Eastfield Farm Residential Home Limited

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Inspection report

Eastfield Farm, Southside Road
Halsham, HU12 OBP
Tel: 01964671134
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced inspection on 28th and 29th July 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

During the last inspection of the home, which was carried out on 4 November 2013 found the provider was compliant with 4 of the regulations assessed although concerns about the systems in place to control the risk of infection were identified. An inspection to make sure that the improvements required had been made was carried out on 4 November 2013 and the home was found to be fully compliant at this visit.

Eastfield farm is a renovated farm house situated in open countryside in the village of Halsham, close to the seaside town of Withernsea in East Yorkshire. The home was originally built to provide residential care to the farming/

Summary of findings

rural community in an environment they were used to. It offers care for up to 26 older people; some of whom may have a dementia type illness. On the day of the inspection the home had 23 people living in the home.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 12th September 2013. 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.

People who used the service told us they felt safe and thought the staff were caring and would be able to answer their questions and help them if needed. They told us they felt staff treated them with respect, never spoke down to them and spoke in a calm manner. They told us they could have a laugh and a joke with all staff and other people who lived in the home. We observed interactions that supported this statement.

People lived in a safe environment. Staff knew how to protect people from abuse and equipment used in the service was checked and maintained. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's independence or rights to make decisions.

People told us there were enough staff on duty to give them the support they needed and our observations confirmed this.

Medicines were stored, administered and disposed of safely. Training records showed the staff had received training in the safe handling and administration of medicines.

The home was clean and free from odour during our visit but some equipment including hoists and bath hoists required deep cleaning.

We found the home was meeting the requirements of the deprivation of Liberties safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment.

Staff we spoke with had some understanding of the Mental Capacity Act 2005 but the majority had not received training in this subject. We didn't see any documentation to support decisions made in a person's best interest and we also saw that some people who lacked the capacity to consent to their care had been asked to sign consent forms in their care plans. We have therefore recommended that the registered manager accesses training for staff on the Mental Capacity Act 2005 and DoLS

We found people who used the service were provided with a balanced diet. People told us they enjoyed the food and the choices available. We saw people who required support with eating received this in a dignified manner.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes and to effectively assess risk. People who used the service received additional care and treatment from health based professionals in the community.

Staff involved people in choices about their daily living and treated them with kindness and respect. All the people we saw looked well-presented and cared for. They told us they could have a bath whenever they wanted and food was available throughout the day.

People who used the service were seen to have the opportunity to engage in a variety of activities both within the service and the local community. However some people stated they would like to go out more often on day trips.

Staff received regular supervision and felt well supported by the registered manager and providers. Staff had had access to a range of training and newly recruited staff completed an induction, which included competency checks.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns

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?

Good

The service was safe.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

Risk assessments were in place, which were reviewed regularly so that people were kept safe.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Is the service effective?

Requires improvement

The service requires improvement to be effective.

Inadequate numbers of staff had completed training on the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). This meant there was insufficient evidence that staff understood the principles of capacity and decision making and newly recruited staff had not completed all of the required training.

Best interest decisions were not always recorded in peoples care plans.

People's nutritional needs were assessed and met and people told us they were happy with the meals provided.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People told us they felt supported and well cared for.

We observed positive interactions between people who used the service and staff on both days of the inspection.

People were encouraged to be as independent as possible, with support from staff. Their individual needs were understood by staff.

Is the service responsive?

Good

The service was responsive.

The service responded to people's needs and a range of planned activities were available to people who used the service.

People's care plans recorded information about their previous lifestyles and the people who were important to them. Their preferences and wishes for their care were recorded and known by staff.

People were supported to visit their families and visitors were made welcome.

Summary of findings

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well led.

The registered manager had effective quality assurances in place to ensure the smooth running of the home.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager and staff, they said the registered provider was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager or the registered provider.

Eastfield Farm Residential Home Limited

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 was carried out over two days on 28 and 29 of July and was unannounced.

The inspection team consisted of two Adult Social Care (ACS) inspectors**.**

We did not ask the provider to complete a Provider Information Return (PIR) as the inspection was bought forward. A PIR is a document which the provider completes which provides some key information about the service.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority that commission a service from the home. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they have had with the home. They told us they currently had no concerns regarding the service.

