

Your Health Limited

# The Grange and Elm Court

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The Grange and Elm Court is registered to provide accommodation for up to 43 people with mental health needs. The Grange is staffed 24 hours a day, whilst Elm Court provides support during the day for people who are more independent.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at The Grange and Elm Court took place on 2 September 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 20 June 2016 and was unannounced. This meant the people who lived at The Grange and Elm Court and the staff who worked there did not know we were coming. On the day of our inspection there were 38 people living at the home.

People told us they felt safe living in The Grange and Elm Court. Everyone we spoke with told us they were confident that they could tell the staff whatever they needed to if they were worried about anything. We found people freely approached us to discuss their experiences of living at the home.

There were procedures to follow if staff had any concerns about the safety of people they supported.

We found systems were in place to make sure people received their medicines safely.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home.

A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected. People we spoke with told us they enjoyed all of the meals provided at the home.

Some people cooked their own meals with staff offering support where necessary to ensure people received a balanced nutritious diet.

People's physical and mental health needs were monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff supervision and appraisal meetings took place on a regular basis to ensure

staff were fully supported. Staff told us they could raise any concerns with the registered manager or provider and felt that they were listened to.

We found the home had a friendly relaxed atmosphere. Staff approached people in a relaxed caring way which encouraged people to express how and when they needed support.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves. Staff had a clear understanding of the MCA and DoLS so that they had the knowledge needed for their role and to make sure people's rights were upheld.

We saw people participated in a range of daily activities both in and outside of the home, according to their choice, which were meaningful and some were aimed to promote independence.

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

People had been asked their opinion of the quality of the service via regular meetings with the registered manager and via surveys and questionnaires.

## 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

People were provided with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

### Is the service caring?

Good ●

The service was caring.

Most people made positive comments about the staff and told us they were treated with respect.

The interactions we observed between staff and people were positive and staff showed understanding towards people.

### Is the service responsive?

Good ●

The service was responsive.

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

Some activities were provided for people inside and outside the

home. Some activities promoted people's independence.

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

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us the registered manager was very approachable and communication was good within the home. Staff meetings were held on a regular basis.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

# The Grange and Elm Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 20 June 2016 and was unannounced. This meant people and staff at the home did not know we were going to carry out an inspection. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of supporting people with mental health needs.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Barnsley and Wakefield local authorities, health professionals and Barnsley Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Healthwatch and Barnsley and Wakefield local authority commissioners. This information was reviewed and used to assist with our inspection.

At the time of the inspection there were 38 people being supported at the home. During our inspection we spoke with 10 people and two visitors to the home to obtain their views of the support provided. We spoke with eight members of staff, which included, the registered manager, the manager of Elm Court, team leaders, support workers and ancillary staff such as catering, maintenance and domestic staff.

We spent time observing daily life in the home including the care and support being offered to people. Some people invited us into their self-contained flats where we spoke about their experience of living at Elm Court

and The Grange. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. People said, "They saved my life here, very good," "I feel safe enough, plenty of cameras around [grounds of the home] and staff" and "I feel very safe here, I can come and go as I like with or without staff." A relative told us, "We feel [name of relative] is safe here. Staff are very good."

A care professional we spoke with said, "The Grange and Elm Court is a safe place. It is a safe, steady and caring home."

People told us that if they did have a worry or any concern they would tell a manager and they were confident they would deal with the concern appropriately and involve the right people.

On the day of our inspection we saw people frequently approach the registered manager and manager of Elm Court to express their views about the service. There appeared to be an open culture of communication between people and staff.

Staff were able to tell us what they believed poor practice of care meant and examples of what they would immediately report to the management team. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. We found there were suitable arrangements to safeguard people against the risk of abuse, including reporting procedures and a 'whistleblowing' process. We saw advice about how to report concerns was displayed and included contact details for the relevant local authority. The registered manager documented and investigated safeguarding incidents appropriately and had reported them to the local authority and the Care Quality Commission where necessary. This meant that staff knew how to respond appropriately if they had any concerns over the safety of people who used the service.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained that each person had an individual amount of money kept at the home that they could access. Some people also had monies in their own independent bank account. We checked the financial records and receipts of three people and found the records and receipts tallied. This showed procedures were in place to safeguard people's finances.

