

Ideal Carehomes Limited

Montrose Hall

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

We carried out an inspection of Montrose Hall on 19 May 2015. The inspection was unannounced.

At our last inspection on 23 May 2013 we found the service to be meeting the standards in all areas inspected.

Montrose hall is a modern purpose built home situated within a local community in Wigan. It provides residential care for up to 41 older people, including people living with dementia. At the time of our visit there were 41

people living at the home. Accommodation is provided over two floors with lift access between the floors. Each floor has a main lounge with dining area and a second smaller 'quiet' lounge.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

People told us they felt safe at Montrose Hall. Although some staff felt more staff were needed, we saw there were enough staff to meet people’s needs. Staff agreed that there were enough staff to keep people safe and ensure people received the support they required. Staff were able to tell us how they would identify possible abuse and they were confident action would be taken by the manager in response to any concerns. We saw risk assessments were carried out in relation to risks such as falls. Processes were in place to monitor when and where falls occurred so that necessary actions could be taken.

We saw that medicines were administered to people safely. However, some improvements were required to ensure medicines were kept safely. We saw the medicines trolley was left unattended with the keys in the lock on two occasions and the key for the controlled drugs cabinet was kept on top of the cabinet. This meant medicines were not kept as safely as they should have been, and could have been accessed by people living at the home. We have made a recommendation in relation to the safe storage of medicines.

The environment at Montrose Hall was bright, spacious and well kept. A number of adaptations had been made to the home to make it more dementia friendly. Adaptations included pictorial and directional signage, themed corridors, windows in doors and contrasting colours in bathrooms. Staff were able to relay what they had learnt in training they had received about dementia and what this meant in relation to providing effective support to people living with dementia.

People told us they liked the food provided. We saw that food was freshly prepared and that people were given a choice of meal and drink. Staff were aware of people’s dietary requirements, including for those who required diabetic meals. Not all staff had a good knowledge of the signs to look for that might indicate someone with diabetes had a high or low blood sugar. However, information on this was available in the care file. The manager said they were looking for training in this area.

The home was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS and understood what this meant in relation to the people they provided support to. The manager was making DoLS applications as required to the local authority and was tracking the outcome of the applications.

People told us the staff were kind and caring and respected their privacy and dignity. We saw interactions between staff and people living at Montrose Hall were friendly and compassionate. One staff member told us that you know everyone is there for the people living at the home. Relatives of people living at Montrose Hall that we spoke with told us they were kept up to date in relation to their family members care.

We saw pre-admission assessments were completed for anyone moving into the home. Some of the assessments were not very detailed. The manager told us the information available could sometimes be limited at the time of admission. We looked at the care file of someone who had recently moved in. Most of it had been completed as required, although a falls risk assessment was only partially complete. The care plans we looked at were person-centred and most had been regularly reviewed. However, one care plan we looked at had had a gap in review of around four months. This including records of weights.

Some people felt there was not enough to do at the home. Although regular entertainment was arranged to come into the home and there were trips out, day to day there was not a regular programme of activities. We saw staff put on music and DVD’s, however, they told us they could find it pressured to support activities in addition to other duties.

Staff and visitors we spoke with told us the service was well-led and the manager was approachable. We saw a wide range of audits were undertaken on a regular basis to help the manager monitor the quality and safety of the service. The staff we spoke with were happy working at the home and felt there was a good staff team.

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?

Not all aspects of the service were safe.

Whilst medicines were administered safely, we saw improvements were required to ensure medicines including controlled drugs were stored safely.

We saw there were enough staff to meet people's needs and we were told there was flexibility to put additional staff on duty if required. Some staff and one visitor felt there were not enough staff, but told us this did not impact on the care people received.

Staff had a good knowledge of safeguarding procedures and were confident that action would be taken in relation to any concerns they had. The registered manager carried out an analysis of any safeguarding incidents.

Requires improvement



Is the service effective?

The service was effective.

The environment was bright, clean and spacious. A number of adaptations had been made to the home to make it more 'dementia friendly'. Staff had received training in supporting people with dementia. They were able to tell us how they provided effective support to people living with dementia.

People were positive about the food on offer. We saw people's opinions had been sought in relation to meals provided and changes had been made to the menu as a result.

