Angel Care plc

Newlands Care Home

Inspection report

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26 September 2018

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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

This inspection took place on 24 and 26 September 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

Newlands care home is registered with the Care Quality Commission to provide care for up to 30 older people. The home provides accommodation across two floors and provides both residential and nursing care. The home is located on Tetlow Lane in Salford and is close to local transport routes into Manchester city centre. The home provides care to people who are of Jewish faith, although people of all religions are welcome.

At the time of the inspection there were 23 people living at the home.

Newlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection of Newlands in September 2017, the home was rated as 'Requires Improvement', with three breaches of the regulations identified. These were with regards to safeguarding people from abuse, good governance and staffing. A warning notice was also issued because of unsafe staffing levels within the home. Following this inspection, we were sent an action plan by the home which detailed the improvements the intended to make.

This comprehensive inspection checked to see if the concerns from the previous inspection had been addressed. We found improvements had been since our last inspection visit.

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 '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 people we spoke with said the food served at the home was of good quality and we saw people being supported to eat by staff at meal times. People were weighed on a regular basis and more frequently if they were identified as being at risk of losing weight. Suitable facilities were available to cater for Kosher diets where people required this as part of their religion.

We saw the home responded appropriately where people had lost weight. However, we recommend actions set during the monthly weight audits done within the home, such as offering people higher calorie foods, are clearly documented within people's food and fluid intake sheets as being either offered, consumed or refused by people. Also, that people's nutritional supplements are clearly documented on both MAR and

fluid sheets to ensure records of fluid people had consumed were accurate.

We saw people's fluid charts indicated people received good levels of fluids throughout the day. However we recommend the targets staff should encourage people need to consume are clearly documented within care plans so that staff know how much people need to drink each day. We raised these issues with the registered manager during the inspection feedback, who immediately sent us copies of updated documentation where this information would be recorded.

We found there were enough staff to care for people safely, with staff having access to appropriate training to support them in their role. The registered manager told us the provider was now more willing to provide additional staff if people's care needs increased, or if occupancy increased.

The service was now working within the principles of the MCA (Mental Capacity Act), with capacity assessments and best interest meetings held where people were unable to consent to their care and treatment.

Improvements had been made to overall quality monitoring systems to ensure the service was being monitored effectively.

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise risk. Staff recruitment was robust with appropriate checks undertaken before staff started working at the home.

We found staff received sufficient training, supervision and induction to support them in their role. The staff we spoke with told us they were happy with the training they received and felt supported to undertake their work.

We found the home worked closely with other health professionals and made appropriate referrals if there were concerns. Details of any visits from other professionals was recorded within people's care plans.

We received positive feedback from people we spoke with about the care provided at the home. Visiting relatives said they had no concerns with the care being delivered at the home. People said they felt treated with dignity and we observed staff treating people with respect during the inspection.

Each person living at the home had their own care plan in place which provided an overview of their care requirements and any associated risks.

There were a range of different activities available for people to participate in and the home had recently recruited a new activities coordinator, with people living at the home being involved in the recruitment process.

We found complaints were responded to appropriately. A policy and procedure was in place and was displayed near the main entrance for people to refer to.

Staff meetings took place, giving staff the opportunity to discuss their work and raise any concerns about practices within the home. We also observed a handover taking place where nurses provided an update on people's care needs from that shift.

Staff spoke positively about management at the home and said the manager was supportive and approachable.

Policies and procedures were in place and were being reviewed regularly.

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.

Medication was being administered safely

People living at the home said they felt safe and staff understood their responsibilities with regards to protecting people from abuse.

Staff were recruited safely with appropriate checks carried out before they started work.

Is the service effective?

Good

The service was effective; however, we have made two recommendations regarding people's fluid intake and the recording within food and fluid documentation.

Appropriate systems were in place regarding DoLs and the MCA.

Staff told us they received sufficient training, induction and supervision to support them in their roles.

We observed staff seeking consent from people throughout the inspection.

Is the service caring?

Good

The service was caring.

People who lived at the home and visiting relatives made positive comments about the care being provided.

