Mr & Mrs M Jingree

Norfolk House

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out this unannounced comprehensive inspection on 29 July 2015. This inspection was undertaken to ensure that improvements that were required to meet legal requirements had been implemented by the service following our last inspection on 08 January 2015.

At the previous inspection on 08 January 2015 the home was found to have five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These breaches related to safety and suitability of premises, meeting nutritional needs, cleanliness and infection control, respecting and involving people who use services and receiving and acting on complaints.

At the comprehensive inspection on 29 July 2015 we found that improvements had been made to meet the relevant requirements previously identified at the inspection on 08 January 2015.

Norfolk House is a privately owned care home that offers personal care and support for up to 18 older people. The

Summary of findings

house is a large converted property situated in the Springfield area of Wigan close to local amenities. At the time of the inspection there were 11 people using the service.

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

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise the risks. We observed good interactions between staff and people who used the service during the day. People felt staff were kind and considerate.

Safeguarding policies were in place and staff had an understanding of the issues and procedures.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs. Rotas were flexible and could be adjusted according to changing need.

Medication policies were appropriate and comprehensive and medicines were administered, stored, ordered and disposed of safely.

We saw that people's nutrition and hydration needs were met appropriately and they were given choices with regard to food and drinks.

Care plans included appropriate personal and health information and were up to date. We saw evidence within the records of appropriate assessments, carried out by the manager or owner within the files and these were regularly reviewed and updated.

The environment was not consistently effective for people living with dementia and provided little stimulation. There was insufficient signage to aid people's orientation and help them to be as independent as possible. The environment was in need of some refurbishment.

Staff responded and supported people with dementia care needs appropriately.

People's health needs were responded to promptly and professionals contacted appropriately. Records included information about people's likes and dislikes and we observed that people had choices, for example, about when to get up and when and where to eat.

There was an appropriate complaints procedure and complaints were followed up appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe. People who used the service, their relatives and professionals told us they felt the service was safe.

There were appropriate risk assessments in place with guidance on how to minimise the risks. Safeguarding policies were in place and staff had an understanding of the issues and procedures. Most care staff had not completed safeguarding training.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs.

Is the service effective?

Requires improvement

The service was not consistently effective. People's nutrition and hydration needs were met appropriately and they were given a choice of food at meal times.

Care plans included appropriate personal and health information and were up to date.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

The design of the environment was not always effective for people living with dementia, in aiding their orientation and helping them to be as independent as possible.

Is the service caring?

Good

The service was caring. People who used the service and their relatives told us the staff were caring and kind.

We observed staff interacting with people who used the service in a kind and considerate manner, ensuring people's dignity and privacy were respected.

The service endeavoured to support people at the end of life according to their wishes, ensuring the people they wanted near them were there.

Is the service responsive?

Good

The service was responsive. People's care plans were person centred and contained information about people's preferences and wishes.

There was an appropriate complaints procedure and complaints were followed up appropriately.

Is the service well-led?

Good

The service was well-led. There was a registered manager at the service.

Summary of findings

People told us the management were approachable and supportive. Staff supervisions and appraisals were undertaken regularly.

A number of audits were carried out, issues identified and actions put into place.

Norfolk House

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 inspection took place on 29 July and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection 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. Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted Wigan Local Authority Quality Assurance Team, who regularly monitor the service and the local Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with three people who used the service, six visitors and five members of staff including care staff the registered manager and proprietor. We also looked at records held by the service, including four care files and four staff files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation. We observed care within the home throughout the day.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

A relative of a person who used the service said "I feel that staff are kind and caring and listen to me and my relative. A person who used the service told us "They (the care staff) have to make sure you're safe. They're polite, friendly and very helpful and can't do enough for you."

At the previous inspection on 8 January 2015 the training matrix confirmed that the majority of care staff had completed training in safeguarding. At the inspection on 29 July 2015 staff training records showed that only a quarter of care staff had undertaken safeguarding training. We spoke with the registered manager who confirmed that since the date of the last inspection there had been a high turnover of care staff and newly recruited care staff had not yet all completed this training but had been placed on the waiting list for safeguarding training in August and September 2015 provided by Wigan Council.

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. We spoke with three care staff who demonstrated an awareness of safeguarding and were able to describe how they would make a safeguarding referral.

The home had a whistleblowing policy in place. We looked at the whistleblowing policy and this told staff what action to take of they had any concerns or if they had concerns about the manager and this included contact details for the local authority and the Care Quality Commission. Staff we spoke with had a good understanding of the actions to take if they had any concerns. One member of staff said: "If I had any concerns I would go to the person in charge or the senior manager and if was concerned about the manager I would go to the owner."

