

Moorfields Abby Limited

Moorfields Care Home

Inspection report

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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

Moorfields Care Home is situated in its own grounds, on the outskirts of Bury. The accommodation is divided over two floors. The service provides accommodation and personal care for up to 20 older people. At the time of our inspection there were 19 people living at the home. The service was last inspected in May 2014 when it was compliant with the regulations reviewed and in force at that time.

This was an unannounced inspection which took place on the 20 July 2016.

The service had a registered manager in place. 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 we spoke with were very complimentary about the registered manager, the home and the way it was organised and run. We found the registered manager to be committed to providing a responsive and good quality service

People told us they felt safe at Moorfields Care Home. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff on duty to meet people's needs and staff received the induction, training, support and supervision they required to be able to deliver effective care.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed

Care records showed that people's needs were assessed before they moved into Moorfields Care Home. Care plans were written in a person centred way and contained good information about people's support needs, preferences and routines. Risk assessments were in place for people who used the service and staff. They described potential risks and the safeguards in place. People and their relatives had been involved in planning and reviewing the care provided.

Accidents and incidents were appropriately recorded. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

We found the home to be clean and free from offensive odours. All the bedrooms we looked at were well decorated, had non slip flooring and were personalised with people's own possessions, including photographs. Communal areas were bright and homely and were decorated with pictures, photographs and ornaments. The home was undergoing a programme of refurbishment to improve the experience of the

people who used the service; this would include a new dining area and bar.

Arrangements were in place to ensure people's rights and choices were protected when they were unable to consent to their care and treatment in the service. Staff had received training in and understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

People had their health needs met and had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. The food within the service was nutritionally balanced and plentiful. All the people we spoke with told us the food was good.

All the people we spoke with were positive about the service and the caring attitude of the staff and the registered manager. During our inspection we found the atmosphere to be relaxed and homely. Staff were caring, polite, friendly and supported people in an unhurried way. Staff spent time sat talking with people. Visitors told us they were made to feel welcome at the home.

There were a range of activities and social events on offer to reduce people's social isolation. People told us they enjoyed the activities.

There was a complaints procedure for people to use if they wanted to raise any concerns about the care and support they received. There was a system in place to record complaints and the service's responses to them. People were confident that they would be listened to and action would be taken to resolve any problems they had.

Staff we spoke with were very positive about the registered manager and working for the service

We found there was a good system of quality assurance in place. There were a number of weekly and monthly checks and audits. People told us they could raise any issues with the registered manager and deputy manager. There was a system for gathering and responding to people's opinions about the service.

The service had notified CQC of any accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff available to meet people's needs in an unhurried way.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy and how to raise any concerns.

People were protected against the risks associated with the unsafe use and management of medicines. They received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. Staff had received training in and understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received the induction, training, support and supervision they required to be able to deliver effective care.

The home was undergoing a programme of refurbishment to improve the dining experience of the people who used the service

Is the service caring?

Good ●

The service was caring.

All the people we spoke with were positive about the service and the caring attitude of the staff and the registered manager.

We found the staff were caring, polite, friendly and supported people in an unhurried way. The atmosphere was relaxed and homely.

The registered manager and staff knew how to support people and understood people's individual needs.

Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into Moorfields Care Home. Risk assessments were in place that described potential risks to people's health and well-being and the safeguards that had been put in place.

Care records were person centred and contained good information about people's support needs, preferences and routines. People and their relatives had been involved in planning and reviewing the care provided.

Care records were reviewed regularly and updated if people's support needs changed.

Good ●

Is the service well-led?

The service was well-led.

People we spoke with were complimentary about the registered manager, the home and the way it was organised and run.

There was a good system in place for assessing, monitoring and reviewing the quality of the service. People told us they were able to raise any concerns and felt listened to.

Staff enjoyed working for the service and told us they felt very supported in their roles.

Good ●

Moorfields Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection which took place on 20 July 2016. The inspection was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Bury Health watch for their views on the service; they raised no concerns.

During our inspection we spoke with five people who used the service, three visitors, the registered manager, deputy manager, coordinator, three care workers and the cook.

As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We carried out observations in public areas of the service. We looked at three care records and seven medication records. We also looked at a range of records relating to how the service was managed including three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits and other records.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Moorfields Care Home. One person told us, "If you wake up in the night you know someone is here."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We saw that a safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained interview questions and answers, professional references and proof of address and identity including a photograph of the person. We were told that the provider had recently reviewed their procedures for application forms. This included the requirement for people to document their full employment history on their application. Two files we looked at contained a full employment history including a written explanation of gaps. One file, for a member of staff who had worked at the home before the provider bought it, did not. We were told by the provider that this was an oversight. They confirmed to us the following day that the person's full employment history was now recorded. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We saw policies and procedures to guide staff on the company's expectations about recruitment, disciplinary and grievance procedures, training, supervision and appraisal were given to staff when they started to work at the home.