During the inspection we observed how staff interacted with people who used the service. We looked at all areas of the premises including bedrooms (with people's permission) and office accommodation. The care records of five people who used the service were reviewed in order to track their care. We also spent time looking at records, which included handover records, the accident book, supervision and training records of four members of staff, staff rotas and quality assurance audits and action plans. We spoke with nine people who used the service, the registered manager, the registered providers, five care staff, three relatives and a visiting District Nurse.

Good

Is the service safe?

Our findings

The nine people we spoke with all told us they felt safe within the home. One person told us "I like it here; I feel safe and get on with everyone." Another person said "I appreciate what the staff do for me with my medication and things like that" and "I feel safe and well cared for here." Another person told us "I get on well with the staff, they come quickly if you need help, you shout and they are there. We have buzzers in our room, fastened to our beds and they are answered quickly, in less than 5 minutes they are there."

We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. We saw documentation that confirmed that the established staff at the service had received training in safeguarding of vulnerable adults and that newly recruited staff had covered the key principles through their induction. The staff we spoke to confirmed they had completed safeguarding training and could describe the different types of abuse, what signs to look for and the actions they would take should they become aware of poor practice. Staff explained how they would take action to protect the person at risk by reporting concerns to their line manager or by "blowing the whistle" regarding any unacceptable practice that was not challenged. We spoke with the local safeguarding authority prior to the inspection and they confirmed they had no outstanding issues with the home.

We looked at how risks were managed. Each person who used the service had a care plan which identified how the home would meet their needs. The care plans we viewed all contained a pre admission assessment which enabled the home to establish whether they are able to meet the needs of the person entering the home. The care plans identified any associated risks and described in detail how this risk would be minimised by the actions of the home and through structuring the environment. We saw evidence that the risk assessments and associated plan of care were reviewed on a regular basis by the registered manager to ensure that the care plan remained reflective of individual need. We saw that incidents and accidents were accurately recorded, investigated and action taken where necessary.

We saw that a Personal Emergency Evacuation Plan (PEEP) had been drawn up for each person living in the home. It is a requirement of The Regulatory Reform (Fire Safety) Order 2005 for the responsible person to ensure that a PEEP is in place for any person who may need assistance evacuating a building in an emergency.

We looked at the recruitment files of four staff and saw evidence that the registered provider had taken steps to protect people from staff who are potentially unfit and unsafe to support them. Before staff were employed, the registered provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making their recruitment decisions. The files we viewed showed all relevant checks and references had been obtained prior to employment and were satisfactory.

We spoke to the registered manager who told us that the number of staff required for each shift was based on the needs of the people who lived in the home. Duty rotas for the previous month showed the required number of staff had been on duty. Staff spoken with told us the staffing levels were sufficient and the registered manager would provide support if they are ever short due to staff sickness. One of the people living in the service told us "Staff are nice and plenty of them, they look after me the way I want" whilst another told us "I get on well with all the staff although sometimes we could do with some more." From the observations carried out on the day of inspection we felt that the staffing numbers were sufficient to meet the needs of people.

We looked at the medication systems and policies and saw that the home was following latest professional guidance on the administration of medication. We saw that people were receiving their medication as prescribed by their doctor. Any medicines which had been given were recorded on their medication administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting and may be required to be used as evidence in clinical investigations and court cases. It is therefore important that they are clear, accurate and up to date. The people we spoke with said they received their medication on time. There were clear directions on MAR sheets regarding how people wanted to be given their medication. For example, one person liked to have their medication poured into their hand from a pot; they then liked to drink juice with this. Another liked their tablets to be given one at a time with water.

Good

Is the service safe?

Although the MAR sheets had a space for staff to sign when they had administered people's medicines, there was no recording sheet on the back for staff to say why a medicine had been omitted. This was recorded by using a one letter code. We found that staff were not signing their full initials so it was difficult to see if a code was being used or if staff were signing to say medication had been given. We shared this with a senior staff member who agreed that all staff would need to sign their full initials.