People were treated with dignity and respect.

We observed caring interactions between staff and people living at the home.

Is the service responsive?

Good

The service was responsive.

People's care plans were completed with good detail about their care needs and preferences.

Complaints were responded to appropriately.

Activities were available to people to participate in if they wished to.

Is the service well-led?

Good

The service was well-led.

The home had systems in place to monitor the quality of service being provided.

Everybody we spoke with made positive comments about management and leadership within the home.

Staff meetings and handovers took place so that staff could discuss their work and raise any concerns.

Newlands 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 inspection took place on 24 and 26 September 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by one adult social care inspector from the CQC.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted healthcare professionals at Salford City Council before our inspection to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with a wide range of people and viewed certain records in order to help inform our inspection judgements. This included the registered manager, three people who lived at the home, one visiting relative, a nurse and seven care staff.

Records looked at included five care plans, five staff personnel files, six Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

Good

Is the service safe?

Our findings

At our last inspection in September 2017, this key question was rated as 'Requires Improvement'. This was because we found there were not always enough staff to care for people safely. During this inspection we found these concerns had been addressed.

The people we spoke with told us they felt the home was a safe place to live. One person said, "I feel very safe and am alright living here." Another person said, "The safety seems okay to me." A visiting relative also added, "The home is extremely safe."

We checked to see there were sufficient numbers of staff working at the home to care for people safely and viewed a sample of the home's staffing rotas. The staffing ratio on shift consisted of a nurse and two care assistants at night and a nurse, a senior care and four care assistant during the day. In addition, there were also staff who worked in the kitchen and cleaners who undertook domestic duties. This was to provide care and support to 23 people. Certain people spent the majority of their day in the main lounge areas and we observed there was a staff presence in this room at all times to support people as required. Others spent the day in their bedroom and we observed staff checking on people in their rooms to see if there was anything they needed. We observed people being supported in a timely manner with tasks such as mobilising around the home, being assisted to the toilet and being supported to eat and drink. At our last inspection, we found there wasn't always enough staff available to help transfer people from wheelchairs into comfy chairs. However, at this inspection we saw staff assisting people to do this as required in a timely manner.

Everybody spoken with including people living at the home, staff and relatives said staffing levels were sufficient for the number of people currently living at the home. The registered manager also told us the provider was responsive to providing additional staff if occupancy increased, or people's care needs changed. One member of staff said, "For the time being staffing levels are okay, but I think we would need more if there were more people living at the home. I feel management would provide this for us." Another member of staff said, "If the occupancy increased within the home, then there aren't enough, but right now it's okay. We would be given more if there were." Another member of staff added, "Generally we are happy with the staffing numbers. They are adequate for now."

We looked at how medication was managed. We looked at the medication administration records (MARs) belonging to six people living in the home. Records of administration were completed for all medicines and we did not identify any missing signatures. We checked a sample of people's medication and found none were left from previous dates which had not been administered. Protocols (extra written guidelines) were in place for people prescribed a medicine 'when required'. Protocols described each person's specific needs and another form was used to record the person's response to the medicine. This enabled staff to give 'when required' medicines for anxiety, pain and other conditions safely and effectively.

Staff applied people's prescribed creams and recorded their use on separate charts. Creams and thickening agents were kept in locked cupboards to protect people from harm and unsafe usage.

Medicines were stored safely in a secure treatment room when not in use. The temperatures of the medicines storage room and medicines refrigerator were monitored in the right way to ensure they were at the correct temperature and remained safe to use. Controlled drugs (medicines subject to stricter legal controls because they are liable to misuse) were stored and recorded in the way required by law. We checked controlled drugs (CDs) and found that stock balances were correct.

We looked at how the service managed risk. Each person's file we looked at included a series of risk assessments which contained appropriate information to manage any risks posed to each person. Risk assessments in place covered areas such as waterlow (for people's skin), mobility and nutrition. People's care plans also contained detailed information about how risks could be mitigated. For example, where people were at risk of falls and needed support from staff to walk, we saw this being done during the inspection. People at risk of developing pressure sores had appropriate equipment in place such as mattresses and cushions. We checked several people's pressure mattresses during the inspection and found they were at the correct settings and in line with people's body weight to reduce the risk of skin break down.

