Taptonholme

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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

Taptonholme is a small charity run care home registered to provide accommodation and personal care for up to 19 older people, some of whom may be living with dementia. The home is located in a residential area of west Sheffield, close to local amenities and transport links. The accommodation is provided over four floors, accessed by a passenger lift. The home has a garden and a car park.

There was a manager at the service who was registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

Our last inspection at Taptonholme took place on 22 August 2016. We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 9: Person centred care and Regulation 17: Good governance. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection, we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 9: Person centred care, as care plans and risk assessments were found to be accurate and up to date. We also found sufficient improvements had been made to meet the requirements of Regulation 17: Good governance, as systems were in place to effectively monitor the quality and safety of the service.

This inspection took place on 16 October 2017 and was unannounced. This meant the people who lived at Taptonholme and the staff who worked there did not know we were coming. On the day of our inspection there were 15 people living at Taptonholme.

People we were able to speak with spoke positively about their experience of living at Taptonholme. They told us they felt safe and they liked the staff.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

Whilst the home was well maintained, there was no dedicated maintenance person working at the home. This meant that small repairs and maintenance work could take longer to address.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected. Pictures and information about the meal choices on offer were not displayed to improve access to information.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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 told us they felt safe. People were content and happy to be with staff. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines. Medicines were stored securely.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was well led.

The manager was registered with CQC.

Staff told us communication was good within the home. Staff meetings were held.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Taptonholme

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with eight people using the service and three of their relatives to obtain their views of the home. We were not able to fully communicate with some people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a health professional and an external activity provider who were visiting the home on the day of our inspection to obtain their views of the home.

We spoke with six staff including the registered manager, the assistant manager, senior care and care staff, the cook and housekeeping staff. We looked at three people's care plans, four staff files and records associated with the running and monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Taptonholme and commented, "I feel very safe. They [staff] are really good," "I do feel safe. The staff are easy to talk to," "I am safe here. I have never seen anything that upset me," "Nothing to feel worried about really. The staff look after upset people well" and "The care is very good, very safe."

Relatives of people living at Taptonholme told us they felt their family member was safe. They commented, "The care is very good, very safe," "It is safe, although [name of family member] took a long time to settle" and "It is very good safe care."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

Staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We asked people living at the service about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "I get my tablets on time. They [staff] help with that" and "I get the right medicines at the proper times." Relatives commented, "They [staff] are very good and reliable. They are good at giving analgesics [pain relief]" and "They [staff] give [name of family member] the right ones [medicines] at the right times. It is better than when carers visited them at home."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We observed part of the morning medicines administration. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful.

We found medication administration records (MAR) had been fully completed. The MAR held photographs of

the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered manager regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. We found a community pharmacist had undertaken a check on medication systems on 9 February 2017. We saw the report from this visit which showed the pharmacist did not identify any issues requiring urgent action. This showed people's safety was promoted.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found a minimum of two care staff and one senior care staff were provided each day, and a minimum of two care staff were provided each night. Ancillary staff such as domestic and kitchen staff were also provided each day. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained. Most of the staff spoken with thought enough staff were available. However, one staff thought an additional care worker was needed. We saw no evidence to suggest the staffing levels provided had a negative impact on people living at the home. We observed staff were visible around the home and responded to people's needs as required.

People living at the home said there were generally enough staff to meet their needs. Comments included, "There are enough [staff] for what I need them to do," "There are plenty [of staff] I think," "I never have to wait very long," "They [staff] come pretty much straight away" and "I don't see lots of new girls, I see the same ones all the time." One person living at the home said more staff would be better. Relatives told us, "From my perspective [name of family member] is well cared for and comfortable so there are enough [staff]," "There hasn't been any impact on [name of family member] when there may be less staff on at weekends," "There haven't been any problems [about staff numbers]. You always see the same faces, there is good continuity" and "They never use agency ones, they want continuity and they cover for each other."

We looked at three people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found regular checks of the building were carried out to keep people safe and the home well maintained. We found there was no dedicated maintenance person employed for the home. The registered manager explained they sourced relevant tradespeople and obtained a quote for any maintenance work needed. They told us this was time consuming and some contractors were reluctant to undertake small jobs.This meant that addressing some maintenance issues took longer than anticipated. The registered manager told us they had a list of some contractors they used for specific work, such as electricians. Whilst we found that

this had no impact on people using the service, maintenance procedures may be improved with the provision of a dedicated maintenance person. The registered manager told us she would discuss this with the chair of trustees.

