Fieldhouse Care Home Limited

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Inspection report

Spinners Green
Fieldhouse
Rochdale
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Tel: 01706632555

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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

Fieldhouse Care Home is a purpose built home in Rochdale. It provides accommodation to a maximum of 46 older people who require assistance with personal care. There are 38 single and four double bedrooms on two floors. Five of the single rooms have an en-suite facility. There is a garden area at the rear of the building. There were 41 people accommodated at the home on the day of inspection.

At the last inspection of August 2016, the service was found to be in breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 7 HSCA RA Regulations 2014. The service did not have a person registered as manager 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 2008 and associated Regulations about how the service is run. A person registered with the CQC on the 24 October 2016. The service is no longer in breach of the regulation.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. The environment was maintained at a good level.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the

training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and the plans and care regularly reviewed.

People were treated with respect and dignity.

People were treated in accordance to their age, gender, sexuality and religion.

Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We saw that people could attend activities of their choice and families and friends were able to visit when they wanted.

Audits, surveys and meetings helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and would recognise what a deprivation of liberty was or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We observed staff had a kind and caring approach to people who used the service.

People were encouraged and supported to keep in touch with their family and friends and follow the religion of their choice.

We saw that people were offered choice in many aspects of their lives and encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns and people told us they felt confident they could raise any issues.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care and support.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

FieldHouse Care Home Limited

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one adult social care inspector on the 07 August 2017.

We requested and received 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 any improvements they plan to make.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Healthwatch and local authority for their views of they did not have any concerns.

We spoke with six people who used the service, two relatives, the registered manager, deputy manager and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records of three people and medicines administration records for ten people who used the service. We also looked at the recruitment, training and supervision records for six members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel very safe and there are no bullies" and "I feel safe here". All other people we spoke with also felt safe. A relative we spoke with said, "I feel my relative is safe here and I have confidence in them when I go away".

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative which meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. The staff we spoke said, "I would use the whistle blowing policy if I saw poor practice" and "Absolutely I would report any abuse."

We saw the registered manager had investigated any safeguarding incidents and where required suspended staff and made further arrangements to protect people, for example updating plans of care.

Accidents and incident were also recorded, analysed and investigated. We saw the registered manager looked at ways of reducing any further occurrence.

We looked at six staff files and found recruitment was robust. Each file contained two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and were safe to work with vulnerable adults.

A staff member we spoke with said, "There are always enough staff to meet people's needs." On the day of the inspection we saw the registered manager, deputy manager, two senior care assistants and seven care staff provided care and support. There was also a cook, kitchen assistant, a person working in the laundry, two domestic staff and two people who maintained the building and gardens. An activities coordinator came in later in the morning. The off duty showed this to be the normal staff complement for this service and that there were sufficient staff to provide care and support for people accommodated at Fieldhouse Care Home.

We saw certification of gas and electrical installation and equipment. All necessary checks had been made on the safety of equipment including portable appliance testing. The lift, hoists and fire equipment had been serviced. We also saw checks to ensure the hot water outlets were safe to use, windows had a device fitted to stop people from falling out and radiators were of a type to prevent burns.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew

the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. A copy on the PEEP was retained at the entrance hallway to pass to the fire service in an emergency. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

People who used the service and visitors said the home was clean and tidy. We saw the home was clean, uncluttered and did not contain any odours that people may find offensive.

There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The registered manager audited the home for cleanliness or any infection control issues. There were hand washing facilities and paper towels in each bedroom to help prevent any spread of infection.

There was sufficient equipment in the laundry to meet people's needs, which was sited away from food preparation areas. One washing machine had a sluicing facility. The service used colour coded bags for the disposal of contaminated waste and soiled laundry. Staff had access to personal protective equipment and we saw staff used it when required.

We looked at three plans of care during the inspection. We saw there were risk assessments for moving and handling, falls, tissue viability (this is to prevent pressure sores) and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance, for example, dieticians. We saw the risk assessments helped people keep safe and did not restrict their lifestyles.

We looked at ten medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff audit the numbers of medicines a person had. There was a photograph on each MAR to help staff identify the correct person. All staff who administered medicines had been trained and had their competencies checked to ensure they maintained good standards.

Medicines were stored in a locked room in a trolley attached to the wall and only staff who needed to had access to the keys. The temperature of the medicines cupboard and dedicated fridge was checked daily to ensure medicines were stored to manufacturer's guidelines.

We checked the controlled drugs cupboard and register. Controlled drugs are stronger medicines which need more stringent checks. We saw that two staff had signed for the administration of controlled drugs which is the correct procedure. We checked the numbers of controlled drugs against the number recorded in the register and found they tallied.