Appropriate systems were in place to monitor accidents and incidents. These were investigated and preventative measures put in place to keep people safe and mitigate any further risk. Monthly trends analysis was also completed to monitor any re-occurring events such as repeated falls. Personal emergency evacuation plans (PEEPs) had been completed for each person and provided emergency services and staff with an overview of how people needed to evacuate the building safely.

Staff recruitment was safe. We looked at five staff recruitment files and noted they contained documents and checks such as photographic identification (ID), application forms, references, interview questions/responses and job offer letters. DBS checks were also undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out in advance of staff commencing employment.

There were systems in place to safeguard people from abuse. These included having a safeguarding policy and procedure for staff to refer to if they encountered any allegations of abuse. The training matrix showed staff had received training relating to safeguarding and staff spoken with demonstrated a thorough understanding of how to recognise signs of abuse and report their concerns. Whistleblowing procedures were displayed on a notice board within the home, should staff need to escalate their concerns and report bad practice.

The premises and equipment were being well maintained and we saw certificates and relevant documentation of any work that had been completed. These included checks of electrical installation, fire alarms, legionella, portable appliances, hoists/slings and fire equipment. Any remedial work or recommendations had been followed up on to ensure the premises were safe to be used by people living at the home. This included the replacement of the boiler which had previously been identified as being in a poor state of repair.

We looked at the systems in place with regards to infection control. We observed domestic staff undertaking various cleaning tasks the morning of our inspection and noted that the home smelt fresh with no odours present. We checked in bedrooms, toilets, bathrooms and communal areas and found they were clean and tidy and staff wore appropriate personal protective equipment (PPE) to reduce the risk of any infections being spread. The home was last inspected by the Salford Council infection control team in February 2018 and received an overall score of 97%. The home also achieved the highest rating of 'Five star', following the

last food safety inspection.

Good

Is the service effective?

Our findings

At our last inspection in September 2017, this key question was rated as 'Requires Improvement'. This was because we identified concerns regarding staff training, DoLS (Deprivation of Liberty Safeguards) and the MCA. During this inspection we found these concerns had been addressed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found DoLS applications were made where people had been assessed as lacking the capacity to consent to the care and treatment they received. A number of DoLS applications were still 'pending' with the local authority and the registered manager had a spreadsheet in place to monitor their progress and chase them up with the local authority.

Where people living at the home had restrictive measures in place such as the use of bedrails and also lacked capacity, decision specific assessments were carried out to establish if people were able to understand their use. A range of other decision specific assessments had also been carried out, taking into account areas such as food texture, assistance with personal care, medication and the use of photographs. Best interest meetings/discussions had been held where necessary if people were unable to make their own choices and decisions and had involved people's families who acted as their lasting power of attorney. Lasting power of attorney means that friends or family members take responsibility for providing consent to people's care and treatment if they lack capacity.

During the inspection we observed staff seeking consent from people living at the home prior to providing any assistance. For example, we observed a member of staff asking a person if they would like to move from wheelchair into their arm chair, however they refused and the member of staff said they would go and make them a cup of tea and try again later. The member of staff came back a short time later and through gentle persuasion, the person agreed to move into the chair. Signed consent forms had been completed relating to the use of photographs, bed rails, medication and the sharing of people's information.

We looked at how people's nutrition and hydration needs were being met. We saw people had nutrition care plans and risk assessments in place providing an overview of their dietary needs. People's body weight was kept under review with some people needing to be weighed on either a weekly or monthly basis. Malnutrition Universal Screening Tool (MUST) assessments were completed and provided an overview of the level of risk presented to people regarding their nutritional status, with referrals made to other health professionals such as dieticians and speech and language therapists (SaLT) where people were deemed to be at risk.