We saw a health and safety file, which included information about the maintenance and testing of the lift, hoisting equipment and fire equipment. All the records were complete and up to date.

There was a fire risk assessment dated July 2015 and a fire policy and procedure which had been updated in July 2015. There were personal emergency evacuation plans (PEEPS) for each person who used the service. This would help ensure people received the required level of assistance in the event of any emergency. Care files included an initial assessment and a bedroom assessment to help ensure people's safety.

We saw there were additional PEEPs in the file for people who had left the service. This could cause confusion about the number of people in the building in the event of an emergency. We brought this to the attention of the registered manager who told us they would remove these records as appropriate.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at the staff rotas for June and July 2015 and these consistently demonstrated that there were sufficient care staff on duty to meet the needs of people using the service. When determining the level of staff required to meet people's needs the service took into account: people's needs and their dependency level, using a formal dependency level tool; peak times of the day when there was additional activity such as meal times; the number of people living at the home; the structural design of the home; staff experience and training they had received. The manager told us that a new member of staff had been recruited to work in the kitchen and would be starting work as soon as the relevant checks and references had been received.

The manager also told us there were two care staff on waking night duty and a minimum of two care staff on duty during the day. The staff rotas confirmed that some care staff shifts overlapped which resulted in three care staff being on duty for part or all of the day on some days. More care staff were added at peak times, such as meal times. Staff rotas confirmed that additional care staff were provided at lunch time and tea time for each day of the week and these staff were also involved in delivering activities for people.

We looked at four staff personnel files and there was evidence of robust recruitment procedures. The files included application forms, proof of identity 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.

At the previous inspection on 08 January 2015 we were concerned about the security of the building. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service had not protected people against the

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Is the service safe?

risk of being able to access areas where they may find items that would cause them harm. At the inspection on 29 July 2015 we saw this had improved since the last inspection and the service was now meeting this standard. Advice had been sought and received from a fire officer. We verified this by looking at the subsequent report that had been produced. The lights at the front of the premises had been repaired and there was a new key pad lock on the kitchen door. The office door was now kept locked when the manager was not in the room. This helped ensure that those people who used the service who liked to walk around the building did not have access to dangerous items from the kitchen or the office that they could harm themselves or others with.

The back door to the building was locked and the manager told us they were looking at the possibility of connecting this door to the electronic alarm system, which was in place on the other doors. The service had a locked door policy, which was dated January 2015. We were told that none of the people who used the service had left the premises unwitnessed or unaccompanied since the last inspection. Equipment, such as pressure mats which alert staff when someone has got out of bed, were in place to help keep people safe.

Fire call points were tested regularly and we saw there were monthly emergency lighting and fire door tests and weekly fire alarm tests. Fire drills were undertaken on a four monthly basis and any issues identified at the drills were noted and addressed.

There was a medicines policy in place that included: guidance on self-medication; PRN medication (which is medication taken as and when required); guidance on transfer and discharge; medication errors; safe disposal of medication; and arrangements for when people were going out of the home. Since the last inspection information and guidance on covert medication had been added to the policy. A covert medicine is medication given without the person's knowledge when they are unable to make an informed decision and the medication is given in their best interests.

The systems for ordering, storing and disposing of medicines were robust and only appropriately trained staff were allowed to administer medication. The medicines were stored safely, in a locked trolley and a locked room. There was a lockable cupboard for controlled drugs, but the service was not administering any controlled drugs at the time of the visit.

At the previous inspection on 8 January 2015 we saw that some of the medication administration records (MAR) did not have a photograph of the person attached to them. At the inspection on 29 July 2015 we found that all of the medication administration records (MAR) now had a photograph of the person attached to them. PRN (as required) medicines were recorded separately with times of administration on each person's individual MAR. PRN medicines were not administered unless agreed by the persons GP and there was a generic policy on the administration of PRN medications. There was guidance for staff regarding people who were unable to communicate, on how to recognise indicators of pain. This helped ensure people were given their medicines when they required them and in a safe and timely manner.

Body maps were in place for the administration of creams, which identified the areas of the body that required application of creams. The medicines fridge was kept at the correct temperature and these temperatures had been recorded and monitored on a daily basis.

There was appropriate clinical waste equipment in the laundry room and a laundry programme was on view that identified different washing requirements for different types of clothes, which assisted with infection control. There was a daily and monthly cleaning schedule which was signed and dated and this identified tasks to be carried out in various areas of the home.

