

Abbeyfield Grange Residential Home Ltd

Abbeyfield Grange Ltd

Inspection report

148 Burngreave Road
Sheffield
South Yorkshire
S3 9DH

Tel: 01142759482

Date of inspection visit:
30 November 2017

Date of publication:
21 December 2017

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

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

The care home accommodates up to 26 people living with mental health conditions. The service comprises of two houses, numbers 143 and 148 Burngreave Road. Number 148 accommodates up to 19 people. Number 143, which is across the road, accommodates up to seven people who are more independent. The ethos of the home is to promote independence and well-being. The home is in the residential area of Burngreave and near a GP surgery, a hospital and other amenities.

Abbeyfield Grange has been operating for a number of years. A change of the named provider resulted in a new registration. The registered manager is also the registered provider of this service. This is the first inspection of the service since these changes.

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.

This inspection took place on 30 November 2017 and was unannounced. This meant the people who lived at Abbeyfield Grange and the staff who worked there did not know we were coming. On the day of our inspection there were 26 people living at Abbeyfield Grange.

People spoke positively about their experience of living at Abbeyfield Grange. They told us they felt safe and they liked the staff. We were unable to fully communicate with some people living at Abbeyfield Grange, but we saw that people were content and happy to spend time with 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 medicines were stored and managed safely so people's 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 and supervision so they had the skills they needed to undertake their role. Systems were in place to make sure staff had an annual appraisal for their development.

The home was well maintained and was clean in the areas we saw.

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.

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. Staff understood how to support people whilst promoting independence.

People were provided with, and supported to access 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 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 appropriately trained and supervised to provide them with the skills needed to support people.

Staff knew about people's personal preferences and gave people as much choice and control as possible.

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.

People living at the home said staff were very caring in their approach. We observed positive and caring relationships between staff and people using the service.

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.

A range of activities were provided for people, which were meaningful and promoted independence.

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

Is the service well-led?

The service was well led.

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

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.

Good ●

Abbeyfield Grange Ltd

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

This inspection took place on 30 November 2017 and was unannounced. This meant the people who lived at Abbeyfield Grange and the staff who worked there did not know we were coming. 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 had experience of supporting older people and people living with mental health conditions.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

The provider completed 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 improvements they plan to make.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with and inform our inspection.

At the time of our inspection there were 26 people using the service. We spoke with ten people living at the home to obtain their views of the support provided.

We spoke with seven members of staff, which included the registered manager, the deputy manager, support workers, the cook, domestic staff and maintenance staff.

We spent time observing interactions between staff and people using the service.

We looked around different areas of the service, which included some communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included two people's care records, five people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Everyone we spoke with who was able to comment told us they felt safe living at Abbeyfield Grange. Their comments included, "I feel very safe here. The staff look after me really well," "This is a very safe place" and "I am very safe here. They've put me right here. I was very poorly when I first came here, with the drinking and that and sometimes I didn't know what I was doing, but it's been great since I came here. If there is owt wrong with me they take me to the doctors straight away. You're really cared for here." We saw people who we were not able to fully communicate with verbally, freely approach staff for assistance and support. People were happy in the company of staff.

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.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for a few people and people could access their money as they needed. Individual envelopes containing people's money were kept. We saw financial records were maintained and we checked the financial transaction records for two people. They showed all transactions and detailed any money paid into or out of the persons account. Receipts from purchases were retained to evidence the recorded transactions were accurate. The amounts held corresponded with the records. This showed safe procedures had been followed. Staff spoken with could describe the procedures for handling people's money safely.

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 received with their medicines. One person told us, "I have my tablets when I get up in the morning and then at about 4pm. They [staff] watch me while I take the tablets and bring me some water."

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 mid-day medicines administration. We found that safe procedures were followed. Two staff were present during medicines administration. Both staff read aloud the name of the medicine to make sure the correct medicine was being given. Staff explained to people what medicines they were taking and provided with a drink to take their medicines with. Staff were patient and respectful.