We observed several people, whose care records we had specifically reviewed being provided meals of the correct consistency, such as pureed/softer options to make it easier for them to swallow their food. Staff were aware of which people had any swallowing difficulties and this information was also recorded in their care plan for reference. We observed people being supported to eat and drink during the inspection, with staff sitting with people patiently and giving them time to eat.

We saw the home responded appropriately where people had lost weight and provided people with prescribed drink supplements to help them either maintain or gain weight. These were clearly documented on people's MAR charts when they had been given. These were not always accurately recorded on people's fluid intake sheets however, meaning the levels of fluid people had consumed may not be accurate

Actions set during monthly weight audits were not always evident within people's food and fluid charts however. For example, one person needed to offered extra snack and a second person need higher fat yoghurts due to weight loss. These were not being documented each day by staff which meant it was difficult to see if this was being followed. On some days these were recorded, however on other they weren't

We recommend that actions set during the monthly weight audits, such as offering people higher calorie foods, are clearly documented within people's food and fluid intake sheets as being either offered, consumed or refused by people. Also, that people's nutritional supplements are clearly documented on both MAR and fluid sheets to ensure records consumed are accurate

We saw people's fluid charts indicated people received good levels of fluids throughout the day, with most people's being around, or in excess of 1500 millilitres.

However, we recommend the targets staff should encourage people to consume are clearly documented within care plans so that staff know how much people need to drink.

We raised these issues with the registered manager during the inspection feedback, who immediately sent us copies of updated documentation where this information would be recorded.

Newly recruited staff followed a formal induction programme and were required to undertake a range of mandatory training when they commenced employment. Staff also told us they were introduced to other residents and were given the opportunity to 'shadow' existing and experienced members of staff to gain an understanding of the role. The care certificate was also completed for staff who had not worked in a care setting previously. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if staff are 'new to care' and forms part of the internal staff induction

We looked at the training staff were provided with to support them in their roles, with both practical and computer based training available. The current training matrix showed staff had received training in areas such as moving and handling, fire awareness, safeguarding, infection control, first aid, food safety, health and safety, dementia and continence care. Each member of staff we spoke with told us they were satisfied with the level of training available at the home.

Staff received supervision to support them in their role and we saw records of this documented following sessions that had taken place. Both one to one supervision and also group supervisions were held periodically and following on from any incidents which had occurred. Regular supervision meant staff were supported to discuss any concerns regarding staff or residents, their own development needs and

encouraged to make suggestions for continual improvement.

People were supported to maintain good health and we noted staff were aware of people's upcoming health appointments and asked if they would like to be escorted to attend them. Staff at the home worked closely with other health care professionals as required and we saw referrals were made to services such as falls, dieticians and speech and language therapists if there were concerns about people's safety. Details of any visits from other professionals was recorded within people's care plans. Hospital passports had been completed for each person and provided a summary of their health needs should they be admitted to hospital.

Good

Is the service caring?

Our findings

At our last inspection in September 2017, this key question was rated as 'Requires Improvement'. This was because staff did not always demonstrate a caring attitude towards people living at the home, such as not increasing staffing levels to ensure people's care needs. This area of concern had been addressed since our last inspection.

We saw staff acting in a kind and caring way towards people who lived at the home. We observed several people stating they were cold and a member of staff immediately provided them with blankets to keep them warm. Staff took the time and made the most of opportunities for interaction in communal areas. For example, we observed staff sitting and chatting with people in communal areas, interacting with people in pleasant ways such as telling them they were nicely dressed and well presented. People were dressed appropriately and we did not see anybody looking unclean or unkempt, with staff maintaining records of when people had received a bath, shower and full body wash. A visiting relative said to us, "Mum always seems well presented. If I raise any concerns they are on top of it and are very responsive."

We asked people living at Newlands Care Home for their views and opinions of the care they received and if they felt staff were kind and caring towards them. Comments from people living at the home included, "They do their best for me. To me, they are all very nice." Another person said, "They absolutely provide good care to me and it's nice here. They look after people here."

A visiting relative also told us they were satisfied with the care being provided at the home. We were told, "It's excellent and I can only speak very highly of them. They are very thoughtful, helpful, kind and will go out of their way for people."