There was a linen cupboard in the upstairs area that contained different cleaning chemicals such as bleach but the door to this cupboard was open. This meant that people were at risk of ingesting potentially harmful substances. We asked for this door to be locked immediately, which happened and the manager later issued a memo to all staff which identified that this room must be kept locked at all times when not in use. We found that the provider had not protected people against the risk of being able to access areas where they may find items that would cause them harm.

There was an infection control policy in place dated 2013. This was in need of review. The manager told us all policies were currently being reviewed and updated. At the

Requires improvement

Is the service safe?

previous inspection on 8 January 2015 we found that several toilets did not contain any liquid soap or paper towels.This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the service had not protected people against the risk of infection. At the inspection on 29 July 2015 we found that the service was now meeting this standard. We saw that there was an adequate supply of liquid soap and paper towels in each of the toilets in the home. This helped ensure that people were able to wash their hands and minimise the risk of cross infection within the home.

A refurbishment programme had commenced and some improvements to the décor were in evidence since our last inspection in January 2015. A wet room had been added on the ground floor and this was almost ready for use on the day of the inspection, requiring some cleaning and tidying before being used. The premises were clean and tidy and there were no malodours. The conservatory was tidy and the old, broken furniture had been removed, making it a pleasant place for people to sit. New chairs had been purchased for the conservatory area.

Requires improvement

Is the service effective?

Our findings

The relative of a person who used the service told us: "(My relative) now eats well and takes medication properly." Another relative said: "The food isn't all that good and could be fresher with more vegetables." A person who used the service said: "They (the staff) are looking after me here, the food is alright and I suppose you could get something else if you needed. They bring tea and biscuits through the day."

There was evidence of the company's induction programme and further training certificates within the four staff personnel files we looked at. Staff were required to undertake some basic mandatory training and to read and sign certain policies prior to starting their employment.

Care staff had completed training in mandatory areas. For example 92% of care staff had completed training in moving and handling and care staff who had not completed this training were booked onto a training course in August 2015, provided by the Integrated Community Equipment Services (ICES.) 60 % of care staff had completed medication training and this included all staff who were responsible for administering medications. The remaining staff were booked onto training in August 2015 provided by Wigan Council. 92% of care staff had completed training in food hygiene and further training was ongoing. One staff member had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and 53% of care staff were booked onto another course in October or November 2015 provided by Wigan Council.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Although the registered manager had yet to complete training in this area they demonstrated a good understanding of the principles of the MCA as they had attended meetings on the subject in order to complete the paperwork for people who used the service and were booked onto a training course in October 2015 provided by Wigan Council.

There was appropriate paperwork relating to the people who were currently subject to DoLS. There was a restrictions screening tool in each file and records of restrictive practices if these were in place. These outlined the issues and concerns and the equipment used, such as pressure mats to alert staff to a person moving about. There was documentation of techniques, such as distraction, used to ensure restrictions were as minimal as possible.

There were appropriate MCA assessments in place, which were linked to screening tools, restrictive practice tools and applications for DoLS where the indication was that this was required. These were up to date and reviewed regularly to capture any changes in the person's capacity. We also saw that the conditions relating to DoLS authorisations, such as ensuring social needs were met, related to what was recorded within the care plans about people's support. Appropriate supporting policies and procedures were in place, for example, the service had a policy on physical restraint.

Staff told us they had regular supervision sessions and the documentation within staff files confirmed this. There were general supervision sessions and some specific themed sessions, such as supervisions around the issue of dignity or mental capacity.

At the previous inspection on 8 January 2015 we saw that the food offered at the home was poor in quality and there was little offered in the way of healthy snacks during the day. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the service had not ensured that people's nutritional requirements were met. At the inspection on 29 July 2015 we found that the service was now meeting this standard. We looked in the kitchen and saw that the two fridges, two freezers and cupboards were well stocked with food. There were plenty of frozen and tinned provisions as well as some fresh food, including salad and fruit.

People were eating breakfast when we arrived and all had porridge, toast and marmalade, and there was now a cooked option offered on the menu. We saw snacks and drinks offered throughout the day. There was a food

Requires improvement

Is the service effective?

hygiene policy and we saw that staff had completed training in food hygiene. There was a menu which was hand-written and placed on the wall of the dining room. Pictorial versions of the menu had not been produced.

One person was on a special diet and we saw that details of this were posted in the kitchen area. There was also guidance around high calorie food for those who required extra calories. We saw evidence of diet and fluid charts for people who required monitoring in these areas, which were complete and up to date.

Care files included appropriate health and personal information and appropriate risk assessments were in place and were up to date. People's health requirements and allergies were recorded and there was a dependency profile to assess the level of assistance required by each person who used the service. This was updated monthly to ensure recording of people's support needs was current. We saw evidence of professional visits and appointments.

