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Furzeham Lodge Care Home

Inspection report

Furzeham Lodge
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Devon
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Date of inspection visit:
08 June 2016
13 June 2016

Date of publication:
01 September 2016

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

Furzeham Lodge is a registered care home for up to 22 people who require care and support. It does not provide nursing care; this is provided by the community nursing team. The unannounced inspection took place on the 9 and 13 June 2016 by one adult social care inspector. The service was previously inspected on 27 November 2013 and was found to be meeting the requirements of the regulations we inspected at that time.

The home 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection there were 20 people living at the service. Some of these people were living with Dementia. During our inspection we observed a calm and relaxed atmosphere in the home. Staff interacted with people in a friendly and respectful way.

People told us they felt safe and well cared for and people praised the atmosphere of the home. Staff, people and Health Care Professionals (HCP) said they were happy with the care being provided at the home. Staff were knowledgeable about the people they were caring for. Each person had a care plan detailing their care needs. Staff delivered care to people that met their individual personal needs. They fully involved their families if this was appropriate. Staff consistently demonstrated affection and warmth in their relationships with people. People praised the standard and the cleanliness of the home.

Recruitment systems were in place; new employees underwent the relevant pre-employment checks before starting work. Care staff had completed an application form and the registered manager carried out robust checks when they employed staff. There was a good system in place for ordering, storing and returning medicines; We found systems were in place to make sure people received their medicines safely.

People, staff and health care professionals told us they were happy with the care being provided at the home. People's needs had been assessed prior to them moving into the home. Each person had a care plan which had been developed with them and their relatives. These care plans contained information about each person's needs and how staff should meet these. Care staff spoke confidently about people's individual care needs and how they met these.

Staff knew how to recognise and report the signs of abuse and had received training in safeguarding people. They were confident about how to raise concerns if they were concerned about anyone.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA. At the time of the inspection, a number of

applications had been made to the local authority in relation to people living at the service. This meant people's legal rights were protected.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to. People and relatives had been asked their opinion of the quality of the service –and were invited to attend regular meetings with the registered manager.

People told us they enjoyed the food and that there was plenty of it. Meals were appetising and people were offered choice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected because staff understood signs of abuse and were confident concerns reported were investigated and dealt with.

People were supported by sufficient numbers of staff to meet their needs.

People's risks were assessed and actions taken to reduce them as much as possible.

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

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

Is the service effective?

Good 

The service was effective.

Staff had the skills they needed to ensure people's individual care needs were met.

People's health needs were managed well, they saw health and social care professionals when they needed to and staff followed their advice.

Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their 'best interest'. Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

Staff knew the people they supported, their personal histories and daily preferences.

People were asked about where and how they would like to be cared for when they reached the end of their life. Relatives and professionals commented on the excellent care people received at the end of their lives

Visitors were always made to feel welcome and encouraged to visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People knew how to raise any issues or concerns. They were confident these would be addressed.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefited from meaningful activities which reflected their interests and their social needs.

Is the service well-led?

Good ●

The service was well led

The registered manager had good quality monitoring systems in place. People, relatives and staff were asked their views and these were taken into consideration in how the service was run.

Everyone spoke positively about communication at the service and how the registered manager worked well with them. The culture at the home was open, friendly and welcoming.

The registered manager undertook the day to day running of the service. They supported staff and there were systems in place for staff to discuss their practice and to report concerns.

Furzeham Lodge 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.

To gather information during our inspection, we reviewed previous inspection reports and reviewed the information we held about the home. This included previous notifications sent to us. A notification is information about important events which the service is required to send to us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met the majority of the people who lived at the service and received feedback from five people who told us about their experiences. We also spoke with six visitors. At the inspection we spoke to care workers and the registered manager and two health care professionals visiting the service.

As part of the inspection we sought feedback from other health and social care professionals, to obtain their views of the service provided to people. We looked at the care provided to three people in detail which included looking at their care records and at the care they received at the service. We reviewed two people's medication records. We looked at a range of records related to the running of the service. These included staff rotas, and quality monitoring audits and information and observed care at the home whilst we there.