All staff who administered medicines had completed a six week course on the 'Safe handling of medicines.' Staff told us that they also had annual refresher training on medication. The registered manager and senior staff were also carrying out competency checks. These checks help to ensure staff follow internal procedures and apply any training they have been given. Regular audits were also being completed along with weekly and monthly checks. This helped to make sure that medication systems were safe.

We saw that MAR charts were in place for topical ointments such as creams. These included a body map so staff were clear of where they should be applied. We did see one example where two creams had been recorded in one box which was not good practice. We shared this with the registered manager during our visit.

On both days of our inspection, we found the home to be clean and free of odour. Rooms were nicely decorated and had been personalised by the people who lived in them. We saw that the home had an infection control policy in place and that infection control audits took place in line with the policy. We saw that cleaning schedules were in place and cleaning rota's were completed by both the domestic staff and the night staff.

From these audits we saw evidence that 'Deep Cleaning' of the home had not taken place since March 23 2015. The homes cleaning schedules showed us that this should have been completed on a monthly basis. We also saw that some of the cleaning schedules stated that equipment had been checked by staff and deemed 'OK'. When we checked the equipment we saw that the bath hoist in the upstairs bathroom was badly stained with mildew and that the bath hoist in the down stairs bathroom had become rusty along a metal section making it impossible to be effectively cleaned. We also saw that hoists in the home had not been recently cleaned as they were covered in dust and some had bits of food on them.

We spoke to the registered manager regarding the lack of 'Deep cleaning' in the home and they informed us that two of their domestic staff were on long term sick and they were in the process of trying to recruit new domestic support although this was proving difficult. They acknowledged that this had resulted in an increased workload for the two domestic staff still in place and that some of the deep cleaning had not been completed as a result. The registered manager told us that they had requested that the night time carers complete additional domestic duties if and when they had opportunity during their shift.

Despite the lack of deep cleaning we saw that that this had not impacted on the quality of care the people who lived in the home were receiving. The people we spoke with told us "The home is very clean, it never smells". Another person said "I have a room upstairs, it's nice and kept nice and clean, we have cleaner's every day."

Requires improvement

Is the service effective?

Our findings

We looked at the induction and training files of staff to check that their induction would give them the necessary skills and knowledge to care for people who lived at the home. We saw that newly recruited members of staff were required to complete an induction covering areas of training including those the home deemed as mandatory such as 'Moving and Handling' and 'Safeguarding' and also more home specific training such as 'Understanding the organisation.' This was delivered through a distance learning programme and also via face to face training delivered by external training providers. One member of staff told us "I did a three month induction which included ten mandatory courses which had to be signed off." Training records evidenced that all members of care staff were working towards a National Vocational Qualification (NVQ) at Level 2 or had already achieved this.

The registered manager explained that the home had undergone a higher than usual turnover of staff in recent months but felt the home was now better placed to move forward in a more unified way. They explained that as they had a higher percentage of new starters, arranging formal training had not been possible in all cases. This meant newly recruited staff had not yet completed the local authority training in safeguarding, infection control, health and safety and dementia. Staff had however been given workbooks to complete as part of their induction and the home was able to offer in house moving and handling training by the moving and handling champions. These are people who are trained to a higher level and are able to offer supervise and assess the competency of those undertaking the moving and handling tasks.

We saw that only the registered manager, the deputy manager and two members of care staff had completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures people are not unlawfully restricted of their freedom or liberty.

The Care Quality Commission (CQC) is required by law to monitor the use of the Deprivation of Liberty Safeguards. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. At the time of our inspection none of the people living at the home were subject to a DoLS authorisation.

The Mental Capacity Act 2005 is vital to ensuring person-centred care that respects people's rights. Local authorities and paid staff who provide care and support to people over 16 years of age are legally required to work within the framework of the MCA and have regard to the MCA Code of Practice.

When we spoke with members of staff they told us that they had not received any training on either MCA or DoLS. Staff told us they did make basic day to day decisions for people based on the information in their care plan and by asking people at the time what their preferences were. They also told us that for bigger decisions, they would speak with the registered manager or senior on duty. On the day of our inspection we observed staff asking people for consent before they carried out any care tasks or provided any support.