Consent forms were kept within people's files, including consent to care and treatment and consent to have photographs taken and used. Within the care files we looked at there was evidence of appropriate and timely referrals to relevant professionals including opticians, chiropodists and doctors.

The home also worked in partnership with an Independent Mental Capacity Advocate (IMCA).The role of the IMCA is to work with and support people who lack capacity, and represent their views to those who are working out their best interests, under the legal framework of the Mental Capacity Act 2005.

During the course of the inspection we heard staff seeking verbal consent from people for all support provided. This ensured that people were happy with the care being offered before it was provided. People's health needs were recorded in their files and this included evidence of professional involvement, for example GPs, podiatrists or opticians where appropriate. Relatives we spoke with told us they were kept informed of all events and incidents and that professionals were called when required.

We found there were people living at Norfolk House who were living with dementia. We saw staff responded and supported people with dementia care needs appropriately. However, there were few adaptations to the environment to make it dementia friendly or that would support these people to retain independence within their home. We saw not all of people's bedroom doors had their photo on it. There were no adaptations such as contrasting handrails, directional signage or themed areas that would have assisted people to mobilise round the building or understand where they were if assisted by staff. We found that some doors, including those leading to bathrooms, bedrooms and storage areas did not have anything visual to identify where that door led. This would make it hard for some people living with dementia to find the bathrooms or their bedrooms.

We recommend that the service reviews current best practice guidance on developing dementia friendly environments.

Good

Is the service caring?

Our findings

One relative told us: “We have no grumbles and are quite satisfied (our relative) is cared for.” Another relative said: “Staff are very good. They look after (my relative) very well, I have no complaints.” A person who used the service said: “I’ve never been worried since being here.”

At the previous inspection on 8 January 2015 we found that the provider had not ensured that people's privacy and dignity was respected. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At the inspection on 29 July 2015 we found that the service was now meeting this standard. We observed staff members to be kind, patient and caring whilst delivering care. We saw there was a privacy and dignity policy, which was up to date. There was also an up to date human rights policy, which helped staff to understand how to respond to people’s different needs. Staff were aware of these policies and how to follow them

On arrival at the home we noticed that one person who used the service was very well presented. We checked the care records for this person and saw that they were dressed according to their wishes as identified in their care plan. People who used the service who had the ability to contribute were involved in care planning and decisions about who was involved in their care.

We looked at care files for four people and saw that care plans were reviewed on a monthly basis. There was evidence that people’s relatives were involved in the care planning process to whatever extent they wished to be. Each file contained a form signed by relatives to indicate the level of involvement they wished to have in the care planning process. Some relatives had opted to have monthly involvement, some three monthly, six monthly, yearly or no involvement at all.

We asked a relative if they had been involved in the care planning process and they told us that they were not involved in care planning for (their relative) and that this was their wish. Another relative said: “Staff involve me in care planning and keep in touch with what’s happening

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Staff were caring and affectionate with the people they supported. It was clear that staff knew the people they were supporting and had developed an affectionate professional relationship. We heard laughter and saw people smiling and enjoying the interaction that took place.

The home had a Service User Guide and this was given to each person who used the service in addition to the Statement of Purpose which is a document that includes a standard required set of information about a service. The guide contained information on how to raise any issues of concern and referenced the local authority and the Care Quality Commission. The guide also identified that the home had an open visiting policy which meant that relatives of people who used the service could visit at any time. All people who lived at Norfolk House had a contract of residence.

The manager told us that prior to any new admission a pre-assessment was carried out with the person and their relative(s) and a trial period of residence was offered. We verified this by looking at care records.

We spoke with the manager about how people were supported at the end of life. They told us the home endeavoured to support people according to their individual wishes and those of their family where appropriate. Individual care plans were used to ensure people’s wishes and needs were recorded and available to staff caring for them. We saw evidence that a person had expressed a wish to remain at the home at the end of their life. This had been facilitated and the documentation stated that the person had passed away peacefully.

Good

Is the service responsive?

Our findings

A person who used the service told us: “The girls are brilliant, I do games and such like, and I like to help out.” A relative told us: “I’m always involved if there are any changes in the care plan.” Another relative said: “Staff involve me in care planning and keep in touch with what’s happening.”

Some people were still in bed when we arrived. People we spoke with indicated that they had choice in the time they got up. People were assisted to get up and dressed whenever they were ready. We saw that people’s choices about times of getting up and going to bed were recorded within their care files.

On the day of the inspection we found that all care files were being updated by the manager, which included an index and file dividers so that they were easy to use. We saw that information in care plans was stored in the correct section and up to date.