We looked at the staffing arrangements in place to support the people who lived at the home. People we spoke with told us that staff were busy but there were always staff available to provide the support they needed. During our inspection we saw that staff provided support when people needed it in an unhurried way. We saw that staff did not always wait to be asked for support, they asked people if they needed anything. The registered manager and staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. Examination of the staff rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. This meant there were enough staff on duty to meet the needs of the people who used the service.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of 'as required' medicines.

During our inspection we observed medicines being given by a senior member of staff. We saw that the staff member took their time and waited with each person whilst they took their medicines. An explanation of what the medicine was for was given to each person and gentle encouragement was given if needed.

We looked at seven medicines administration records (MAR). They all contained a photograph to help staff identify people. We found that all records were fully completed to confirm people had received their medicines as prescribed. Records showed that all staff responsible for administering medicines had received medicines management training. We saw that staff who were not currently responsible for administering medicines also received the same training. The registered manager said that part of the training staff were required to complete included a test of their competency to safely administer medicines. We were told that annual competency checks were also undertaken. The registered manager told us this annual check would be brought forward if any concerns arose regarding the ability of any staff member to administer medicines safely.

A record was kept of medicines returned to the pharmacy. All stocks of medicines we reviewed were accurate except one 'as required' medicine for one person did not match the balance on the records; there was one more tablet in the box than the balance suggested. The senior member of staff responsible for medicines that day told us they thought it was because someone had administered one tablet at the person's request but had noted two tablets on the record. We saw that the system involved staff recording on the Mar and then on a separate record. We discussed this with the registered manager; they told us they would review the procedure for recording when 'as required' medicines were given to reduce the possibility of errors.

We found that medicines, including controlled drugs, were stored securely and only authorised and suitably qualified people had access to them. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly. We saw there was a system of daily, weekly and monthly checks and audits carried out by senior staff.

We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. All the bedrooms we looked at were well decorated, had non slip flooring and were personalised with peoples own possessions, including photographs. Communal areas were bright and homely and were decorated with pictures, photographs and ornaments.

The registered manager told us the home was undergoing a programme of refurbishment to improve the experience of the people who used the service. We saw that the current dining room was not big enough for everyone to sit at tables at the same time. The registered manager told us they planned to create a dining area large enough for everyone to eat together and a bar to be used for social occasions. We saw that building works were underway at the front of the home and were told they would be finished by September 2016. The registered manager told us that all upstairs windows would be replaced over the summer. We saw that seven had been replaced recently. We noted that at the time of our inspection they did not have window locks fitted. The registered manager confirmed to us that locks, as required by Health & Safety Executive guidance, had been ordered and would be fitted within the following 6 days. They confirmed that

appropriate risk assessments regarding the risks of people falling from open windows had been completed to ensure the residents remained safe whilst awaiting the locks being fitted.

We looked at three people's care records. We found that these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included choking, mobility, manual handling, pressure areas, nutrition, falls, communication and medicines. We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included fire, bathrooms, communal spaces, electrical appliances, the lift and hoists, medicines, chemical and cleaning products. We noted that all risk assessments had been regularly reviewed.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it was RIDDOR reportable. RIDDOR is the reporting of injuries, diseases and dangerous occurrences. We saw that following one accident the person's care records had been updated and a referral had been made to a health care professional.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a continuity plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included circumstances such as the lack of availability of staff, kitchen area, gas, electricity, heating, water, breakdown of essential equipment and severe weather.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. Records showed that staff had received training in fire safety awareness.

This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including; effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that all staff had received training in infection control.

Is the service effective?

Our findings

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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working within the principles of the MCA.

People's care records contained evidence that the service had identified whether each person could consent to their care. They contained information about each individual's capacity to make particular decisions. We found that this information was reviewed regularly. We saw that, where appropriate, relatives had been consulted about people's wishes. At the time of our inspection authorisations for DoLS were in place for 13 people who used the service. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

Prior to our inspection we looked at our records and found that the service had notified CQC of the DoLS authorisations, as they are required to do. Training plans we looked at showed that staff had received training in MCA and DoLS. The registered manager and staff we spoke with had a good understanding of MCA and DoLS.