Shortly after the morning medicines administration, we found a partially dissolved tablet in the entrance area. We brought this to the attention of the staff who took immediate steps to address this. We were informed that one person had a previous habit of spitting out their tablet. In response to this, the service had worked with mental health services and the person's GP and changed the tablet to a disposable one, to prevent further occurrence. Staff informed us that the person had taken their tablet with a drink that morning. The deputy manager updated the person's care plan to detail the new known risk and to inform staff to be vigilant when administering the dissolvable tablet. In addition, the registered manager contacted the person's Community Psychiatric Nurse [CPN] to discuss ways of further reducing the risk. This showed staff took appropriate actions to uphold people's safety.

We checked three people's medication administration records (MAR.) These had been fully completed. The MAR held information on any known allergies and the 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 or deputy 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, weekly and daily 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 15 August 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.

People living at Abbeyfield Grange were independent and did not need support from staff regarding personal care. The ethos of the home was to promote independence and well-being. We looked at staffing levels to check enough staff were provided to meet people's needs. We found a minimum of two support workers were provided each day and night. Ancillary staff such as domestic, maintenance and kitchen staff were also provided each day. Additional support staff were provided to facilitate individual leisure activities with people. Staff spoken with confirmed these numbers were maintained and said enough staff were provided. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained. The registered manager and deputy manager worked at the home in addition to these numbers. We observed staff were visible around the home and responded to people's needs as required.

People living at the home said there were enough staff to support them. One person told us, "Mostly there's enough [staff] around to help. I don't need people to do things for me but they [staff] are good."

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, for example, accessing the community. 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 saw a record was kept of any accidents and incidents and the registered manager monitored these so that patterns or trends could be identified.

A maintenance person was employed at the home and we found regular checks of the building were carried out to keep people safe and the home well maintained.

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. Domestic 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 found all areas of the home seen were clean.

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. They told us the staff were very good at providing them with the support they needed. Comments included, "They, (pointing at staff) are very good. They help me a lot. Very, very good," "They [staff] are good. They do try their best for us" and "They [staff] came to hospital with me (following a medical emergency.) They nearly passed out, it upset them that much. They are brilliant. Really kind."

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 mental health awareness, challenging behaviour and drink wise. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "very 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 about the support they got with their health. People living at the home said their health was looked after and they were provided with the support they needed. One person told us, "If there is owt wrong with me they take me to the doctors straight away." Another person said, "I'm not too well today and they [staff] are calling the doctor."

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, Community Psychiatric Nurses [CPN], consultants and specialists at hospitals. We found the GP surgery was directly across the road from the home. All of the staff said the service had a very good relationship with the GP and they could approach them at any time for advice and support.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. We spoke with the cook who was aware of people's dietary and cultural needs and preferences so these could be respected. We saw people could have different to the menu if this was their preference. We saw that there was a menu on a chalkboard in the dining room and a picture menu available on a table. People were encouraged to check the chalkboard and tell staff if they wanted something different. We found drinks and fruit were available in the dining room so that people had access to these. Some people living at the home were supported to make their own meals to promote their independence. The smaller house had a daily breakfast club where staff supported people to cook a breakfast of their choosing.

People told us the food was good and they enjoyed the meals. Comments on the food included, "I like the food" and "The food is good."

We observed part of the mid-day meal in the dining room. The room was light and pleasant. People were seen to eat a variety of meals and appeared to enjoy their food.

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. One person told us, "They [staff] are always asking me. Everything they do, they say, Is it okay?" Throughout our inspection, we found staff discussed people's plans and options. They always checked the person was happy with the actions taken and the plans for the day.

The care plans checked showed 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 accommodation was well maintained. Accommodation was based over two floors accessed by stairs. People living at the home did not have any mobility problems and were able to access all areas of the home.

Is the service caring?

Our findings

People living at Abbeyfield Grange made positive comments about the service. People told us they were happy and well supported by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "They (pointing to staff) talk to me. They listen. They are good people," "They are kind," "They [staff] are all lovely with us. They are super" and "They [staff] are all nice to us. I tell it how it is and I would say the staff are marvellous. They're very nice staff."