During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's door before entry and then closing it behind them. There were also posters up on the wall informing people about the main principles of dignity in care. A person living at the home said, "They treat me very well, but not just me, everybody else too."

People's independence was promoted by staff and we saw people being able to walk around the home on their own, using equipment such as walking sticks and eat their own meals if they were able to. At one point we observed a member of staff cutting a person's food up, but then allowing them to eat it independently. A person living at the home said, "They let me do as much as I can for myself."

Staff offered people choice such as what they would like to eat at meal times, what they would like to watch on the television, or what music they would like to listen to.

There were systems in place to facilitate communication between staff and people who lived at the home. People's care plans provided an overview of their communication requirements and if they needed any specialist equipment such as glasses or hearing aids. Where these were needed we saw people wearing

them as required during the inspection. We observed staff communicating with people whilst assisting them during a hoist transfer by explaining what they needed to do ensure this was done safely.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The home had met this standard, with information available in different formats if people needed it. Signage was clear and of a suitable size with good contrast between the text and the background to allow them to be read more easily. The home had also previously made use of the 'Salford talking newspaper' which was an audio version of local news and was available to blind and visually impaired people in the area.

People's equality, diversity and human rights were respected. Newlands is located in the heart of Salford's Jewish community and many of the people living at the home there are of this faith. There are separate kitchen areas to prepare kosher and none kosher foods, with people being supported to celebrate the Sabbath, which is a traditional Jewish holy day. A local rabbi visited the home on a regular basis to assist people as required with their cultural needs.

On a notice board within the home, were a range of compliments made about the quality of care delivered at the home. Some of them read, "To all the staff, thank you so much for everything you did.' and 'Just a little message to say thank you for all the help and support in the last 10 weeks.' and 'Thank you for looking after mum and all the care given.' and 'Thank you for your care.'

Good

Is the service responsive?

Our findings

At the last comprehensive inspection the service was rated as 'Requires improvement' in this domain. This was because people's care plans and risk assessments were not being consistently followed.

At this inspection we found improvement had been made in this area. For example, where people required the assistance of two members of staff to help them transfer into a comfortable chair safely, this was being consistently done by staff as detailed in their moving and handling assessment. Daily checks of people's skin were also carried out by staff where this had been detailed in people's care plans to ensure they were not at risk of skin break down. 'Chef visit' documents were also completed for each person, taking into account their personal preferences regarding their food and drink. We looked at a selection of people's food intake charts and saw they were reflective of people's favourite choices.

In two people's care plans we looked at, we noted the people had expressed a preference for daily bed bath twice a day; however, their personal care charts did not indicate this was always being provided. We did see however that people were receiving daily lower and upper body washes so we were satisfied people were receiving appropriate personal care. We raised this issue with staff and they re-wrote the care plan to ensure the information was accurate.

Before people moved into Newlands Care Home, an assessment of their needs had been carried out. This enabled staff to establish the care and support people needed. Each person living at the home had their own care plan in place, covering areas such as mobility, nutrition, hygiene, skin integrity, continence and sleeping. During the inspection we looked at five people's care plans, which provided a detailed overview of the care staff needed to deliver to people. These care plans were reviewed each month to ensure the information was still an accurate reflection of people's care needs. Some information in people's care plans referred to previous care needs they had and this made the care plans difficult to navigate. We spoke with the registered manager about ensure this information was appropriately archived as it presented the risk of staff looking at incorrect documentation.

There were activities available within the home if people wished to take part. An activity board was displayed near to the main reception, informing people of what was going on during the week. This included coffee mornings, dominoes, board games, quizzes, various visiting entertainers, chair exercises and reminiscence therapy. Creative arts sessions were also held and several pieces of art work were displayed around the home, which had been produced by people who used the service.

There were systems in place to involve and seek/respond to feedback from people living at the home, relatives and also staff. Separate surveys were sent at the end of 2017, asking people for their views and opinions about care/dignity, meals and activities. An overall analysis of the results had been completed in January 2018, detailing the results and anything that needed to be followed up. Resident and relative meetings were held to ensure people had the opportunity to raise any concerns and hear about things that were ongoing within the home. Several current people living at the home had also been involved in the recent recruitment of a new activity co-ordinator and had been involved in the interviewing process.