We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Housekeeping staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. We spoke with the infection control lead staff who was knowledgeable about their role and the procedures to follow to promote safety. We found the home was very clean in the areas we checked. People told us, "I think it is very clean" and "The cleaner does it all well." This showed procedures were followed to control infection.

Good

Is the service effective?

Our findings

People we spoke with told us they thought the care staff were well trained and performed their jobs well. Comments included, "I think they [staff] are well trained. Yes, they are good to us," "As far as I have observed they have lots of training sessions" and "I think staff are well trained. They are always able to cope."

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and tissue viability. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. People living at the home said their health was looked after and they were provided with the support they needed. The relatives spoken with had no concerns regarding the health care support provided to their family member. Comments included, "There is good access to doctors and others" and "The doctor comes frequently."

The health professionals spoken with had no concerns about the home. They commented, "This is my favourite home. The staff are really good and know the residents well. They [staff] communicate well with us."

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, Speech and language therapy (SALT), and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk to help monitor people's health. We

saw the fluid intake charts did not record a running total, or daily intake total. Recording this information would help in monitoring fluid intake. The registered manager gave assurances that this would be undertaken.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. People always had a drink within reach and we also saw people enjoying snacks of various fresh fruit.

People told us the food was good and they enjoyed the meals. Comments on the food included, "The meals are very good and tasty, but a bit samey," "The meals are fine. The pureed meals smell like proper food" and "The meals are very good. Plenty to eat and good choices." People said they could always have an alternative to the menu if they preferred. We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes.

We observed part of the mid-day meal in the dining room. We found the mid-day meal was a positive experience and people were supported as needed. The room was light and pleasant. The dining tables were neatly set out and looked welcoming. Tables were laid with table cloths, cutlery and glasses. We saw staff took time to support people and were patient when serving meals. The food was well presented.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. Comments included, "They [staff] do explain things and ask if they can do them" and "They [staff] will explain and ask if it's okay."

We looked at three people's care plans and found care was provided to people with their consent. The care files seen held signed consent, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the consent forms had been signed by the person's representative. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

We found the home was designed and adapted to meet the needs of people using the service.

Accommodation was provided on four floors, accessed by a lift. The front door was fitted with a key code entry for security. People were able to walk freely around the home and clear signage and pictures helped to identify the different areas. We found the environment provided welcoming and pleasant living spaces. The dining room held a display of the week's activities, in picture form, to help people know what was on offer. However, we found no similar display was provided to inform people what meals were on offer and to help people choose. The registered manager informed us the cook had pictures of different meals that she showed some people to help them decide what to eat. She gave assurances that these would also be displayed to promote people's understanding.

Good

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Relatives said they were always welcomed in a caring and friendly manner. Their comments included, "They [staff] are good to us here. They are kind and treat us properly," "They [staff] are nice, presentable and amusing," "They [staff] are all nice. They treat me properly. They are lovely," "I can't praise them [staff] too highly, their patience, their respect and a lot of interaction," "They [staff] care. They think about what they are doing. They deserve more money than they get" and "They [staff] are kind and caring people. They look after the relatives as well."

People told us that they were encouraged to be independent if they were able and to ask for help if required. Comments included, "We do what we want to do," "I do the things I can" and "I can speak up for myself."

We spoke with a professional visitor who told us they felt that people living at the home were happy and well looked after. They said that they would be happy to have a relative of theirs living at Taptonholme.

Staff told us they enjoyed working at the home and said the staff worked well together as a team.

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. We saw staff crouch down so that they were at eye level with people before speaking to them. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Records showed, and staff told us, training in dignity and respect was provided so staff had relevant skills to meet people's needs. Staff were able to describe how they promoted people's dignity. Staff told us they

treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said end of life care was always discussed so they had the skills and knowledge to care for people when this support was needed.

Good

Is the service responsive?

Our findings

Our last inspection at Taptonholme took place on 22 August 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regulation 9: Person centred care. This was because people who used the service did not consistently have their needs accurately assessed, care planned and met in a person centred way.

