Claremont Lodge Care Limited

Claremont Lodge

Inspection report

66 Claremont Road
Salford
Greater Manchester
M6 7GP

Tel: 01617370864

Date of inspection visit:
22 March 2017

Date of publication:
13 April 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

This unannounced inspection took place on Wednesday 22 March 2017.

Claremont Lodge is registered to provide personal care and accommodation for 18 people. The home is situated in a residential area of Salford, close to local amenities and a park. Accommodation is in mainly single rooms with shared lounges and dining room.

Our last full comprehensive inspection of Claremont Lodge was in August 2015 where the home was given an overall rating of 'Good'. Since that inspection, we received concerns in relation to falls management and therefore conducted a focussed inspection in April 2016, looking specifically at this area. At this inspection the home was rated 'Requires Improvement' overall. The key question for Well-led was also rated as 'Requires Improvement', whilst the key question for Safe was rated 'Inadequate. This inspection looked at any improvements made since our previous visit to the home.

At the time of this inspection there were 16 people living at Claremont Lodge.

People living at the home told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

We found medication was ordered, stored and administered to people safely. There were also audits of medicines to ensure there were no shortfalls in practice.

Staff were recruited safely with references from previous employers sought and DBS (Disclosure Barring Service) checks undertaken. This would ensure that staff were suitable to work with vulnerable adults.

There were sufficient staff working at the home to meet people's needs. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support them in their role.

The home worked within the requirements of the MCA (Mental Capacity Act) and DoLS (Deprivation of Liberty Safeguards). We saw appropriate assessments had been completed if there were concerns about a person's capacity. DoLS referrals had been made as necessary to the local authority. Staff spoken with displayed a good knowledge about MCA/DoLS and what action they would take if they had concerns about a persons capacity.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home. The staff we spoke with knew about people whose were at risk with regards to their nutrition such as if they had lost weight or were at risk of choking. Where people had suffered weight

loss, the home followed guidance from other professionals such as dieticians.

All of the people we spoke with during the inspection, including people living at the home and visiting relatives made positive comments about the care provided.

People told us they felt staff treated them with dignity and respect and promoted their independence where possible. We saw people being offered choices about how they wanted their care to be delivered.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection when assisting people to walk around the home, administering medication and helping people to transfer in and out of their seat.

Each person living at the home had their own care plan, which was person centred and captured information about peoples life history. This would help ensure staff had appropriate information available to them in order to provide person centered care.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. We looked at any complaints that had been made and saw an appropriate response had been provided to the complainant.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings, accident/incident monitoring and the sending of satisfaction surveys. These systems would help to ensure the quality of service was able to continually improve.

Staff told us they enjoyed their work and liked working at the home and told us they felt there was an open and positive culture. The staff told us they felt the home manager was supportive and could raise concerns as needed.

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 living at the home told us they felt safe. Staff displayed a good understanding about reporting safeguarding concerns.

Medication was ordered, stored and administered safely.

Appropriate recruitment checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People we spoke with confirmed the staff employed at the home had the correct skills to care for people effectively.

Staff were aware of how to seek consent from people before providing care or support.

People living at the home told us they received enough to eat and drink. Staff had a good understanding of people's nutritional needs and if people living at the home were deemed to be at risk.

Is the service caring?

Good

The service was caring.

People told us they received a good standard of care and that staff were kind.

Staff spoken to had a good understanding of how to maintain people's dignity and respect people's rights. Staff showed patience and encouragement when supporting people.

We observed lots of appropriate physical contact and caring interactions during the inspection such as holding hands and hugging.

Is the service responsive?

Good

The service was responsive.

Each person had their own care plan which provided an overview of how their care needed to be delivered.

The home had systems in place to seek and respond to feedback from people in the form of satisfaction surveys and residents meetings.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Claremont Lodge

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on Wednesday 22 March 2017. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of one adult social care inspector from the CQC (Care Quality Commission).