Staff, including staff working in the kitchen were aware of the dietary requirements of people who had diabetes or required soft diets. One member of staff only had limited knowledge in relation to the support of people with diabetes. However there was information in people's care files on the condition and the manager said they were sourcing training in this area.

Good



Is the service caring?

The service was caring.

Everyone we spoke with told us the staff were kind and caring. We saw staff were attentive and observed interactions between staff and people living at Montrose Hall to be relaxed and friendly. Staff engaged with people well, including people with limited verbal communication.

The service had a keyworker system in place. This provided a consistent point of contact for staff and people living at the home. The service had a 'virtual notice-board' that was linked to people's TV's and displayed menus and details of the staff members on shift.

Good



Summary of findings

Most relatives we spoke with thought their family member was supported to be as independent as possible. During the inspection we observed people who had expressed an interest, helping with tasks such as setting the table and washing up.

Is the service responsive?

Not all aspects of the service were responsive.

We saw pre-admission assessments had been completed for people moving into the home. These showed evidence of family involvement. However, the information contained in the assessments was often quite brief.

Care plans were person-centred and documented people's preferences. Most of the care plans we looked at had been regularly reviewed. However, there had been a four month gap in the review of one care plan including the recording of weights for this person.

The service arranged a variety of events that took place within the home and also trips out from the home. However, whilst staff engaged effectively with people and put on music and DVD's, there was little in the way of planned activities on a day to day basis.

Requires improvement



Is the service well-led?

The service was well-led.

There was a registered manager in post who had worked at the home since it opened around four years previously. Staff and visitors told us the registered manager was approachable.

A wide range of audits and checks were carried out to monitor the quality and safety of the service. We saw these were undertaken on a regular basis and actions were identified where necessary.

Staff told us they liked working at the home. They attended staff meetings and told us the registered manager would listen to and act on any concerns they may have.

Good



Montrose Hall

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.

The inspection took place on 19 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In the process of planning for the inspection we reviewed information that we held about the service. This included the services last CQC inspection report and notifications that the service was required to send us in relation to safeguarding incidents, serious injuries and other

significant events. We did not have a copy of the provider information return (PIR) at the time of our inspection. This was because we had brought forward the scheduled inspection due to concerns that had been raised with us. We also contacted Wigan Healthwatch, Wigan safeguarding and the Wigan quality assurance team for feedback on the service.

During the inspection we spoke with nine people who were living at Montrose Hall. As not everyone living at Montrose Hall was able to talk with us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand people's experiences.

We spoke with seven members of staff. This included the registered manager, four carers/senior carers, a cook and a domestic assistant. We also looked at records the home kept in relation to people's care and the running of the service. This included five care files, five medication administration records (MARs), three staff files and records of audits and servicing.

Is the service safe?

Our findings

All the people and their relatives we spoke with told us they felt safe living at Montrose Hall. Comments included; “I do feel safe here and the staff are very good with me” and; “I am happy here and I do feel safe”.

We observed medicines being administered by a senior carer. We saw the member of staff washed their hands and followed safe practice in administering medicines to people. One person complained to the staff member of a health complaint and we saw the staff member responded appropriately by offering them a ‘when required’ medicine they were prescribed. We saw there were some simple ‘when required’ (PRN) protocols in place to help guide staff as to when they should administer these medicines. However, we could not find PRN protocols for two people who were administered paracetamol ‘when required’. The member of staff we spoke with said this was as the person could indicate when they required that medicine. We saw that people who were administered short-courses of medicine, such as antibiotics had short-term care plans in place for the administration of these medicines. This was good practice and would ensure the medicine was administered and monitored appropriately.

We found some issues in relation to the safe storage of medicines. On two occasions, we observed the member of staff administering medicines, leave the medicines trolley unattended with the keys in. This meant there was a risk that people could access the medicine and use it inappropriately. We raised this issue with the registered manager and staff member who told us they would not normally do this. We checked stocks of some medicines and saw quantities corresponded with the medication administration records (MARs). Controlled drugs are medicines which are subject to additional legal controls in relation to their administration and storage. We saw the service kept controlled drugs, which were kept in an appropriate controlled drugs cabinet in the locked clinic room. However, we found the cabinet key to the controlled drugs cabinet was kept on top of the cabinet. It was also inside an outer cabinet, which also had the key in the lock. This meant the controlled drugs would have been less secure than the other medicines kept in the trolley. We

raised the issue with the registered manager who told us there was only one set of keys to the clinic room, so the controlled drugs should be safe. However, they agreed to address this issue.