Is the service safe?

Our findings

Everyone we spoke to said they felt safe, or that the person they were visiting was safe. One person told us "I do feel safe, If I need help to move I just use the call bell and staff come quickly to help me to do this when I need the commode."

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. Staff had undergone Disclosure and Barring Service (DBS) police checks. Each member of staff had completed an application form prior to them being employed. Appropriate references were obtained and employment gaps were explored. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Staff within the home knew their responsibility to report abusive practice. They were knowledgeable about recognising types of abuse. They knew how to report concerns in a timely manner and were confident about who they could speak to within the service to share concerns. Staff knew if necessary they could also contact external agencies if they were not satisfied that their concerns had been investigated adequately.

There were sufficient numbers of staff within the service to keep people safe and meet their needs. Our observations and discussions with people, relatives and staff showed there were sufficient numbers of staff within the service to keep people safe and meet their needs. Staff worked in an unhurried way and had time to meet people's individual needs. Staff levels were amended to meet people's needs. We checked the rotas for a three week period. The rota reflected an increase in staff at times to meet peoples changing needs. Two waking night staff worked each night. Care staff were supported by a cook, as well as housekeeping staff, who worked six day each week in addition to a member of staff who was employed to coordinate activities within the home for people. The registered manager's usual working hours were Monday to Friday. The deputy manager also lives on sight. One relative told us "there's always enough staff around when I visit." Staff also told us there was enough staff on duty to meet people's needs. Another person told us "there is always enough staff on duty and they are ever so helpful they are all so good."

The home looked and smelled clean. People were cared for in a clean, hygienic environment. Staff used gloves and aprons appropriately. Housekeeping staff had suitable cleaning materials and equipment. Cleaning products were kept in a locked cupboard. Soiled laundry was appropriately segregated and laundered separately at high temperatures in accordance with the Department of Health guidance

Each person's care file had an individual evacuation plan. This clearly described how to safely evacuate the person to a place of safety in the event of a fire.

The environment was safe and secure to people who used the service and staff. There were arrangements in place to manage the premises and equipment. A maintenance person undertook regular checks, which included, checking water temperatures, window restrictors, emergency lighting and wheelchairs. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person. Fire checks and drills were carried out weekly in accordance with fire

regulations.

People received their medicines safely and on time. There was a good system in place for ordering, storing and returning medicines safely and securely. We checked some stock medicines against records and found these were accurate. Some medicines were stored in the fridge, as they should be and temperatures were recorded and monitored daily. Medicines were opened and booked in when they arrived and counted to ensure the right amount had been dispensed by the pharmacy. Only senior staff trained to manage and administer medication was permitted to do so. Staff completed a medication administration record (MAR) to document all medicines taken so all doses were accounted for. Correct codes were used and these records were well completed. Medicines which required additional storage were stored in a separate locked cupboard. Medication due to be returned to the pharmacy was kept separately in a box.

Care plans contained risk assessments which were regularly reviewed and included the risk of, not eating or drinking enough to maintain their health and the risk of falls due to reduced mobility. Management plans guided staff how to manage such risks to people. For example, one person was noted to be losing weight, the care plan contained detailed guidance for staff on supporting the person with food as well as fluids which was recorded. Another person's risk assessment showed that they were at high risk of pressure sores. We saw evidence that this person was provided with pressure relieving equipment as well as daily monitoring of the persons skin to manage this risk.

Some people required the use of aids to assist them with their mobility, such as stand-aids to assist people to stand up from a chair. We saw staff using this equipment throughout the two days of our inspection and each time this was done safely with staff explaining to the person what was happening.

Where accidents and incidents had taken place, these were recorded in the person's care file. The registered manager reviewed how these had come about to ensure the risk to people was minimised. For example one person has suffered a fall. We saw in the care notes that this had led to a review of the risk assessment about falls. The manager had also notified the G.P and referred the person for a physiotherapy assessment.

Is the service effective?