In advance of our inspection we liaised with external stakeholders based at Salford City Council. This included the local safeguarding, infection control and environmental health team. We also liaised with Salford Healthwatch. This was to see if they had any information to share with us in advance of the inspection.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents, expected/unexpected deaths and serious injuries.

At the time of the inspection there were 16 people living at the home. During the day we spoke with the registered manager, the proprietor, the chef, four people who lived at the home, five relatives and four members of care staff. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included three care plans, five staff personnel files and five medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home to see how people were supported to eat and drink.

Good

Is the service safe?

Our findings

People living at the home said they felt safe as a result of the care they received. One person living at the home said to us; "I do feel safe living here. I know they look after me and it wouldn't be safe for me to live at home". Another person said; "I definitely do feel safe. I'm never left on my own during the day which makes me feel better". Another person told us; "There is somebody there for me all the time and it makes me feel safe and content".

The visiting relatives we spoke with also told us they felt the home was a safe place for people live. One relative said; "It's safe here and we have never had any problems". Another relative told us; "It's a safe place here. There are always staff around for the people". A third relative added; "I feel it is a safe place to be for people. They always contact me if ever my family member has a fall".

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who lived at the home how they could both report and escalate concerns. Staff had also completed relevant training in relation to safeguarding. The manager also maintained a file relating to any safeguarding incidents at the home, with corresponding minutes from case conferences and strategy meetings that had taken place.

The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. One member of staff said; "If I saw anything relating to safeguarding I would report it straight to the manager. Physical and verbal are some of the types of abuse that can occur. If I saw someone being hit, that would be physical abuse". Another member of staff added; "I've done safeguarding training. People becoming timid or acting differently around certain staff might make me think something was wrong. I would speak to the manager about my concerns".

Staffing levels on the day of the inspection were sufficient to care for people safely. The staffing numbers consisted of three senior carers, the registered manager, the cook, a domestic person and an administrator. Night time staff levels consisted of two care assistants. This was to provide care to 16 people. During the inspection we observed staff were able to meet peoples needs in a timely manner such as assisting people to go to the toilet, assisting them to mobilise, prompting people to eat at meal times and administering medication. There was a calm atmosphere at the home and staff did not appear rushed or unable to respond to peoples requests. The majority of people spent time in the main lounge at the home and we saw there was a continuous staff presence during the day meaning people were not left unsupervised.

Everybody we spoke with including people living at the home, staff and visiting friends/relatives told us they felt there were enough staff working at the home. One person living at the home said; "There are enough staff. They never keep me waiting". Another person said; "There are always plenty of staff around. When I need anything, the staff are generally always there". A member of staff said; "Two members of staff is enough at night. We don't have people who need turning during the night, we just check people to make sure they are okay. I have no problems about night time staffing levels". Another member of staff said; "Staffing is fine and we always have three on during the day. It's manageable with the people we have living here at the

moment". A third member of staff added; "Always three on during the day and that is sufficient. No problems".

We looked at how medication was handled to ensure this was done safely. Medication was stored in a locked trolley which we saw was not left unattended by staff when in use and locked in a secure treatment room when medication rounds were not in progress. This room was only accessible to staff responsible for giving out medication. During the inspection we looked at the MAR (Medication Administration Records) of five people who lived at the home. We found these were accurately completed by staff, with signatures provided when medication had been administered. The MAR we looked at were also accompanied with details of any allergies and a photograph of each person. This prevented the risk of staff giving medicines to the wrong person. We found there were also appropriate storage systems in use for CD's (Controlled Drugs) and a fridge for medicines which needed to be stored at a certain temperature. Staff also maintained records of both the fridge and room temperature to ensure it remained safe for the storage of medication.

We looked at how risk was managed within the home. Peoples' individual care plans contained risk assessments relating to falls, skin integrity and nutrition. Where people were identified as being at risk, there was a corresponding care plan on the next page, informing staff of the preventative measures they needed to take to help keep safe. For example, one person had been assessed as being at high risk of falls. As a result, this person had a seat alarm on their chair when they were in the lounge and we saw staff checking this was in place during the inspection. This would alert staff if this person attempted to mobilise and so that they could provide any necessary assistance.