We recommend the service reviews guidance in relation to the safe storage of medicines, including controlled drugs.

We asked people if they thought there were enough staff to meet their needs. People living at Montrose Hall told us they did think there were enough staff and told us they were not kept waiting should they need any assistance. One visitor we spoke with did not think there were enough staff, but agreed that their relative was safe in the home. Three of the staff we spoke with told us they thought there were not enough staff. However, they said this did not affect the safety of people living at the home and they told us people would still receive support and assistance in a timely manner. One member of staff told us the impact of the staffing levels was that they could not do as much with people living at the home as they would like to.

On the day of the inspection we saw there were six care staff in addition to the registered manager working in the home. We looked at the rotas and confirmed this was the standard staffing level. We saw that staff responded promptly to provide support to anyone that required it, and we saw the lounges were always supervised by a staff member. The registered manager showed us a dependency tool they used to help work out how many staff were required in the home. They also told us they could use staff flexibly, and were able to bring in extra staff if additional support was required in the home. For example, they said extra staffing had been agreed to provide additional support when a new admission was moving in. A member of staff we spoke with confirmed this had been done in the past.

All the staff we spoke with had a good knowledge of safeguarding procedures and were able to tell us the signs they would look for that could indicate someone was being abused. Staff said they would report any concerns to the registered manager or head office and were confident that action would be taken as a result of any concerns they might raise. The registered manager told us they would report incidents including any altercations that could occur between people living at the home to the local safeguarding authority. They also told us they would

Is the service safe?

investigate the cause of any such incidents, including testing for urinary tract infections and assessing pain. We saw an analysis of any safeguarding concerns was kept by the registered manager.

We looked at people's care files and saw risk assessments were in place, including falls risk assessments. We saw any falls that had been sustained by people living in the home had been clearly documented. The registered manager carried out an analysis of falls occurring including details of the time, location and circumstances of any incident. This would allow any patterns to be noted and appropriate actions taken. The registered manager told us a referral would be made to the falls team if any person sustained more than three falls in one month. We also saw that post-falls observations were recorded and measures put in place if required to reduce risk in relation to falls, such as introducing the use of pressure mats.

We looked at staff personnel files and saw safe processes were followed in order to ensure staff employed were of good character and suitable to work with vulnerable people. We saw interviews had been carried out and references had been sought as required. Staff had records of disclosure and barring service (DBS) checks having been carried out. These checks would indicate if the staff member had a previous conviction or was barred from working with vulnerable people.

The environment at the home was clean and well maintained. We saw all required checks and servicing, such as a gas safety check, had been completed and were up to date.

Is the service effective?

Our findings

People we spoke with were positive about the food on offer. One person said; "The food is very good and we do get choices plus we can get a drink or something to eat anytime if you really want to". Another person told us "The food we get here is good, not hotel standard but good anyway and it does us well". We observed breakfast and the mid-day meal taking place. We saw the food was freshly prepared and people received the support they required to eat and drink. We saw people were offered a choice of main meal and drink and there were both hot and cold options for breakfast.

We saw people had information in relation to food preferences recorded on admission. We viewed minutes from a meeting where the cook had met with residents to discuss their preferences and satisfaction with meal arrangements. People's care plans and the services 'floor management files' contained information in relation to their dietary needs and any risks in relation to nutrition and hydration. We saw where appropriate that people's weights and food intake were monitored and referrals were made to a specialist such as a dietician if required.

Prior to the inspection we had received concerns that people who required special diets, such as people with diabetes had not received the dietary support they required. The manager had been aware of some issues and we saw they had taken appropriate actions in order to ensure people consistently received the correct type of diet. The staff we spoke with confirmed that the kitchen did cater for people with special diets. The staff we spoke with, including the cook, were aware of the types of food that were suitable for people who required special diets such as diabetic or fortified diets. One member of care staff we spoke with only a limited knowledge of what signs to look for that might indicate someone with diabetes had a high or low blood sugar level, or what support would be required in response to these signs. However, we saw there was information in the care plans in relation to signs and symptoms to look out for in relation to this health condition. The registered manager told us they were currently trying to source training on diabetes for the staff.