Any medicines that had a use by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal. Any handwritten prescriptions were signed by two staff which is the recommended safe method.

There was a signature list of all staff who gave medicines for management to help audit any errors. The

service had a copy of the National Institute for Health and Clinical Excellence guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was audited by staff every two weeks and managers regularly to spot for any errors. Staff retained patient information leaflets for medicines and a copy of the British National Formulary to check for information such as side effects.

Good

Is the service effective?

Our findings

People who used the service told us, "The food is excellent and I could not fault it. We get a good choice of food"; "Our tea was good. The food is very good" and "The food is excellent and there is always a choice. Yesterday we had ham, egg and chips and I never thought I would get that again. The chef comes to see if you like it or to see what else you may want." A relative said, "They try really hard to get my relative to eat."

We observed a mealtime and saw that there was good interaction between staff and people who used the service. The meal was held as a social occasion and people who used the service also talked with each other. We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink and specialist help and advice sought where needed. People's weights were recorded regularly to ensure they were not gaining or losing too much weight. No current people who used the service required a special diet on religious or ethnic needs.

Tables were nicely set with tablecloths, place mats and condiments for people to flavour their food to taste. Some people sat in their lounge chairs with an adapted table to eat their meal off if they preferred. We were told the service provided a vegetarian option as well as other diets such as reduced sugar or soft diets. For people with allergies the service catered for people who were lactose intolerant or required gluten free products.

The menu for breakfast was foods usually associated for breakfast including a cooked option if people wanted one. Lunch was the main meal of the day, there were two cooked options and a lighter meal for those who wanted one. A dessert was served with lunch and tea, which was a lighter meal. A supper was available in the evening. Drinks were served at set times, both with and between meals and cold drinks were available during the day. We saw there were cartons of cold drinks available in the hot weather and people were encouraged to remain hydrated.

We went into the kitchen which was clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. Fresh fruit was available from the kitchen and freely available on a table. The kitchen had achieved the highest food standards agency which meant the systems for preparing, storing and service food was safe and the chef followed good hygiene standards.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). We saw that the service assessed each person's mental capacity.

The CQC had been notified of any DoLS which had been approved. Seven people currently required a DoLS in place. We also saw records of best interest meetings for needs such as poor dietary intake. Best interest meetings are held for people who do not have the mental capacity to take their own decisions and are attended by the person where possible, family members if appropriate, staff from the home and professionals from other organisations. This meant that any restrictions to a person was taken in the least restrictive way. People had access to an independent mental capacity advisor or advocate. These are professionals who act independently for people to protect their rights.

We saw that where possible people had signed their consent to care and treatment. We observed staff asking for people's consent before they performed any care or support.

All the people we spoke with said the home met their needs. There was signage to aid people to mobilise around the home with signs on doors to denote what the room was for and a sign on each person's door with a picture or art work that was important to them. This helped people with a dementia or short-term memory loss find their way around the home.

The care home was in a good decorative state. There were baths and showers so people could choose their preferred method of keeping clean. We saw there was equipment such as mobility aids, grab rails and pressure relieving devices such as air mattresses. Staff told us they had been trained to use them.

There was a lift to access both floors and a secure garden area with seating for people to use in good weather. We visited all communal areas and several bedrooms. All contained sufficient furniture and seating to enable people to be comfortable with others or private if they wished. Bedrooms had been personalised to people's tastes.

New staff were enrolled onto the care certificate and the homes own induction program. The care certificate is a nationally recognised induction program for people new to the care industry. The homes own induction covered key policies and procedures, supervision, training, the fire procedures, health and safety, infection control, safeguarding, whistle blowing, the terms and conditions of employment and complaints. New staff were given the skills to work with people accommodated at the home.

A person who used the service said, "The staff seem to be well trained. They know what they are doing." Staff told us they thought they received enough training to look after the people who used the service. We saw from looking at the training records, staff files and when talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others, the care of people with diabetes and fire awareness. Most staff had completed a recognised course in health and social care and end of life care. A staff member said, "I think there is enough training to do the job but I will always look at any new training."

Staff we spoke with said, "I get supervision. If I need some extra help I ask for it" and "The supervision works for us both and you can bring up training needs." We saw that supervision was at least twice a year, appraisal yearly, with practice observations in between such as medicines administration. Staff could talk about their own careers and managers assess performance.

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and dieticians. People were also supported to attend routine appointments with opticians, dentists and podiatrists. This helped meet people's health care needs.