This person had also been assessed as being 'Very High Risk' on their waterlow assessment and had been prescribed cream which we saw from looking at the MAR, was applied by staff. A pressure relieving cushion was also required and we saw this was in use during the inspection. This would help keep this persons skin safe. We observed another person attempting to walk without their zimmer frame, however a member of staff noticed this and brought it to them so they could walk independently, yet safely around the building.

The home had systems in place to monitor accidents and incidents. We saw these were completed with good detail and provided an overview of the accident, how the accident happened, if there were any witnesses and any immediate actions taken. The system also captured if body maps were completed with any relevant marks/injuries, if daily records had been updated, if the family had been informed and if any amendments needed to be made to the care plan.

We looked at five staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity, interview questions and responses, contracts of employment and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks evidenced to us that staff had been recruited safely meaning they were safe to work with vulnerable adults.

During the inspection we looked around the premises. We saw the home was clean and free from any malodours. We saw liquid soap, foot operated pedal bins and paper towels were available in all the bathrooms and toilets. We also saw staff wore appropriate PPE (Personal Protective Equipment) when delivering care and assisting people at meal times. This would help to reduce the risk of the spread of infections. The home had also recently been inspected by the infection control team at Salford City Council, scoring 96%.

We looked at maintenance certificates and relevant documentation relating to the running of the home.

These included checks of gas safety, legionella, electrical installation, passenger lifts, hoists and fire safety. These checks would help to ensure the building and equipment was safe for people living at the home.

Good

Is the service effective?

Our findings

People living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. A person who used the service told us, "The staff know what they are doing and are all very good with me". Another person said; "I feel the staff are definitely up to speed with everything. They seem to be on the ball".

When staff first started working at Claremont Lodge, they undertook an induction which was centred around the care certificate and provided staff with an introduction into working in a care setting. The staff we spoke with told us they completed the induction when they first started working at the home. One member of staff said, "I was shown around the building, how to use various equipment and what the fire procedures were. I also did mandatory training such as safeguarding, moving and handling and infection control. It definitely gave me a good start". Another member of staff said; "I found the induction quite good and was what I needed. Mandatory training was provided".

We looked at the training staff had available to them to support them in their roles and viewed the homes training matrix. This showed that staff had undertaken training in areas such as moving and handling, fire safety, first aid, food hygiene, infection control, safeguarding, health and safety, medication, mental capacity, dementia and deprivation of liberty safeguards. The staff we spoke with told us they had enough training available to them and felt supported to undertake their work. One member of staff said, "There is enough training available and we do quite a lot online and face to face as well. If there is more training we would like to do then it can be requested". Another member of staff said; "Training is really good and we certainly get enough. Some of the recent courses I have done have been first aid, moving and handling, infection control and health and safety". A third member of staff added; "Training is all going well. If there is anything else I want to do, then I speak to the manager and it gets arranged".

Staff told us they received supervision as part of their work and we looked at a sample of records which demonstrated these took place. Staff supervision allows staff to discuss their work with their line manager in a confidential setting and also work towards set goals and objectives. We saw that some of the areas discussed included a review of work performance, future agreed working targets, training and personal development. Any other matters impacting on work performance were also discussed. The registered manager told us that annual appraisals had not yet taken place, however immediately set up a schedule for these to commence the week after our inspection. A member of staff told us; "We get supervision every three months. I do find them to be beneficial". Another member of staff added; "They are good because we can discuss things in depth as well as any training needs". Another member of staff added; "They are good because we can discuss things in depth as well as any training needs".

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 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 found any specific conditions on authorisations to deprive a person of their liberty were being adhered to. The registered manager demonstrated effective systems to manage DoLS applications, with appropriate referrals made to the local authority where necessary. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. One member of staff said; "I have done training in this area. DoLS would be required if a person was unable to go out because they lacked capacity and therefore it wouldn't be safe for them". Another member of staff added; "If people are unable to make their own choices and decisions then DoLS would be required. Best interest meetings with families take place as well when needed".