Our findings

People's needs were met by staff who had the right competencies, knowledge and qualifications. The registered manager made sure staff had completed an induction on starting work and had undertaken the Care Certificate, which is a nationally recognised course for induction in the care sector. Newly appointed staff were given the time and opportunity to shadow more experienced staff until both parties felt confident they could carry out their role competently. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people alone. When we looked at the training records for some staff they were not always easily accessible. This was in part due to the fact that the management team were in the process of moving records across from paper files onto computer files. When we did look at the files, we were able to establish that staff had received appropriate mandatory training which was regularly updated. On-going training such as first aid, moving and handling, fire safety and infection control were part of the home's mandatory training programme and staff were required to complete this every three years, as well as an annual update. A number of staff had attained a National Vocational Qualification (NVQ) in health and social care. The home had built strong links with South Devon Community College and regularly took students who were completing qualifications in health and social care. One student from the local community college told us "The team at Furzeham Lodge are supportive and flexible and have always reacted quickly and positively to any identified student and/or College needs."

A number of staff were trained in end of life care and relatives commented on the quality of the care offered to people at the end of their life. We saw complimentary letters received from family members of people who had passed away. These expressed their gratitude for the loving care and kindness they and their relative had received during the final days. One relative wrote "carers treated mum with the upmost respect warmth and compassion." Another relative wrote "at all times your staff have treated him with kindness, dignity and respect." One relative was visiting after someone had passed away told us their relative had received "excellent care" at the end of their life "staff were so caring and compassionate." The home prided itself on the care they delivered at the end of a person's life. One relative wrote. "His end of life care was outstanding; he was always treated with great kindness and dignity. You kept him as comfortable as possible offering him as much care as possible and for that I thank you all."

Staff told us that the management team were very supportive of their own personal development. Staff felt supported by a regular system of supervision which considered their role, training and future development. In addition observational supervision and annual appraisals were carried out by the registered manager. Staff told us they felt they could approach the management team to discuss any issues at any time and found them supportive. The registered manager worked alongside staff to encourage and maintain good practice and provide informal supervision as required. One member of staff commented about the registered manager, "their watching us even when we don't realise it"

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 Mental Capacity Act 2005 Deprivation of Liberty safeguards (DoLS). The registered manager told us that a number of DoLS applications had been made and they were awaiting the local authority to carry out the assessments. At the time of our inspection one person was subject to a DoLS authorisation. The home had a keypad system in operation, however not everyone living at the home had been assessed as unsafe to leave. For these people they approached staff that opened the door for them. One relative wrote "I liked the fact that the home was secure and someone had to greet you and let you out each time that in itself was a great relief to me." Staff told us they have received training on the Mental Capacity Act 2005 and understood the principles of people being able to make their own choices. People's capacity was regularly assessed by staff through their on-going communication with people. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions and went to great effort to ensure people were given choices and explanations about their care and treatment. For example one person was assessed as lacking capacity to make informed decisions due to their dementia. However we saw that the care plan directed staff to encourage the person to make some decisions. They encouraged the person to continue to make simple day to day decisions such as what they liked to or wear, or what they would like to eat or drink. Where staff had acted in persons best interests, for more complex decisions, we saw evidence that families had been notified and consulted before the decision had been made. For example consultation had been made with one persons family when a best interests decision had been made about whether it was appropriate to use a pressure mat. Staff asked people's permission before carrying out care. Staff described this as an informal process which might not be seen as asking consent. They gave people the opportunity to decline care, or to ask them to come back later. We observed staff doing this during our inspection. For example one person refused their medicines when offered. Staff respected this and returned later to try again. People were given choices about their care and treatment. Staff told us that they needed to treat people wishes with respect. For example, "We are not allowed to force people to do something if they don't want to do it." They described trying again at a later time and offering alternatives if the person maintained they did not wish to do something.

People said they really enjoyed the food, and were offered a good choice and variety. They said the portions were a good size and they had a choice of lots of vegetables. We observed fresh fruit and vegetables were regularly on the menu and people's care plans included information to their likes and dislikes with regards to food and drinks as well as the level of support a person needed to eat and drink. The catering staff we spoke to were knowledgeable and aware of people's preferences and were also aware of who was on specialised diets One person's plan of care recorded they required a fork mashable diet, which had been determined with involvement from a Speech and Language Therapist (SALT). A second person's care plan identified they required "finger foods". The chef was aware of this recent change following the visit from the SALT and discussed plans with us on what types of food they were planning to offer the person.