People told us that they were encouraged and supported to be independent and make their own decisions. Comments included, "I don't need any help (with personal care.) I go to bed when I'm ready," "I like to come in here (the hall.) I can see who is coming in and out" and "I go to bed when I feel like it and I choose my clothes. I go to the pub sometimes and just have two pints."

We found questionnaires had been sent to relatives and representatives of people living at Abbeyfield Grange, and health professionals in November 2017 to formally obtain and act on their views. In the completed questionnaires, when asked how they would rate the quality of care provided by the home, all seven professional visitor respondents said, "Excellent." Six relatives responded. Two relatives responded, "Good," and four responded, "Excellent." Comments included, "Very good standard of compassionate care and support," "The atmosphere is always friendly and welcoming" and "I found staff to be excellent in caring for [name.] They [staff] are friendly, considerate and seem to have [name] best interests first and foremost."

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 passed them. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and 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. We heard staff checking with people, asking them if they were happy with the plans they had made and asking their opinion. 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.

Is the service responsive?

Our findings

People living at Abbeyfield Grange 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.

Throughout the inspection, we heard staff constantly ask people about their preferences and choices in their daily living activities.

We looked at two people's care records, which included individual support 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. 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.

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

Staff spoken with said people's support 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 support 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.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. An activity worker was employed alongside support workers to ensure there was a range of meaningful activities on offer. We saw that people were involved in a range of activities, according to their preference. One person chose to go into the city centre to shop, another person visited local shops. Records of activities showed a variety of opportunities were provided to people. A masseur regularly visited the home, monthly chair exercise classes were held. The home had books, board games and a pool table. Monthly trips were organised which included trips to the seaside and local amenities such as the cinema and bowling. Weekly movie nights were organised. Events were organised on a regular basis for people to enjoy and celebrate. For example, Jamaican independence day and Ramadan. At the time of this inspection, people were being supported to organise a 'bush tucker trial' to emulate a popular television programme. These examples showed that people were supported to access a range of leisure opportunities.

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.

The registered manager informed us that the home did not routinely support people with end of life care. If a person's personal care needs increased discussions would be held with the person and their representatives to help identify more suitable accommodation and support.

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager had worked at the home for a number of years. In 2016, the registered manager took ownership of the home and became the registered provider.

Throughout our inspection, we saw the registered manager greet people by name and they obviously knew them well. We saw people who used the service and staff freely approaching the registered manager to speak with them.

People living at Abbeyfield Grange and staff at the home spoke very positively about the registered manager and deputy manager. People told us they found them approachable. People said they had confidence in the registered manager and deputy manager and they were encouraged to voice their opinion. People commented, "[Name of registered manager] is great. She's really nice. She looks after everybody and puts us all first" and "(Pointing at manager) she is wonderful, very good, very good."

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.

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. They said they were part of a good team and could contribute and felt listened to. One member of staff told us, "[Name of registered manager] has been fantastic. We're a fantastic team."

We saw an inclusive culture in the home. Staff told us they enjoyed their jobs and all of the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. All of the staff asked said they would be happy for a friend or family member to live at the home.

We found a 'safety huddle' took place every morning to discuss and share any important information. We joined the safety huddle and saw every member of staff, including maintenance, domestic staff, the cook, support workers and management participated and contributed to the huddle. It was clear that all staff knew people using the service well. They were knowledgeable about their role and displayed evidence of a staff team that worked really well together, where every person's contribution was valued.

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 in staff meetings.

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 and medication. We saw environment checks were regularly undertaken and the manager undertook regular 'walk around' checks to audit the environment to make sure it was safe.

We found questionnaires had been sent to relatives and representatives of people living at Abbeyfield Grange, and health professionals in November 2017 to formally obtain and act on their views. We found professional visitors had completed seven questionnaires, and relatives of people using the service had completed six. All of the completed surveys were positive. The results of questionnaires were audited and a report compiled from these so people had access to this information. 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. The registered manager also told us questionnaires would be sent to people using the service within the next few weeks.

In their questionnaires, when asked how they would rate the management of the home, five relatives said, "Excellent" and one said, "Good." All seven professional visitors said, "Excellent." One professional visitor commented, "Excellent, caring and proactive care home and management. Always a pleasure to work with."

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

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.