During the inspection we observed staff seeking consent before undertaking any care interventions. For example, we saw staff asking one person if they wanted to take their medication, however this person was still having their breakfast and asked the member of staff to return in a short while. On another occasion, a member of staff asked if it was okay to move one person into a different wheel chair, prior to undertaking the transfer.

The people we spoke with said staff always sought their consent before assisting them and staff told us how they aimed to seek consent when providing care. One person said; "I've noticed that staff to ask me first to make sure it is alright to do things". A member of staff also added; "I will ask people first, such as if they need assistance with changing clothes. I would never force a person to do something and would come back later". Another staff member commented; "When I am assisting a person with personal care I would ask if they would like some help or if they wanted to do it themselves".

We looked at how people were supported to maintain good nutrition and hydration. We found people's nutritional needs were assessed, taking into account if there were any swallowing difficulties, if the person was able to chew their food, if any specific cutlery was required and if support was needed to eat and drink from staff. People also had nutritional care plans and MUST (Malnutrition Universal Screening Tools), providing staff with information and guidance about how to meet peoples needs.

At the time of the inspection, the registered manager told us of one person in particular who was nutritionally compromised, suffering weight loss and we reviewed this persons records. This person had been appropriately referred to the dietician by staff due to concerns and in response, the dietician service had sent an action plan, with specific instructions for staff to follow. This included monitoring the persons weight each week and monitoring their food and fluid for the next month. Supplement shakes had also been prescribed. We checked and found these were completed by staff consistently. The manager told us that although this person had not continued to lose weight and was stable at present, it was their intention to monitor this person and refer back to the GP and dietician in order to seek further advice if required.

We also spoke with the cook during the inspection and they were clear about which people were at risk of weight loss, had swallowing difficulties and those that were diabetic. One person required their food to be fortified and we were told higher calorie foods such as butter, milk and cream were added to food portions to help this person gain weight. All of this information was displayed on the wall in the kitchen to refer to.

We spent time observing the lunch time meal at the home. People were given the choice of either eating in the dining room or in the lounge and this choice was respected by staff. There was a four week menu in place which contained a variety of different choices. The food looked well presented on peoples plates and

there was a nice smell of cooked food coming from the kitchen around the lunch time period. Staff were available whilst people were eating and we saw people being encourage to eat more, or if they would like assistance cutting up their food. Second helpings were offered and condiments such as salt, pepper, knives and forks were available to use. We saw people were able to eat independently and at the time of the inspection, staff did not need to provide full support to people to eat their meal.

We asked people for their opinions of the food served at the home. One person said; "The food is good and I always have seconds. We have a good cook here". Another person said; "The food is alright. I certainly get by and there are different options". Another person said; "The food is not bad. I eat quite a lot and have a good appetite".

People's care plans contained records of visits by other health professionals where they had provided any intervention or advice. We saw that a range of professionals including GPs, chiropodists, dieticians, podiatrists, DoLS service and district nurses (DN's) had been involved in people's care. This demonstrated staff at the home were seeking advice and guidance where necessary and could provide the necessary care and support people required.

Good

Is the service caring?

Our findings

The people living at the home told us they were happy with the care they received and described the staff as caring. One person told us, "It's fantastic here. I love it, I really love it. The staff look after me well and are kind and caring to me". Another person said; "I like it here. I'm happy and have got to know a lot of the other residents quite well. The staff are nice and are very good". Another person added; "The staff are pretty kind with me. They are good and I am most satisfied with the home". A fourth person also commented; "I feel I am receiving good care. I would say I am quite happy living here".

The visiting relatives we spoke with during the inspection told us they felt a good standard of care was provided at the home. One relative told us; "I can't compliment them enough. I really can't knock them and it's so family orientated. The staff are brilliant are very good with my family member. It's peace of mind for me". Another relative said; "It's fantastic. It really is brilliant and our family member is a different person since being here". Another relative added; "I think it is very good here. They do the general care very well and the standard of hygiene is good as well".