People who used the service made their choice of meal during the morning for their lunchtime meal, as well as the evening meal. The chef made a point of going and speaking to each resident each morning to hear their choice from the day's menu. This gave the chef the opportunity to hear about people's preferences as well as developing relationships with the residents. The chef told us that extra food of each choice was made each day as they were aware a person may change their mind once they see the dish being served. One person told us "the food is delicious." There was a choice of menu at each mealtime and residents had the choice of where to eat their meal. We saw people sitting at the table in the dining room as well as in the lounge. Some people chose to eat in their rooms.

Visitors said staff were quick to call a healthcare professional if their relative was unwell or if they had

requested to see them. Visitors told us staff kept them up to date if there were changes in their relative's health, which gave them reassurance that they were being well looked after. Health care professionals (HCP) told us that staff communicated effectively to share information about people. One HCP told us that the manager always refers promptly and appropriately and subsequently staff follows advice given to them. We saw evidence of this. For example one person had recently moved into the home and the manager referred to the SALT service as it became apparent that the person was having difficulty with eating. The manager contacted the SALT without delay and asked for an assessment.

Daily handovers discussed people's needs and upcoming appointments. People told us they saw their GP promptly if they needed to do so. One person said, "I see my GP whenever I need". Care files contained records of referrals to GPs, community nurses and other health care specialists such as podiatrists. The outcomes of these referrals were documented with any changes to care needs transferred to the care plans. One Health Care professional told us they had confidence in the staff team to meet people's care needs. They said staff contacted them promptly when they needed advice about a person's care.

Is the service caring?

Our findings

All of the people we spoke with said that they were well cared for. Their comments included, "if ever I'm worried about anything, I can talk to any member of staff. They are so lovely and they give me all the time I need," "the staff are great, nothing is too much trouble, I couldn't be better looked after." One person told us they chose to spend a lot of time in their room. They said, "but staff do come in and spend time with me which I really appreciate. They are so kind. The manager always calls in to see me and brings me the newspaper." Relatives we spoke to said the staff were "very kind and compassionate." A visiting HCP said staff were very caring and always followed advice they gave about how to care for a person. Another professional told us "the management are pretty good but communication does not always filter down to the staff delivering the care to people." Another visiting health care professional told us that "staff are always very helpful and people always look well cared for."

There was a quiet calm and relaxed atmosphere during our inspection, and we saw examples of a caring and kind approach from staff who obviously knew people living at the home well. We saw a staff member having a one to one chat with a person. They were laughing and smiling when discussing the person 'family and what they were all up to. There was an obvious rapport and genuine warmth between them. Later the staff member was able to tell us all about the person's personal history and all about their family. It was clear that the member of staff knew the person well. We saw staff interacting with residents using humour with the people living at the home. We observed staff engaging with people and being very tactile but in a respectful way, squatting down to talk to people at eye level. We observed staff interacting with people in a caring way throughout our inspection. We saw people chatting with staff about a local event which had taken place over the weekend. We heard staff checking whether people were comfortable throughout the two days; one staff member was heard to say "are you warm enough?"

We looked at three people's care plans. These contained information about the person's preferred name and identified how they would like their care and support to be delivered. The records included information about individuals' specific needs. Examples of these wishes included food choice and preferred routines. The plans showed that people and their relatives had been involved in developing their care plans so that their wishes and opinions could be respected. For example one person's care plan stated that the person preferred to have a bath rather than a shower. It also noted that private telephone calls were important to this person. We spoke to staff later and they were able to tell us this information which showed us they knew the person well. Each person's bedroom door had the person's name and photograph as well as the person's preferred name. We saw people were able to choose where they spent time and walked around the home when they were able to.