We saw people's care files contained a record of involvement of health professionals. These showed there was frequent input from a range of professionals including GPs, district nurses and the mental health team as was required.

We found the environment at Montrose Hall to be spacious, bright and well maintained. Each floor had a main lounge and a second quiet lounge. This would provide people with more room and space within the setting they preferred. We saw a number of adaptations had been made to the environment to make it more 'dementia friendly'. These included; themed corridors; windows in the doors; contrasting coloured toilet seats and pictorial and directional signage. These adaptations would help people living with dementia to retain independence within their home. We saw other measures were in place to ensure the environment was safe for people living with dementia or who had impaired mobility or vision. This included coloured lighting to attract people who might get up in the night to safe areas where there were staff present, sensor lighting and plain carpets with no gaps between them.

The staff we spoke with told us they had undertaken training in dementia support. We found staff had a good knowledge of dementia and were able to recount what they had learned. They were also able to tell us what this meant in practice in relation to how they would provide effective support to people living with dementia.

We looked at the services training matrix and saw that between half and one third of the 48 staff required, but had not yet received refresher training in areas including safeguarding, dementia awareness and health and safety. The registered manager told us there had been a delay in providing some of the mandatory training due to the provider changing the training agency it used. We saw evidence that this mandatory training was scheduled to take place in the next couple of months. The people living at Montrose Hall and their visitors we spoke with all felt the staff were skilled at their jobs. Staff we spoke with felt they had received sufficient training to carry out their roles effectively. One staff member told us that some people they provided support to could present behaviours that challenged the service. They told us they had received training in relation to supporting people appropriately who had behaviours that challenged, and they were able to tell us techniques they could use to support people effectively. Staff told us they received regular supervision and said this

Is the service effective?

was a useful exercise in order to discuss any concerns they may have. We confirmed this by checking records of supervisions carried out and the services supervision tracker.

We saw a new induction file providing essential information had been introduced for any new staff to complete. Existing staff were also completing these files in order to provide a refresh. The registered manager told us any new staff would receive full induction training through an external training agency. Following this the staff member would shadow existing staff as long as was required for the manager and staff member to feel they were competent in their role.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). 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 saw the registered manager had

identified where DoLS applications were required and they had been submitting these to the local authority. There was a tracking sheet in place that provided a clear summary of any restrictive practice and stated whether a DoLS application had been made or authorised. Staff we spoke with had a good understanding of the MCA and DoLS. They were for example, aware of what might constitute restrictive practice meaning a DoLS application would be necessary. We saw people had recorded capacity assessments in their care files. The pre-admission assessment also considered the person's capacity to consent to move into the home and provided a prompt for the assessor to consider whether a best-interests meeting was required or if a DoLS application was required. Staff told us they would ask people before providing any care. They said if people were not able to communicate their consent verbally they would look for signs such as body language and would leave the person and come back later if they believed they were not happy to receive support at that time.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were kind and caring. Some of the comments made were; “The staff are fine and really treat us well, so it is easy to feel happy and contented”; “It’s lovely here, the staff and everything” and “The staff are kind and considerate”. Visitors we spoke with on the day of the inspection also told us they found the staff to be kind, caring and approachable. One visitor told us; “Visitors are always made welcome, I certainly am and I sometimes feel they treat me like family.”

We spent time observing interactions between staff and people living at Montrose Hall throughout the day. We saw staff responded in a caring, patient and understanding manner when one person became upset. We saw staff spent time sitting and talking with people in a friendly and relaxed manner. Staff were also seen to engage effectively with people who had limited verbal communication. We saw there was a pictorial board in the dining area that displayed the date and menu. However, both the date and menu displayed were incorrect and this was not updated throughout the day. This could cause confusion, particularly to people living with dementia. The registered manager said they would look into solutions to this issue.

People told us they knew the staff that worked in the home well. The registered manager told us the service did not use agency staff, and there was also a keyworker system in place. This would help people develop positive relationships with the staff and provide a consistent point of contact. Staff we spoke with also demonstrated that they knew people well. They were able to tell us about the people they provided support to, including details of their life history, likes, dislikes and preferences.