At this inspection, we found improvements had been made. We looked at three people's care plans. They were well set out and easy to read. They contained clear and specific details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Where risks had been identified, appropriate risk assessments and related records were maintained. For example, one person's care plan held details of a skin integrity assessment, which identified the person needed repositioning every two hours. We found relevant positioning charts had been undertaken and fully completed to show that this identified support had been provided. Another person's care plan detailed specific equipment had been assessed as needed to support the person. Records showed this equipment had been provided and its use was in regular review. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. We found health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. The care plans seen had been regularly reviewed to make sure they remained up to date.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with 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. People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change, which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. This meant people were supported by staff that knew them well.

The care plans seen contained evidence of relative's involvement and showed they, and their family member had been consulted so that choices could be respected.

People living at Taptonholme said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. Their comments included, "I get up at any time I want, "I choose for myself," "They [staff] know me well" and "They [staff] know what I like."

Throughout our inspection, we saw staff were responsive to people's needs. For example, we saw a person ask for specific help and staff responded immediately in a kind and patient manner. We saw staff helping people to the toilet as soon as they requested this assistance .

Throughout our inspection we saw staff support people's choices. We heard staff asking people their

choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do. We saw people had chosen to spend time in their rooms and staff respected this .

We were not able to fully communicate with some people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing care and interactions in the lounge area. People appeared content and staff interacted and spoke with them in a patient and caring manner. We saw one person became worried about something specific. Staff immediately explained and reassured them .

People spoken with had mixed views about the activities provided. The majority of people thought they had enough leisure opportunities and said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Two people thought more activities should be provided. Comments included, "There are plenty of things to do. I like to join in the baking and painting. I don't like to join in the singing," "There are some things to do. We do painting. We go to the shops. Sometimes there are not enough [activities]," "There are musical afternoons, quizzes, painting. There is enough for them to do" and "They need more [activities], more manual things."

We found care staff provided a range of meaningful activities to people. These activities included trips out, arts and crafts, exercise classes, quizzes and singing. Information on future activities was displayed in the dining room with pictures of activities to help people's understanding. This showed that a range of activities were provided which included visits from professional entertainers.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide, which had been provided to each person living at the home. 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. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them. Comments included, "I haven't needed to complain, but I know how. I would speak to the manager, "I would just talk to the staff but I haven't needed to. I haven't made a complaint. I would just talk to the girls [staff]" and "I haven't complained. I would just talk to someone."

Good

Is the service well-led?

Our findings

Our last inspection at Taptonholme took place on 22 August 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 17: Good governance. This was because the systems in place to monitor the quality and safety of the service had not always been effective.

At this inspection we found improvements had been made. We found that since the last inspection an assistant manager post had been created and recruited to. The assistant manager had commenced in post in November 2016, but they had worked at the home prior to this as a senior care worker. The registered manager told us the assistant manager post had been created to support the management and auditing of the home.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. The manager told us that since the last inspection the number of audits undertaken had increased to improve the monitoring of the home. Records seen showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control, medication, daily records, hydration charts and activities audits. We saw environment checks were regularly undertaken and the manager undertook weekly 'walk around' checks to audit the environment to make sure it was safe. We found any issues identified were acted on. For example, one person was referred to their GP when an audit identified poor fluid intake. A shower mat was replaced and a loose carpet repaired following an environment audit.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people living at the home and their relatives in February 2017 to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results from the last survey were positive. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

This showed that effective systems were in place to monitor the quality and safety of the home.

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection, we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them.

People living at Taptonholme, their relatives and staff at the home spoke very positively about the registered manager and assistant manager. People told us they knew the registered manager and assistant manager and found them approachable. People said they had confidence in the registered manager and assistant manager and they were encouraged to voice their opinion. People commented, "They [management] would listen," "She [registered manager] does a good job, She's with it," "She [registered manager] has a good idea of what goes on" and "I talk to her [registered manager]. She is easy to talk to."

We found a welcoming, open and positive culture in the home that was encouraged and supported by the registered manager. People told us there was always a good atmosphere in the home. Their comments included, "It is nice and friendly, they [staff] are nice people," "It is calm and quiet. All the staff are pleasant" and "I would recommend it."

Staff told us the registered manager had an 'open door' and they could talk to them at any time. They told us the registered manager was always approachable and keen on staff working together. Their comments included, "She [registered manager] is very supportive" and "We all work together."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home.

Records seen showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.