We recommend that the service provides training for staff, in relation to the MCA and DoLS.

Staff told us that they had heard of best interest meetings but had not attended them. Best interest meetings are held when people do not have capacity to make important decisions for themselves; health and social care professionals and other people who are involved in the person's care meet to make a decision on the person's behalf. Although we were told Best interest meetings do take place we did not see any evidence that these were accurately recorded and signed by those present or those consulted.

In peoples care plans we saw that they had been asked to sign a form to state they consented to the plan of care as described in the care plan, however we also saw that some people who did not have the capacity to consent to care at the time had also been asked to give consent by the home without a best interest meeting been held.

We also saw that one person's medication was administered covertly, in this instance it was mixed into their food, however we could not see any evidence that a meeting had been held to determine whether this was in

Requires improvement

Is the service effective?

the person's best interest or who the decision maker was. The registered provider since sent us documentation to show that a capacity assessment has taken place and that the views of those involved have been gathered.

Staff told us that they received supervision every three months and also had an annual appraisal. The staff told us that if they had any issues they felt confident enough to speak to the manager straight away rather than waiting for formal supervision. They stated that both the registered manager and owners were approachable and that they saw the owners on most days. When we spoke to the staff on duty they told us that they felt they received enough training and were well supported and appreciated by the registered manager and providers.

The people we spoke with all told us they liked the food and said they were given a choice of foods across all mealtimes. One person said "We get asked the day before what we would like the next day for lunch and we always have two hot meals to choose from." Another person told us "The food is lovely and you get a good choice, if they bring you something you can change your mind." Whilst another said "Food here is alright, I can't complain."

We saw that people were also given choice about what time they ate, although the majority of people did eat together in the dining room. We observed staff asking one of the people who lived in the home whether they wanted any lunch, the person explained that they had already eaten something and asked if they could have it later on. The staff member stated that they would save them a meal and put it to one side for when they were ready.

During lunchtime we saw that four people required support from staff to eat their lunch and that this support was provided in a dignified manner. Mealtimes were a relaxed social occasion.

We saw that people's weights were recorded monthly, however we saw that different units of measurement were sometimes used making it more difficult to quickly establish any change in a person's weight. We saw that the home used The Malnutrition Universal Screening Tool (MUST) to risk assess peoples nutritional needs and potential weight loss. This score was then used to determine whether the home would be required to contact the persons GP or whether a referral to the community dietitian was necessary. We saw that for those people deemed to be nutritionally at risk the staff had utilised additional documentation to accurately record how much food and fluid those people were consuming on a daily basis. This meant any areas of concern were quickly identified.

We saw that people's healthcare needs were met. People were able to talk to health care professionals about their care and treatment. One person told us "They look after my health and call the Dr when I need him; Dr X came to visit me yesterday." We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken if required.

Good

Is the service caring?

Our findings

Each of the nine people we spoke with told us that they felt the staff were caring and that they felt comfortable approaching them with any concerns they may have. One person we spoke with told us "The care is not good, it's outstanding, the staff will go that extra mile and do all the little extras" and "They have empathy, they give people a cuddle, a touch and ask if they are alright." Another person told us "They are very patient with people." Other comments included; "Staff members give us a cuddle and I can have a laugh and a joke with them." And "The staff are kind and caring, your questions are always answered and they will verbally talk people down when they are agitated."

Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service. We observed staff interacting positively with the people who used the service showing a genuine interest in what they had to say and responding to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people who used the service approach staff with confidence; they indicated when they wanted their company and when they wanted to be on their own and staff respected these choices.

We observed that staff spoke to people in a friendly but respectful manner and staff clearly had a good rapport with all the people who lived in the home. They enjoyed laughing together and were aware of how to approach people to offer reassurance or carry out a caring task such as administering medication or supporting people with personal care needs.

Everyone we spoke with told us they felt the staff treated them with respect and acknowledged their right to privacy. One person said "Staff knock on doors before entering" and "We are all treated alike and spoken to politely. Another told us "Staff always knock before coming in my room, I keep it locked and wear the key around my neck."