When asked about the culture in the home, one member of staff said; “It’s a cracking staff team. You know everyone is here for the residents.” Visitors told us they were contacted if there were any changes to their relative’s needs. We saw there was a ‘virtual notice-board’ located in the entrance to the home. The registered manager told us this was also linked to people’s TV’s and provided details of aspects of service provision such as the staff working that day and menus for meals. The registered manager also said this information was accessible to families via the website, which would allow them to plan to visit when an individual’s keyworker was on duty if they wanted to talk to them.

People told us that their privacy and dignity was respected by staff. Staff told us they would knock on people’s doors before entering and would ensure people were covered up where possible when receiving personal care. We saw there was space in the home for people to meet privately with family or visiting professionals should they wish. We also noted that care files were kept locked in a cupboard, whilst still being accessible to staff. This would help ensure people’s confidential information was kept securely.

Three out of four relatives we asked felt the service supported their family member to be as independent as possible. Staff told us they would support independence by encouraging people to as much as they could when being supported, for example with personal care. We saw that some people who wished to help out with tasks around the home were supported to do so. For instance, we observed people helping set and clear tables and help with the washing up. This would help enable people to retain domestic skills and independence. We also saw one person kept a key for their room, which would help promoted this persons independence.

Is the service responsive?

Our findings

We spoke with the registered manager about the process followed for anyone moving into the home. The registered manager told us the pre-admission assessment would often be undertaken at the home and that the person considering moving in would be invited to the home for lunch or to attend an event. We saw the template for the pre-admission assessment, which was comprehensive and designed to gather a wide range of information in relation to people's support and care requirements. The registered manager told us a set procedure was followed once people had moved in, which included completing risk assessments and sections of the care plan within pre-determined timescales, allocating a keyworker, and getting to know the person. The registered manager told us they had recently brought in an admissions audit to ensure the process was followed, and we saw a completed copy of one of these audits.

Three of the four visitors we spoke with told us they had been involved in the pre-admission assessment for their family member. The completed assessments we looked at showed that input from family members had been sought. We saw pre-admission assessments were present in all the care files we looked at, although it was noted that the information contained in some of them was limited and brief. The registered manager told us factors such as where the person was moving from and who was involved in the pre-admission assessment could affect the level of detail it was possible to record. We tracked the admission process for one person who had recently moved into the home. We saw the pre-admission assessment had been completed and most sections of the care plan that should have been completed had been completed within the allocated time frames. However, a falls risk assessment had been started, but not fully completed within the six hour time-frame that was indicated. The registered manager was not certain why this was, but thought it could be as they were waiting for additional information to enable completion of the risk assessment. We asked a member of staff about the support this person required. They told us they had read the pre-admission assessment and they were able to provide us with details of this person's support needs and their social history. This meant staff had the information required in order to provide effective support to this person from the moment they moved in.

The care plans we looked at were well organised and easy to follow. They contained information that would enable staff to provide people with the care they required. This included details of people's preferences in relation to their support, life histories, future aspirations and future wishes. People told us they were able to make choices in relation to the time they got up and went to bed, where and when they ate and when they had a bath or shower. On our arrival at the home we saw some people were eating breakfast in the dining room, whilst we were told some preferred breakfast in their rooms and others were still in bed out of choice. This showed the service was working in a person-centred way.

The registered manager told us care plans were reviewed monthly and reviews of care with the person and their family (where appropriate) were carried out every three months. We asked a member of staff how the three monthly review would be carried out if the person did not have family involved in their care. They told us the review would be carried out with the person if they had capacity to be involved in the process. Other than one care plan, all the care plans we looked at had been reviewed on a regular basis. The one care plan we looked at that had not been regularly reviewed had a four month gap where no review of the care plan or risk assessments was evident. The person this care plan related to had been identified as being at high risk in relation to nutrition and we saw weights had also not been recorded for this period. However, we saw this care plan had been recently reviewed, and appropriate actions had been taken by the service in relation to this person's nutritional support. There was no evidence of any detrimental effect on this person due to the lapse in recording. The registered manager told us they thought this gap in review may have been due to one of the staff members responsible for the review having been off work.