We looked to see if staff received the induction, training support and supervision they required to carry out their roles effectively. The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the home, information about the individual staff member's role and policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. Staff we spoke with told us their induction had helped them understand what was expected of them and helped them to carry out their role effectively.

The home's co-ordinator who organises all staff training for the providers two homes showed us the training matrix. This was used to keep a record of all training staff had attended and also to highlight to the service when staff were due to attend refresher training. We saw that staff had received training in first aid, infection control and handwashing, laundry procedures, risk awareness, food hygiene, dementia awareness, end of life care, equality and diversity, health and safety, moving and handling, bathing, good record keeping and person centred care. Staff we spoke with and staff files we looked at confirmed staff had attended the training as listed on the matrix.

Staff we spoke with told us they felt supported in the roles. They told us they had regular supervision and

said they could approach the registered manager in between supervision sessions if they needed additional support. Records we looked at showed that staff received regular supervision and annual appraisals.

We looked to see if people were provided with a choice of suitable and nutritious food. All the people we spoke with told us the food was good. People who used the service said, "The food is very good", "The food is very nice." Visitors we spoke with said, "The food is always lovely, they have wine on the table sometimes" and "Christmas was lovely, the tables were beautiful." People told us they were offered choices of meals. One person said, "If it's something you don't like, they will get you something else."

During our inspection we observed a lunch and an evening meal. We saw that meals were home cooked and plentiful. The lunch time meal was a choice of cooked meal which included mashed potatoes and fresh vegetable. We saw that the evening meal was a lighter option; people chose either beans on toast or sandwiches. One person had not wanted to eat their lunch time meal as they hadn't felt well; staff had therefore kept it for them in line with food hygiene procedures. At evening meal time we saw staff offered them the choice of having the lunch time meal reheated or the evening options.

We found the kitchen was clean and tidy. The service had received a 5 star rating from the national food hygiene rating scheme in March 2016 which meant they followed safe food storage and preparation practices. We saw the cook had received training in food preparation and food hygiene. Checks were carried out to ensure food was stored and prepared at the correct temperatures. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

We found the cook had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. The cook kept information about each person's preferences and added to it as they found people liked or didn't like a particular food. We saw that people's preferences were respected.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw in one person's care records that they had lost weight so the home had sought advice and introduced a dietary supplement for them. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with district nurses, mental health team, opticians, speech and language therapist and dietician. We were also told that most people at the home were registered with the same GP who attended the home each week; this meant people had the opportunity to raise any health issues with them.

A visiting health care professional told us they had no concerns about the service. They said that when the service had concerns about people's health they referred them through in a timely manner and any advice given to staff was followed and outcomes were well documented.

The care records we looked at included a hospital transfer form. This included important information about each person's medical conditions and was given to health care professionals if the person needed to go to hospital. We found this was detailed and contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

Is the service caring?

Our findings

All the people we spoke with were positive about the service and the caring attitude of the staff and the registered manager. People who used the service said, "Staff are very nice", "They are always dancing" and "They are nice girls, they work hard." Visitors told us, "It's homely", "It's brilliant, I am going to book myself in" another visitor said "Staff know our family; they build a relationship with the family as well."

During our inspection we spent time observing how staff interacted with the people who used the service. We found the atmosphere to be homely and relaxed. Staff were caring, polite, friendly and supported people in an unhurried way. Staff spent time sat talking with people. It was very warm weather on the day of our inspection and we heard staff check if people were ok. They also made sure people had access to cold drinks and water throughout the day.

The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately.

Care records we saw contained a "This is me" document. This included detailed information about the person's friends and family, social and life history, hobbies and interests. Care records we looked at placed importance on promoting people's independence and choice. They also included information on people's life skills and things they liked to do for themselves, such as getting dressed in the morning. We saw that where support was needed there was information to guide staff on people's preferences and routines. These included how and when the person liked to get up or go to bed. They also contained information about people's fear and phobias and hopes and dreams.

The registered manager told us they had an open door approach to visiting and that visitors were welcome at any time. Visitors told us they were made to feel welcome. They said, "I never feel in the way" and "We are made extremely welcome." Visitors told us they were encouraged to keep in touch with people living at the home. They said, "You can phone any time" and "I phone every other day." During our inspection we saw that visitors were known and warmly welcomed by staff. We heard staff ask about recent important family social events.

We saw that consideration was given to people's religious needs and that arrangements were in place for people, who wanted to, to practise their religion within the home.

Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that where appropriate relatives had been involved.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

We saw that information about independent advocacy services including contact details was available in

the reception area. This would ensure that people who needed support to exercise their rights had access to advice and support that was independent of the service.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive. Visitors we spoke with told us, "They deal with things really quickly, when [relative] needed equipment, they sorted it quickly, they were wonderful" another said, "My [relative] was in hospital, they pulled out all the stops to get [relative] back, they even visited [relative] in hospital." People told us staff were always willing to help. They said, "They offer to do things, they are always helpful", "Anything you ask for they will do" and "They are accommodating."

People's needs were assessed before they moved into Moorfields Care Home.. Care records we saw contained copies of these assessments. We saw the assessments included information about people's support and health needs, medicines, allergies, mobility, nutrition, communication, likes and dislikes, interests and hobbies, capacity and consent. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they moved in. We saw that people were asked about their experience of the assessment, including if they were offered a visit to the home and if they liked the room they were offered.

We saw these assessments had been used to develop care records that included care plans and risk assessments to guide staff on how best to support people. We looked at three people's care records. We found they were person centred and also included information about people's daily living skills, routines and preferences. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. We saw that people and where appropriate their relatives or friends had been involved in developing the care records. Care records we looked at had been reviewed regularly and had been updated when people's support needs had changed.

We were told that staff were made aware of changes in people's support needs during the handover that happened each morning. We observed a handover and found it to be detailed. Information was given about people's needs during the night. We also heard staff giving suggestions for different ways to try to help someone who had had a restless night. We saw that notes of the handover were made so that staff not on duty that day could read them later.

We asked the registered manager about activities that were offered to people who lived at Moorfields Care Home. They told us the home had a weekly programme of activities which included hairdressing, games and quizzes, reminiscence, films and beauty treatments. They told us the home had links with a local school. Each week a teacher and children from the local school came and did art and craft activities with the people who lived at Moorfields Care Home. We saw the service also held regular social event with singers and entertainers. We were told that an event was planned for the opening of the new dining area. We saw there was a large covered gazebo in the garden with a large table and chairs for people to sit outside. Staff we spoke with told us that it was used for parties and events. We were told that people had sat outside and had a party for this year's Wimbledon tennis final, having strawberries and a drink. People we spoke with were positive about the activities on offer at the home. One person told us more trips out would be a good improvement. The registered manager told us that people sometimes went for walks with staff or to a local garden centre. One person told us they enjoyed it when staff supported them to take a walk. A visitor told

us, "There is always something going on." Another said, "I am happy with the activities; they had Neil Diamond [an impersonator] here not long ago."

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also told people what they could do if they were unhappy with how the service had dealt with their complaint. We saw a copy of this was in each of the bedrooms we looked at. The registered manager told us they had not received any complaints in the last twelve months. Records we saw showed that there was a system for recording complaints and any action taken. People we spoke with told us they could raise any issues they had. One person told us, "We haven't got any complaints."

Is the service well-led?

Our findings

People we spoke with were complimentary about the home and the way it was organised and run. One person told us, "I would categorically recommend it." Another said, "It's alright, I would be onto them if it wasn't."

The service is required to have a registered manager in place. There was a registered manager in place at Moorfield Care Home. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during this inspection. Everyone we spoke with was complimentary about the registered manager and the way they managed the service. Visitors told us "She is very approachable", "She is salt of the earth", "She really helped us when we needed it, she's been great." and "She has done everything we could have expected and more."

During our inspection we found the registered manager understood their roles and responsibilities. They knew people well and showed a commitment to providing a good quality, person centred service.

Staff we spoke with were very positive about the registered manager and working for the service. They said of the registered manager, "She's brilliant and caring", "You know where you stand" "She would sort it out if I had a problem." They said of the service, "I wished I had come here [to work] years ago", "It's one of the nicest homes I have ever worked at", "Staff are like a big family" Another said "I am proud to work here."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there was a good system of quality assurance. There were a number of weekly and monthly checks and audits including cleaning, health and safety, medicines, care records, daily recordings and charts.

We saw that the service had a range of policies and procedures to help guide staff on good practice. Policies and procedures were developed for the service by an external company and we saw these were reviewed and updated regularly.

The registered manager told us they used an electronic system that made it easier for people to give their views about the service. It was used to ask people questions on different aspects of the service. We were told that this information would then be used to guide improvements and information about actions taken in response to the feedback would be shared with people. We were told the system would be used on alternate months as it was shared with the provider's other care home. During our inspection we saw this was in the entrance hall so that everyone could access it. Records we saw showed that visitors had recently been asked to rate the visit they had made to the home. We saw that 12 people had responded and all had indicated they had had a positive experience.

The registered manager also told us that they used social media to inform relatives about important events and developments within the service. The home was also a member of an online site that allowed people to review care homes and the service they provided.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.