We looked at the systems in place to investigate and respond to complaints. A central log of any complaints made was held within the home including details about who had raised the complaint, what the issue was, details about the investigation and the outcome. We saw that where any complaints had been made, a response had been provided with any actions to be taken. A complaints policy was in place, with the procedure to follow also displayed close to the main reception area, along with the relevant complaints forms if people needed them. The people we spoke with during the inspection had never needed to make a complaint, but were aware of the process to follow, should they be unhappy with the service provided.

We looked at the systems in place regarding end of life care. We noted a certificate was displayed on the wall as staff had completed the Six Steps training in November 2018. The six steps programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The aim is to ensure people at the end of life receive high quality care provided by staff. People also had end of life care plans in place, capturing information about people's preferences in the event of death such as people to inform, funeral arrangements and if they wished to be buried or cremated. DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) forms were also completed and informed staff if people wished to be resuscitated during illness.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection the service was rated as 'Requires Improvement' in this domain. This was because the provider had not responded to requests from the registered manager for additional staff and the homes internal audits had not identified some of the concerns found during the inspection.

There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

Newlands Care Home is owned by Angel Care Plc, with head office based in Harrow, London. A staffing structure was in place and the work of the registered manager and staff was overseen by a provider representative, who visited the home, usually monthly, to see how things were going and carry out audits. The registered manager was further supported by registered nurses and senior care assistants, some of whom had worked at the home for a number of years and displayed a detailed knowledge of people's care needs.

The home used a keyworker system, individual staff had responsibility for specific people living in the home. The key worker system provided a point of contact for people living in the home and their families regarding their care. Staff handovers also took place between day and night staff to ensure any concerns, or changes to people's care needs could be communicated effectively and we observed these taking place during the inspection.

The staff we spoke with during the inspection told us there was a good culture amongst staff. We observed staff working well together and assisting people with their care such as assisting people at meal times and helping people in their bedrooms. Staff told us they were happy working at the home, although some told us staffing levels could be problematic if occupancy increased, but felt there were enough staff to care for people at the time of the inspection and staff told us people's care needs were not compromised as a result.

We received lots of positive feedback about management and leadership within the service. The feedback we received, without exception was that the registered manager was approachable, supportive and responsive to any issues that were raised. One member of staff said, "The home is very well managed and I feel very well supported." Another member of staff said, "I think the manager is brilliant. She is amazing and is a really good manager. She spends a lot of time on the floor and interacts with the residents and also takes time out with staff if they need it." Another member of staff added, "The manager is the perfect person to take the home forwards and has done a cracking job." A visiting relative also told us, "Leadership is very good."

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. A range of internal audits were in place that were completed by the registered manager, covering areas such as infection control, health and safety, finances, activities, communication, bed rails,

medication, weights and the kitchen area. Team meetings (for both day and night staff) also took place, giving staff the opportunity to raise any concerns effecting their work and receive feedback about aspects of their work.

The home had policies and procedures in place which covered all aspects of the service. These were developed and updated by the provider. Staff were aware of where these documents were kept and how to access them should they require any advice, or support.

Confidential information was being stored appropriately and we saw documentation such as care plans and recruitment and supervision/appraisal were stored in a room which could only be accessed using a key coded door lock. This meant people's personal details were held securely.

Registered care providers must submit statutory notifications to CQC when certain incidents such as safeguarding concerns, serious injuries and expected/unexpected deaths occur. This enables to follow these up accordingly and make further enquiries if needed. We found the registered manager submitted notifications to CQC as required.

The ratings of previous CQC inspection must also be displayed within the home and on any corresponding websites operated by the provider. This is to enable people using the service and their relatives to know the standards of care being provided. We found the ratings from the last inspection were clearly displayed next to the main entrance of the home and also on the Angel Care plc (the provider) website.