We saw a record of complaints was kept. The registered manager told us there were no live complaints at the time of our visit. We reviewed previous complaints and saw that these had been investigated and actions taken where required. We saw the company's procedure had been followed where formal complaints had been received, such as issuing responses within agreed timescales. We saw the service issued surveys to people living at the home, relatives, staff and professionals on a regular basis. Although there was a low response rate to the surveys, the comments made were generally positive. We saw one area

Is the service responsive?

where more negative comments had been received was in relation to the laundry and items going missing. Staff told us they had looked at ways to address this issue and had recently brought in a new tagging system that seemed to be working well. This showed the service was acting on feedback that was received. We also saw there was a comments and suggestions feedback board. This was displayed in the format of 'you said, we did'. We saw people had made suggestions about holding events and parties and that the service had responded by arranging these.

The registered manager told us there was not an activity co-ordinator employed by the service. They said activities were resident led and staff were encouraged to take part in activities with people. The registered manager told us entertainers were arranged to come in once per month and staff told us trips out to go shopping and to visit attractions had taken place recently, with further trips arranged for the near future. The home also held themed events. At the time of our visit the theme was sweets and a display of sweets

had been arranged. Films in relation to the theme were also being shown. Staff told us they had arranged for an ice cream van to visit the following day. We also saw activities such as bingo took place around once per month. However, outside these planned events it was apparent staff could struggle to find time to support people to engage in activity. During our inspection we saw staff talking with people and putting on music and DVD's. On one occasion a member of staff was observed to dance with a person for a short period. However, other than this we did not observe any arranged activities. One member of staff told us; "It can get really busy. Activities are mainly DVDs. It falls on staff to arrange activities and there can be too much pressure." We asked people if they took part in any activities and if they had enough to do. One person told us they would play board games or dominoes. Two people told us there was not much to do in the way of activities. One person said; "There are too many people just sitting around and I'm not keen on that. There are not really any activities."

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection visit. 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. The registered manager had worked at the home since it had opened around four years prior to this inspection. The registered manager was supported by a two deputies, which ensured there was always management cover at the home.

Prior to our inspection we contacted the quality performance officer at Wigan Council who worked with Montrose Hall. They told us there were no quality issues at the home and that the registered manager was proactive. All the staff we spoke with felt the home was well led and felt that the registered manager was approachable. One member of staff said; "There is an open door policy. You can speak to [the registered manager] at any time." The registered manager told us they held 'surgeries' to enable them meet with any visitors or relatives that might want to speak with them. They told us these were scheduled at times including evenings and weekends to increase their availability. Visitors we spoke with also agreed that the registered manager was approachable.

Staff told us they attending staff meetings and that they felt their ideas were listened to. We saw minutes from meetings were displayed on the notice board in the staff room. This would help ensure the manager was able to keep staff up to date with their expectation in relation to the running of the service. The registered manager told us staff were issued with smartphones and received a company briefing every six to eight weeks. They also spoke positively about the company and told us there were good opportunities for staff to progress should they wish to do so. The registered manager told us the chairman of the company, which is part of a larger group, knew the managers by name and also knew members of the care staff.

The staff we spoke with told us they were happy working at the home. One member of staff said; "You can have a laugh. If you are happy, the residents are happy. I think we are quite close." Another member of staff told us the staff team supported one another effectively. One member of staff told us that concerns had been raised with the registered manager in relation to an issue within the staff team. They told us the registered manager had listened to concerns and taken appropriate action. The registered manager told us there was an employee of the month and employee of the quarter award in place to recognise good performance and practice within the staff team. They also told us they had arranged a curry night recently to help build morale within the staff team.

We saw there were a number of systems and audits in place to allow the registered manager to effectively monitor the quality and safety of the service. There were a wide range of audits and checks carried out of areas including, infection control, the environment, medicines, accidents and catering. We saw that audits had been completed regularly, were thorough and had identified where actions needed to be taken. The registered manager showed us the software package was used to keep track of completed audits along with tracking other aspects of service delivery such as supervision, appraisal and training. We also saw the provider carried out audits of service. We saw a copy of the most recent provider audit that was carried out in February 2015.

The registered manager told us the service had a good reputation within the local area. We asked what they felt the main vision for the home was, to which they responded it was, "to be continually successful and continue to improve." The registered manager told us the service had sought to build links with the local community. One example they gave of this was through their work with a local school. This included involvement with a Christmas party, and with the school assemblies. The registered manager told us they thought this was a positive way to also build dementia awareness and they said they would like to arrange more activities like this.