We looked at a sample of four care plans. Each care plan we looked at contained evidence that initial assessments had been completed prior to people’s care commencing. This enabled staff to gain an understanding of people’s care needs and how they could best meet people’s requirements. Initial assessments covered areas such as people’s current health, medication and mobility.

People who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their needs and what kinds of tasks they needed to perform when providing care. We found care plans included detail of whether people required support in making decisions, cognitive capacity, and whether a DoLS was in place. We saw that people’s wishes were adhered to, for example, where they wished to take their meals and times of rising and retiring.

People were being assisted to draw in the afternoon of the inspection and we saw that one person was assisted to access the garden and have a short walk on a number of occasions throughout the day. There was a weekly activities programme, which included games, quizzes, films, newspaper reading, arts and crafts, communion and pampering.

There was a noticeboard in the entrance area of the home with details of additional activities people could undertake such as chair aerobics, film afternoon and discussions about the past. An activities notice was also displayed in the dining room which identified different activities including board games, quiz, arts and crafts and hairdressing. In the afternoon we saw group activities taking place in different rooms of the home including craft activities and we witnessed one member of staff reading the newspaper to one person at a gentle pace whilst sitting next to the person. Photographs of activities previously undertaken were pinned on the notice board in the hallway.

A relatives’ meeting had been held in May 2015 and we saw that actions in the last CQC report had been discussed. We saw records within people’s care files that evidenced that people had been offered a key to their room if they required one. This would afford them privacy when they wanted it, giving them an element of choice.

At the last inspection on 8 January 2015 we found the home had failed to respond appropriately to complaints and concerns received. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 29 July 2015 we found that the service was now meeting this standard. We saw evidence within the complaints log that complaints had been followed up appropriately and in a timely manner, since the last inspection. There was a complaints policy in place and a copy was available in the entrance lobby to the home. People who used the service and their relatives told us that they knew what to do if they had a complaint.

There was a public telephone for people who used the service in the hallway but this was not working. The manager told us that a cordless phone was available on request for people to use if they wished to speak to their relatives.

People were able to personalise their own room and were encouraged to bring personal family photographs and items relevant to the individual. People could use their own bedding if requested.

Good

Is the service responsive?

We saw a sign on the dining room wall that identified a residents' meeting was due to be held on 31 July 2015 and a barbecue on 01 August. This meant that information was available to people who used the service and their relatives about planned events.

Good

Is the service well-led?

Our findings

People who used the service and relatives spoke favourably about how the service was managed. One relative said: "I honestly have no grumbles, staff do all they can and they made us welcome when we came here." We saw staff questionnaires and residents' questionnaires with positive answers recorded. One relative told us: "The registered manager is a brilliant manager, very approachable. We are always kept informed."

At the last inspection on 8 January 2015 there was an acting manager at the home who was in the process of registering with the Care Quality Commission. At the inspection on 29 July 2015 we saw that this process had been completed on 06 May 2015 and there was a registered manager at the home. 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.

Staff members we spoke with told us the registered manager was always approachable. One staff member told us: "You can speak to the manager any time, supervisions are regular and I find them helpful." Another member of staff told us: "I would say the registered manager is approachable and friendly and a good person. I've regularly contributed to changes in the business and I get positive comments from the manager about my practice." We saw that there was an 'employee of the month' initiative in place with details on a notice board in the hallway. This also included a reminder to staff to complete a quality assurance questionnaire dated 26 June 2015.

We saw evidence of recent staff meetings in June and July 2015, where discussions included an activities programme, the introduction of a new staff member, employee of the month, uniform, mobile phones and infection control.

Staff supervisions were undertaken regularly and we saw that these were used to discuss issues appropriately on a one to one basis. Staff appraisals were carried out annually and were used to look at progress made, training needs and goals for the future.

There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, catering disruption, flood and lift breakdown.

We saw a number of audits in place, including care plan audits, infection control audits, hand washing assessments, building maintenance, health and safety, fire safety and walk rounds or spot checks. These were appropriately recorded and records identified actions required, the person responsible for actions and completion dates.

There were medication audits in place and any issues identified were followed up with actions. For example, we saw that a memo had been sent around to all staff to ensure that refusals of medicines were recorded correctly. Regular checks were made of staff competence with regard to medicines administration to ensure they continued to be able to administer medicines safely.

Accident / incident forms were completed correctly and included the action taken to resolve the issue and the corresponding statutory notification form required to be sent to the Care Quality Commission.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these services was recorded in care plans and included Opticians, Chiropodists and Doctors. The service also worked with the 'living faith church' who visited the home regularly to accommodate people's spiritual needs.