During the inspection we observed people were well presented and looked well cared for. Peoples hair was tidy and their feet, hands and finger nails were clean. People had personal hygiene care plans in place and we were able to look back through daily records to establish that staff provided care interventions on a consistent basis, as well as providing baths and showers as necessary.

Throughout the inspection, we observed positive interactions between staff and people who lived at the home. For example, we saw staff sitting and chatting with people in the lounge area and throughout the day we observed lots of laughter, friendly joking and appropriate touching, hand holding and kisses on the cheek. This demonstrated the caring approach from staff towards people living at the home.

People told us staff treated them with dignity and respect and we observed people were treated with kindness during the inspection. The staff we spoke with were also clear about how to treat people in this way when delivering care. One person living at the home said to us; "The staff here do treat me well. They are respectful as well and knock on my door before coming in". Another person said; "The staff are very good and we have a laugh. I feel well respected certainly". A member of staff said; "When I am assisting with personal care I will make sure people are covered up first and always make sure I have peoples consent first". Another member of staff added; "Peoples privacy and dignity is the most important thing. Doors must always be closed during personal care and everybody should be treated equally".

People told us staff promoted their independence where possible and we saw staff promoting peoples independence during the inspection with tasks such as eating, drinking and mobilising with the use of a zimmer frame. The staff we spoke with were clear about how to allow people to maximise their independence when providing care. One person living at the home said to us; "I still feel quite independent and am left to do bits and pieces for myself". A member of staff also said; "If I am supporting people with personal care and people are unable to reach certain parts of their body then I will provide assistance ,but let them do the rest". Another member of staff added; "If a person can eat on their own or walk then I would

let them rather than assisting straight away".

During the inspection we observed people being offered choice by staff. This included being able to choose when they got up and went to bed, where they ate their meals and where they choose to sit during the day.

The registered manager told us that people had access to religious support should they chose to have this, with the local church service visiting the home several times a week for holy communion. People were also encouraged to maintain contact with friends and relatives, with no restrictions on visiting times at the home.

We saw staff communicating clearly with people during the inspection such as crouching down at the same level as people and speaking closely to their ear so they could hear what was being said. People had communication care plans in place. This took into account if people required any equipment such as glasses or hearing aids and if they were able to hold a conversation with people.

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. One person told us; "I've been having problems with my nose, but the manager arranged for the doctor to come and see me straight away". Another person said; "I am getting everything I need here and the staff are quite responsive to what I want". Another person added; "The staff are very good with me. They make sure I have my zimmer frame when I walk so that I have something to hold onto". A visiting relative also said to us; "We feel the home are very responsive".

Prior to people living at Claremont Lodge, an initial assessment of their care and support needs was undertaken. This took into account peoples needs with regards to their mobility, personal care, eating and drinking, psychological health, risks, continence, medication, communication, living/recreation and sleeping. This would ensure staff were able to meet their needs before they moved into the home and provide the necessary care in response.

Each person living at the home had their own care plan in place which covered areas such as falls, skin integrity, nutrition, communication, continence, night time routine, personal care/undressing, social activity and end of life care. These were updated each month or when people's needs changed. Each care plan had a photograph of each person so that they could be easily identified by new members of staff as well as a 'Life story document'. This took into account family background, schools attended, employment, favourite holiday places, hobbies, past times and war experiences. This meant staff had access to person centered information about people in order to provide care in line with people's preferences.

The home had systems in place to seek and respond to feedback in order to improve the quality of service people received. This was done in the form of a satisfaction survey which was sent to people living at the home, staff and relatives, with the last one sent in September 2016. People were asked for their opinion about the appearance of the home, the atmosphere, the standard of care provided, food, management, the staff and their level of satisfaction. An overall analysis of the responses was then created, detailing how feedback had been responded to. For example, a number of changes had been made to the environment, based on what people and relatives had suggested.