The service used technology to help provide safe and effective care. This included the use of infra-red movement detection devices to alert staff if people who were a known risk of falling got out of bed. There were also plans to use some local authority funding to provide robotic animals which help to calm people when held.

Good

Is the service caring?

Our findings

People who used the service we spoke with said, "I think it is a very good home. The staff are very good nights and days. The staff are kind. I ended up with somewhere I like" and "I have liked it ever since I came here. It is nice. All you need to do is ask and they will do it for you. I have got much better since I have been in here." A visiting professional said, "It is superb here. There is a good atmosphere with staff. They are always available and are a really good team." Other people we spoke with were also happy at this care home.

We asked staff what they thought of the home and they said, "I have been here a long time and it's like a home from home. I like to make sure people are looked after properly and when I go home that they are safe. I would recommend the home to a family member or friend" and "I like working here. I have seen a lot of changes. we all get on and there is a good staff team. I would definitely recommend the home to others. I love the job. I like helping other people and making sure people's needs are met and they are happy."

Relatives commented about the care given at the home, "They have really looked after her and I come here daily" and "The staff are lovely. They are all good. They will get to help my relative as soon as they can. The staff are kind."

We observed staff during the inspection and saw that staff were kind, caring and professional. Staff had time to sit and talk to people. We did not see any breaches of privacy during any personal care, which was conducted behind closed doors and staff were discreet when asking people about their needs.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection. Staff were also informed about not putting confidential information on social media.

We saw that each person completed a life story which told staff of people's past history and personal preferences, past employment, pets and holidays. This allowed staff to get to know each person and treat them as individuals. We also saw in the plans of care that people's abilities were recorded so they could do as much for themselves as possible. A person who used the service said, ""They are interested in us as people. They look at us as an individual."

We also saw that plans of care showed people's known preferences and choices had been recorded. This included what people liked to eat and drink, times of getting up and going to bed, what activities they liked and how much support they could undertake themselves. We observed staff offering people support, for example, if they were ready to leave the dining table. This helped people remain as independent as possible.

A person's religion was recorded in the plans of care. People had the option to attend a weekly service and take Holy Communion if this was the way they wished to practice their religion. Further spiritual support was provided by frequent visits from two nuns and another minister called in every fortnight to provide a service for some of the people he knew prior to entering the home.

A person who used the service said, "My family visit when they want." A visitor also said they came daily and

visiting was unrestricted. People could meet with their visitors in private if they wished. Visiting was unrestricted to ensure people who used the service remained in contact with their family and friends.

Staff were taught about privacy, dignity and independence. There was a dignity 'champion' who had received further training around dignity in care homes. This staff member could pass on good practice issues to other staff to help people retain their dignity. People could choose same sex staff if that was their preference.

There was a section in the plans of care if people had communication needs. The service used flash cards or pens and paper if required to help people communicate their needs if they had no verbal communication.

Good

Is the service responsive?

Our findings

People who used the service told us, "I have never had to complain. You can go to any member of staff including the manager if you need to say anything" and "You can go to any of them if you have any concerns." Visitors both said they had no complaints.

Each person was issued with a copy of the complaints procedure when they were admitted. There was also a copy on the rear of everybody's bedroom door. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of other organisations including the local authority. No complaints had been made to the CQC since the last inspection. There had been two complaints to the service. The registered manager had looked at the nature of the complaint, recorded any action taken, met with staff to investigate the concern and reach a conclusion with the complainant. We saw that both concerns had been satisfactorily responded to.

There was a person employed as an activities coordinator to provide people with stimulation individually or in a group. People who had dementia had a separate list for their activities requirements. This list told us what activities were provided on a one to one basis. The activities included reading a newspaper to them, nail care, music and reminiscence therapy, going for walks or into the garden, talking about past jobs or helping complete quizzes and crosswords. This ensured people who may not be able to enjoy group activities were supported to do something they liked.

There was a list of activities all people could attend if they wished. One person told us, "I went out on Monday to the garden centre" and another said, "I go out shopping." Activities included arts and crafts, exercise to music or games, trips out, pamper sessions, gardening, quizzes, reminiscence therapy and various games. The service had their own minibus to take people out if they wanted to. External singers and musicians came into the home regularly to entertain people.

There were themed days. The last two theme days included Australia day and carnival day. Other special events were Christmas and Birthdays. There was a library located where people could pick a book to read if they wished. There was a bird feeding table people could use if this was a hobby. There were sufficient activities to help keep people stimulated if they wished to attend them.