We saw that people's privacy and dignity was respected. Staff were seen to knock on doors and wait for a response before entering. All personal care took place in private and we saw staff treated people with respect. For example during the medication round, the carer was caring and compassionate in the way they gave the medication to people. They spoke to the person in a soothing and supportive way explaining what the medication was and what it was for "let's take our time nice and steady, small sips, can you manage one more sip?" whilst using the person's name. They took time to explain what the medication was and to ask

the person if they wanted to take it. This seemed to reassure the person who was able to take their time in a relaxed manner.

People's rooms were decorated with their personal possessions, photographs and furniture. Many of the bedrooms had lovely views over park or garden. One person told us "it was important that I had been able to bring a little bit homes with me." In the corridor outside the main office there were photographs of staff to help inform people about who they might meet at the home.

Relatives and friends told us they were able to visit whenever they liked and said they were made to feel welcome when they visited the home. One relative commented, "Whenever I visit I'm made to feel welcome, they always offer me a cup of tea." One relative said 'I can visit any time. "Relatives said there was good communication between them and staff, and they were kept fully informed and involved in their relatives' care and daily life.

Is the service responsive?

Our findings

People living at the home told us staff responded to their needs and knew them well. One person told us, "they know what I like and see that I get it. I can talk of any of them and they would see to anything," "anything said "you ask for you get, nothing is too much trouble." One relative wrote in a thank you letter "Welcoming, friendly, caring staff. Excellent service and treatment. Staff are warm and interactive with the residents. Manager kept us up to date with resident's care and activities. Clean, bright and secure facility." Relatives said that they could speak with staff and found them approachable and friendly. One relative told us "they know her well, they phone us if there is a problem straight away, and they are very patient and treat them with great respect."

We looked the level of activities that were available to people who lived at the home. The home employed an activities coordinator. A variety of activities took place inside the home, "People told us a range of activities were provided, and said the activity coordinator was 'excellent'. The coordinator was away at the time of our inspection, however we saw a programme of planned activities including external entertainers from time to time which included sing-along, and someone who visited with small animals,. One person told us "I love it when the animal man comes." A member of the local community visited each week to hold a church service. We saw people enjoying this service whilst we were there. They seemed relaxed and to be enjoying singing along to songs. We saw that photographs of a particular activity were on display around the home. Many of the residents had photographs in their room of a life size image of the queen standing next to them. One person explained this had been an activity which was to celebrate the queen's birthday. People told us they had enjoyed the activity. People said they enjoyed the activities provided and could choose whether to join in or not. One person told us they were very fond of going out for a walk every day. Another person told us that she preferred not to join in the formal activities that were available instead preferring their own company. The activities coordinator took responsibility for ensuring that this person had a visit and recorded the activity to show that they had received the activity of their choice. For example one person enjoyed spending time chatting to staff and watching TV and listening to music in their room. They told us "I'm happy in my room but staff drop in all day long for a chat, I'm happier here with my own company." This showed us that people could actively choose how they wished to spend their time. A sweet shop was set up on the edge of the main lounge. This traditional style shop resembled a shop people living at the home would have experienced in their earlier lives. An antique Bakelite telephone was placed on the counter of the shop. Sweets were displayed on shelves in traditional glass jars. Residents could purchase sweets from the shop as could any other visitor. In an annual stakeholder survey of resident's views about actives, we saw that people had requested the opportunity to go out on more trips outside of the home. People told us they had enjoyed a visit last Christmas into Torquay on the minibus to see the Christmas lights. "I loved seeing those lights brought back lots of memories." Although the home had access to a minibus this was limited and not as frequent as the registered manager would like. One person told us they would like to receive a no programme of activates so they could remember what has happening each week.

The care plans we looked at included details of people's identified needs and the actions required of staff to meet those needs. Care plans were in place for each person and were generally reviewed on a monthly basis and included information about their life history; this was completed when the person first arrived to live at

the home. People living at the home as well as their visitors told us they had been involved in assisting their relatives with planning their care. The plans contained information on people's life history, preferences and interests. Everyone's care record included a pre admission assessment. Contacts with various HCP had been recorded in the plans which showed that people had regular contact with relevant HCP. For example we looked at one person's care plan which showed that this person's support needs had been identified, along with the actions required of staff to meet identified needs. The staff we spoke to said people's care plans contained enough information for them to support people in the way they needed. Staff had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. The care plans seen had been reviewed on a regular basis to make sure they contained up to date information. One person had a food and fluid chart which had been completed following concerns that they had a reduced appetite.