Residents and relative meetings also took place at the home. We saw topics of discussion included Christmas (last meeting was in December 2016), entertainment, activities, and if people were happy living at the home. This provided the opportunity for people living at the home and their family members to raise concerns and influence any changes required.

We looked at how complaints were managed. There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority . People told us they had never had reason to make a complaint but would feel confident in doing so. We saw evidence within the complaints log that complaints had been followed up appropriately and in a timely manner. People who used the service and their relatives told us that they knew what to do if they had a complaint, such as speaking with staff or the registered manager.

The home had a schedule of activities in place, with different things taking place on certain days during the week. This included bingo, sing alongs, games, quizzes, table top activities, colouring and drawing and watching classic movies. During the inspection, the activity taking place was bingo which we observed people participating in and taking great enjoyment from it. We asked people living at the home if there was enough to keep them occupied. One person said; "Activities do take place and there is a list on the wall. There is quite a lot going on".

At the time of the inspection, the registered manager told us there was nobody living at the home with any specific cultural requirements which would impact on equality, diversity and human rights. For instance, if people required specialised diets such as kosher or halal. The manager told us this would be provided without hesitation if this was identified as a requirement.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was available on the day of our inspection and was visible throughout, assisting staff as required. The manager had previously worked at the home as a carer and demonstrated a thorough knowledge and understanding of the people currently living at the home. At the end of the inspection we shared our feedback with the manager and they were receptive to our findings and showed a commitment and willingness to ensure a good level of care continued to be provided to people living at the home.

We were told by staff that management and leadership at the home was good ,with staff telling us they felt able to approach the manager with concerns or for advice. One member of staff told us; "The manager is fine and is really good. She is understanding and is always there for the staff". Another member of staff said; "The manager is very supportive. Any issues or problems can be discussed at any time". Another member of staff added; "All fine and no problems. I can always speak to her and she is both helpful and understanding". A visiting healthcare professional also added; "The manager is really on the ball and knows the residents inside out". A person living at the home also said; "The manager is good at her job and I like her. She is straight forward and speaks her mind".

Staff told us they enjoyed their jobs and felt their was a positive culture at the home that was open and transparent. One member of staff said; "It really is alright working here and everyone is very nice, both staff and the residents". Another member of staff said; "Everything is going fine for me working here. I really like it and it's a nice home. All the staff work well together and everyone is supportive which is important". A third member of staff added; "I've worked here a long while and am still very much enjoying it. I don't think I would still be here if I wasn't".

There were systems in place to monitor the quality of service provided to ensure good governance. This included audits of areas such as catheter care, bedrooms, the kitchen, call bells, infection control, medication, night spot checks, the environment and care plans. We saw these audits were undertaken regularly and had been completed as recently as March 2017. We noted that recommendations and actions were set based up on the findings with any necessary timescales for completion.

We looked at the minutes from recent team meetings which had taken place. This provided staff with the opportunity to discuss concerns and their work with management in an open setting about how the quality of service could be improved. Some of the topics of discussion included infection control, training, activities, the care certificate and an update relating to issues involving people living at the home. The staff were also praised for their performance and to continue working hard. The staff we spoke with told us they took place on a regular basis and were a good opportunity to discuss their work and any concerns. One member of staff said; "We have them for both day and night staff. They are good and if you have a problem you can get it

sorted there and then". Another member of staff said; "They take place more or less every month and are available to all staff, both day and night".

A regular newsletter was also sent out and was available to staff, people living at the home and relatives. This provided the opportunity to brief people living at the home, staff and family members about important events such as any on-going renovation work, a proposed new activity programme, pancake day, plans for Easter and a congratulations to staff for achieving 96% in a recent infection control audit from Salford City Council.

The home had relevant policies and procedures in place. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

We found confidential information was stored securely. For instance, we saw that documentation such as care plans and staff personnel files were stored in secure cupboards in the managers office and during the inspection, we observed these were never left unattended in communal areas. This meant that people's personal information and details would be kept secure as a result.

The home routinely sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed on a notice board in the entrance on the ground floor of the home. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.