A person who used the service said, "When I came here there were four girls like a welcoming committee and that was very nice." Records we looked at showed that prior to moving into Fieldhouse Care Home a pre-admission assessment was undertaken. This looked at the background to the referral, medical history, prescribed medicines, allergies, daily living abilities, oral hygiene, night care, diet and nutrition, social inclusion, falls risk, smoking, religion and faith requirements. This provided the registered manager and staff with the information required to assess if the service could meet the needs of people being referred to the service prior to them moving in.

A relative said, "They let us know if there are any changes or if the doctor has been." We looked at the care

records for three people who used the service. The care records contained detailed information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

Plans of care showed us what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. Each person's day was recorded. We saw that people had access to professionals if it was noted that a person's needs were changing. We saw in one plan a person had required input from a district nurse and another a podiatrist.

At the start of each shift staff attended a handover session. These sessions gave staff the chance to pass on any relevant information about a person to the oncoming staff, which could help them plan the days tasks for any appointments or professional's visits.

A relative told us, "We have completed an end of life plan." Staff had completed training for end of life care, the care of people with dementia and the safe support of people with behaviours that challenge at the local hospice.

End of life care training gave staff the confidence to support people who used the service when their health deteriorated. An end of life plan helped ensure that people's known wishes such as where they wanted to spend their last days was recorded and respected.

Good

Is the service well-led?

Our findings

At the last inspection of August 2016 the service were in breach of the regulations for not having a registered manager. At this inspection the service had a person registered as manager 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 2008 and associated Regulations about how the service is run.

We asked people and staff what they thought about the management of the service. People who used the service told us, "The manager is nice"; "The manager is approachable and comes around often to make sure we are OK" and "The manager cares about the home. They have done a good job and staff respect the manager." A relative said, "The manager is always around and you can talk to them if you want to. I have great respect for all the staff."

Staff said, "The manager is approachable. They have built the home back up and you can talk to them about anything" and "There is a good staff morale and a good team. We talk through any issues with each other. The manager brought me out of my shell." People we spoke with thought the registered manager was approachable and available to talk to.

The latest quality assurance surveys were positive with a 97% response for good or excellent to questions asked around the quality of catering and food, care and support, daily living, the environment and management. Comments included "The location is very good and the staff friendliness is exceptional" and "Having placed my relative with Fieldhouse to be honest it's the best decision I have made. Not only for our relative but also for my own peace of mind."

A staff member we spoke with said, "I always contribute at meetings. I am not afraid to bring any topics up. Senior staff have meetings as well. Staff were able to attend regular meetings to discuss the running of the home. Staff were kept up to date in any new developments or any care items on the agenda. This enabled staff to feel included in the running of the home.

The registered manager held meetings with people who used the service around every three months. We saw that at the last meeting of May 2018 items on the agenda included trips out, the summer fayre, activities, use of the garden and greenhouse, the menu and theme days. People said they enjoyed the activities. We saw that following the meeting the manager responded to people's wishes by adding more salads to the menu.

The registered manager undertook many audits to check how the service was performing. The audits included health and safety, medicines administration, infection control, plans of care, the level of cleanliness, accidents and incidents and the environment. We saw that where required a person was delegated to improve the service and it was signed off when any improvement was completed. The registered manager used audits to maintain and improve standards at the home.

We looked at some of the policies and procedures which included medicines administration, infection control, safeguarding, whistle blowing, complaints and confidentiality. The service also had many good practice policies and procedures developed by external organisations such as NICE and the National Health Department. Policies and procedures were updated regularly and available for staff to follow good practice.

There was a statement of purpose available to read which gave people the details of the organisation and registered manager, the organisational structure of the service, the aims and objectives, who can use the service, staff and training and the services and facilities on offer at the home. People who used the service were issued with a service user guide which also contained more details around activities, meals and mealtimes and how the service would meet their needs.

We saw the registered manager reported any incidents that affected the running of the service or involved people who used the service in line with our regulations. The service displayed their rating in the home and on their website.

There was a recognised management system which staff and people who used the service were aware of so they knew who to approach if they wanted advice or guidance.

The registered manager attended meetings with other organisations such as the local authority to discuss best practice issues around topics such as safeguarding. The registered manager also attended meetings with other care homes managers in the area and was a mentor for new managers to help with their practice.

The service had been awarded 'Daisy Mark' accreditation for their work around maintaining the dignity of people who used the service. The Daisy Mark accreditation scheme aims to put dignity and respect at the heart of UK services. It is about treating people as individuals and respecting them and the things they hold as important. It is made up of Dignity Champions, individuals or care organisations such as care homes who are working individually and collectively, to ensure people have a good experience of care when they need it. A member of staff was a Dignity Champion. The service displayed their plaque and photographs of winning the award in the hallway.