We saw and heard staff asking people their choices and preferences throughout the inspection so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television or if they would like to listen to music.

The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. People were provided with information on how to raise a complaint when they first came to live at the home, as were their relatives. There was also a copy of the complaints procedure in the reception area where people are asked to sign in when they visit the home. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. For example one concern raised was investigated and the relative received a timely written response to their concern.

Is the service well-led?

Our findings

The registered manager has been registered with The Care Quality Commission since 2010. A registered manager is a person who has registered with CQC to manage the service. People at the service could identify the registered manager. One person described them as "amazing." Relatives described the registered manager as approachable and one person living at the home said "nothing is too much bother." They told us the home was well run and their views were listened to. Relatives told us they were included in care reviews but also said they could share their views on a day to day basis. One relative said "the manager is very professional and manages the place very well." Another relative wrote "If ever I had to recommend a home to anyone I would recommend Furzeham Lodge. The manager made sure mum received the correct treatment calling a nurse or doctor when it was absolutely necessary to do so." People could identify the registered manager, and people visited her office during our inspection

We found that some staff had worked at the home for many years and a stable team was present. Two recently recruited staff told us that they really enjoyed their jobs and told us "we work as a team". One relative said, "The manager is clearly in charge, she is marvellous and so is the deputy. They always tell me if there is a problem, they phone me straight away". Another person told us "The manager is very professional and manages the place very well." All the staff spoken with said they were well supported by the management. Staff said the registered manager and the deputy had high expectations about how care should be delivered. They modelled this within the service leading by example. Staff said they felt able to ask for anything and that the management team were approachable and helpful. We spoke to professionals who visit the home as part of our inspection. They told us staff was always pleasant and available to support them when they visited people. "There always appears to be enough staff on duty, whenever I visit staff always answers the door promptly." Another visiting professional told us "staff are very approachable are always welcoming and helpful and available to support me with the resident."

Resident's meetings were held every six months and a stakeholder's survey was carried out annually. We saw that a range of topics had been discussed including plans for social activities. Following feedback about the décor and general quality of things like seating and carpets the manager had discussed this with owners of the home. This has resulted in investment in the building, where alterations have been made to make the lounge area more open plan. The home has also benefited from new carpeting in many parts of the building, as well as new furniture which contains pressure relieving cushions. The dining room was light and airy and had views out onto the garden veranda where people could sit and enjoy the garden. These showed systems were in place to seek people's views and include them in the day to day running of the home. The kitchen has also been completely refurbished and recently was inspected by an environmental health officer in relation to food hygiene and safety. The service scored five. This confirmed good standards and record keeping in relation to food hygiene had been maintained.

We observed both the manager and deputy manager out and about around the home and it was clear that they both know the people living at the home well. We saw that people living at the home and staff freely approached the management to speak with them. Relatives told us that staff was approachable, friendly and supportive.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. These meant changes in current practices were reflected in the home's policies. Staff told we policies and procedures were available for them to read and they were expected to read them as part of their training programme.

We saw the registered manager had applied the learning from a safeguarding case which they had raised. This had led to plans being put in place to allow staff access to emergency funds should they require this out of normal working hours.

We found that a quality assurance policy was in place. We saw that checks and audits had been made by the manager. These included care plan, medication, health and safety and infection control audits. Alarm call bells weekly checks carried out fire test weekly.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. They kept up to date with best practice and developments through networking with other providers. The manager attends local CCG update meetings which provide up to date information on best practice as time allows. They also kept themselves and their staff group up to date by looking at the Care Quality Commissions(CQC) website which has information for registered managers as well as the public on a number of topics which relevant to the health and social care industry. We saw evidence that they had taken some of this information and displayed it in the office on the walls for staff to see. For example there were posters on the wall relating to a number of topics, such as pressure care and the new key lines of enquiry we at CQC use to gather evidence during our inspection process.