staff were able to bring up topics if they wished and had a say in how the service was run.

There was a comment book for professionals to write in when they visited the home. A social worker wrote, "I attended a review for one of my service users. The staff were very helpful in the review giving me the information I needed. The care plans were great and up to date and the family of the service user were very happy with care home as am I." A NVQ assessor commented, "All staff present themselves in a professional, friendly manner and are informative, helpful and hospitable."

The registered manager had recently sent out questionnaires to people who used the service and family members. There were not yet sufficient questionnaires to formulate and opinion. The registered manager said a summary would be formulated once they had more replies. However, in response to the last survey more community activities were being provided.

We saw thank you cards on a notice board and comment included, "Just wanted to thank you all for the loving way you cared for my mum", "Thank you for the love and care you gave our [name of service user]", "Just to thank you and to say how much we appreciated the kind and caring way mum was looked after during her time at Little Heaton" and "You are all angel."

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.