We saw that people were given choice about how their care was delivered. One person told us "I can choose when I get up and go to bed and I can have a bath whenever I want." Another said "The staff treat everybody as an individual." We observed staff interacting with people in a manner appropriate to each person. We did note that the home did not have a shower available for people to use; this meant that people did not have a choice between whether they had a bath or a shower. We spoke with the provider regarding this and they reassured us that the provision of a shower room was part of the on going improvement plan for the home and that a shower room would be provided for people in the home once the current work on the laundry room was finished.

We saw that staff had a good understanding of the needs of the people who lived in the home and this was acknowledged by a Health care professional who was attending the home. They told us "People look and seem well cared for, the staff are proactive in contacting us and are knowledgeable about the residents, they always follow any advice given and the records are well written."

We saw that care plans and personal information were stored securely and that staff discussed personal issues with residents in a way that respected their privacy. We saw that the home had a number of different areas where the people who lived there could choose to sit if they wanted some time away if they wanted their own space or privacy.

Good

Is the service responsive?

Our findings

We looked at the care plans for five people and saw that the home had recently implemented a new style of care plan which was completed in a more person centred manner describing in clear detail how each person would like their care to be delivered. However the care plan did not contain a one page profile or life history page which would have been beneficial to help staff develop an even greater understanding of the people they cared for.

We saw that the care plans were reviewed monthly or following a change in need. We saw evidence that people were consulted by the home with regards to the content of their care plan following admission, however there was no evidence to show that changes to the plan of care had formally been discussed with the person or their advocate. One person told us "I know there is a care plan but I have never asked to look at it" whilst another person said "Not heard of my care plan, I don't know what it is." We did however observe that people were consulted on their needs on a daily basis both by care staff and the registered manager.

The home had a monthly activity booklet which enabled people and their relatives to see what activities were available on each day of the month and also informed people when any trips out had been arranged. We saw that for the month of July the home had arranged 'Sam's Safari' to visit with a selection of small animals for people to hold, touch or stroke. They had also planned a Wimbledon inspired afternoon tea for people amongst the more routine activities provided by the home including Dominoes, Film afternoons, Arts and Crafts, karaoke, Exercise classes and Bingo for those who chose to be involved. We could also see that time had been allocated for the hairdresser and chiropodist to visit and attend to anyone who required either. On the day of the inspection we saw that 6 people were engaging in cake decorating during the afternoon whilst other residents were either watching TV, spending time in the lounges or in their own rooms.

When asked about activities in the home most people told us they were happy with the choice although one person said "I wish there were more trips out." We discussed the frequency of outings with the registered manager and they told us that trips out have been arranged in the past including a trip to the theatre. However when it came to the day of the outing nobody wanted to go so they had to cancel it. She reassured us that 'outings' would be an agenda item at the next residents meeting and would also be discussed with people who choose not to attend.

We saw evidence that the people who lived in the home enjoyed positive relationships amongst themselves and also with the homes staff. One person said "The staff are happy for me to develop relationships, I have a boyfriend here, he used to be a farmer." Another person said "I'm quite satisfied here, I have a laugh and a joke with the staff."

The registered homes manager provided us with a copy of the homes welcome pack which people receive on admission to the home. This pack contains useful information including the homes complaints procedure which describes how people should first make a complaint to the homes manager to try and resolve the issue and how to escalate the complaint if unhappy with the outcome. The procedure also contains information of the Local authority, CQC and East Riding of Yorkshire safeguarding team. In the homes recent Quality Assurance Audit the results showed that 92% of the respondents were aware of whom to contact if they wanted to make a complaint, however only 54% were aware of the homes complaints procedure. In response the home has sent out the complaints leaflet to all relatives to ensure they were fully aware of how to raise a complaint and what to expect from the home in response to any complaint.

The people we spoke with all told us that they would discuss any concerns they had with a member of staff, however there had not been any instances where they had needed to complain. One person said "If I had any concerns I would go to the staff but I haven't needed to." Another person told us "I could go to staff if I had any concerns but I have not needed to" and another person said "I would talk to the staff if I had any problems but I don't have any."

We looked at the complaints file and saw that all complaints were investigated and a response was given in all cases. The home could improve this system by giving a more formal response in writing to ensure that the issues raised have been fully addressed and all are satisfied with the outcome. We also saw the home had a number of compliments from families and the people who live in the home.

In addition to the complaints procedure the home also had arrangements in place to capture the feedback of both

Good

Is the service responsive?

people who lived in the home, their relatives and friends and also the care staff. This was done through an annual quality assurance audit. At the time of the inspection the home had received 13 of the 25 questionnaires they had recently sent out to family. The results were mostly positive with 92% of people stating they felt they were treated in a friendly and courteous manner during visits and 77% stating they felt they were updated regarding any changes that affected their loved ones.

We saw that people's relatives were able to visit the home as often as they wanted and observed that they were offered a drink and made to feel welcome. One person told us "My family visit regularly, they can visit anytime. On Sunday seventeen of my family visited, I had cake it was lovely." One relative told us about their Father stating; "He's come on leaps and bounds in the last five months, his mobility has improved and he has started putting weight on, he's looked after very well which gives us piece of mind."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since September 2013. The service was well organised and enabled staff to respond to people's needs in a planned and proactive way. The registered manager told us that she was always looking for ways the home could improve and told us she would like to make the home more Dementia friendly by changing some elements of the environment and also some of the ways that the staff carried out their roles. One of the suggestions being considered was for staff to start wearing their night clothes on an evening shift to help orientate people to whether it was night or day time. The registered manager stated that they feel well supported by the homes providers and said that they visited the home on a regular basis offering support when required.

People we spoke with were able to tell us the registered manager's name and some were also able to tell us the names of the providers. During our inspection we observed the registered managers interactions with people who used the service. They knew people's names and interacted with them in a familiar but respectful manner.

The staff we spoke with told us that the registered manager had an open door policy and that they could be approached at any time with any concerns they might have. They were all aware of the procedure to raise concerns and also who to contact if they were unhappy with the response. One staff member told us "I love working here; the manager and owners are approachable and friendly. We see the owners most days." Staff also told us that they received formal supervision from the registered manager and an annual appraisal. Records showed us meetings were held for staff and these were used to discuss any issues, including any changes in people's needs, training opportunities and any areas of concern from the staff or management.

We saw evidence that resident meetings took place every 3 months and these were well attended by people living in the home. We saw that the topics discussed included the menu, activities and trips out, any requests for the homes shop, any comments on the staff and also the choice of supper time snacks. We saw evidence that requests made by people who use the service such as having a clothes shop coming into the home and for residents to attend a Christmas market were listened to by the homes manager and were where possible carried out. The home also had a complaints and compliments box which was positioned in the lounge which enabled people to post any comments they would like to make. These were then reviewed by the registered manager and followed up where required.

Although the home enjoys an isolated location we saw that links with the community were encouraged through day trips out, inviting the local school in to the home to sing carols at Christmas, the provision of a local clothes shop coming to the home to allow people to do their own clothes shopping and the holding of summer fayres and attending winter markets. We also saw that some relatives visited the home to take people out for the day or for a meal. One of the people we spoke with told us they were still able to drive and maintained links with the community by going out in their car.

There was a quality monitoring system in place that consisted of an annual care and quality audit programme. This included monthly audit tasks, meetings, questionnaires and analysis of the information collated from these, followed by action plans being produced to address any areas identified as requiring improvement. The registered manager told us that the staff survey identified a breakdown of communication between the day and night staff which had negatively affected the morale of the staff team. As a direct result of this feedback all newly recruited staff will be expected to complete at least one night shift per month with the night staff having to also complete one day shift per month. It is hoped this will provide an insight in to the different roles and responsibilities on each shift and communication and morale will improve as a result

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.

We saw that the homes statement of purpose identified the key aims of the home as delivering person centred, quality care, whilst respecting the privacy and dignity of the people who lived in the home. The home also aims to ensure people remain safe in a relaxed, caring and homely environment. We saw that the statement was on display, staff were aware of it and they were working towards this to help meet people's needs.