We were told by two people they had recently purchased some furniture for their flat. Both people had capacity to manage their own monies. We were concerned when they told us they had purchased the furniture from a member of staff as this would be a breach of the registered providers own policies and procedures surrounding safeguarding people. We looked further into this issue and found the furniture had been purchased privately from a person not employed at the home but who was known to a member of staff at The Grange and Elm Court. We spoke with the registered manager about this matter and they said they would remind all staff about their responsibility of safeguarding people's finances and abiding by the providers own 'gifts and beneficiary policy'.

We looked at three people's care plans and saw each plan contained risk assessments that identified the



risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date. Poor nutritional intake, moving and handling and environmental issues such as smoking were risks assessed and kept under review on a regular basis and as people's needs changed.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

We found a number of people who lived at The Grange and Elm Court smoked. A non-smoking policy within the buildings of the home had been recently introduced and a new fire alarm system had been installed. The registered manager told us this was to minimise the risk of fire and to improve the safety of all staff and people. All the people we spoke with were aware of the new policy, some said they were not too happy but accepted the reason why it had been introduced and had decided to continue to live at The Grange and Elm Court.

At the time of this visit 38 people were living at The Grange and Elm Court. The Grange is staffed 24 hours a day, whilst Elm Court provides support during the day for people who are more independent. There were two support workers, a team leader, the registered manager, a manager of Elm Court and ancillary staff that included a maintenance worker, a domestic and a cook on duty.

Some people said they felt they would like more staff 'around' other people said they felt there were enough staff. We saw people received support in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The registered manager explained that following a review of risks an extra member of care staff had been recruited to increase staffing levels during the night. The registered manager said three staff would be working during the night from the following week.

The staff spoken with said enough staff were provided to meet and support people with their needs.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow.

Each person had a Medication Administration Record (MAR), which included any allergies the person may have and a photograph of the person. This meant information was available for staff to minimise risks of people being given the wrong medication.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We found medicines were securely stored in locked cupboards in people's rooms or flats. Regular audit checks were completed by the registered manager regarding the safe storage and accurate record keeping of medicines. We checked three person's medicines in stock against those recorded as administered and found medicine stocks tallied.

The registered manager told us they observed staff administering medicines before signing them as competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines. Staff confirmed they were observed administering medicines, as part of their supervision, on a regular basis. We saw records of a community pharmacist inspection of the medicine systems following their visit in November 2015. There were seven recommendations made that the registered manager confirmed had been acted upon. We saw documented audit checks regarding the safe storage and accurate record keeping of medicines were being completed by the registered manager at the service. These audits were completed on a monthly basis.

We found identified staff were designated to administer medicine. We observed staff administering medicines to two people during the inspection. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed for a good period of time with each person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet.

We looked at three staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The registered manager confirmed all staff had a completed DBS check on all staff employed at The Grange and Elm Court. This showed recruitment procedures in the home helped to keep people safe.

We found that a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken by the registered manager which showed any issues were identified and acted upon. This showed that procedures were followed to control infection. We found The Grange to be clean and the environment much improved since our last visit to the service. Areas of people's flats in Elm Court were in need of further cleaning. People told us they were responsible, with help from staff, to try and keep their flat clean. Two people smiled as they told us they did not like cleaning. They told us staff encouraged them to keep their flats clean and staff did support them to do this.

## Is the service effective?

### Our findings

People living at The Grange and Elm court said their health was looked after and they were provided with the support they needed. People said, "My Community nurse comes regularly to see me" and "They (staff) take me to the doctors when I need to go."

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their relatives living at The Grange and Elm Court. Relatives told us, "Staff are very good, they look after him well. When he was poorly the other week they immediately got the doctor out to see him."

Prior to our inspection we received comments from health and care professionals who told us, "We don't have any concerns about the home and we support many people who live there."

People told us the food was good and they enjoyed the meals. Comments on the food included, "Very nice food, plenty of it and we get a choice."

Some people were supported to shop for food and cook their own meals. They said, "I go shopping either on my own or with staff. I eat well and staff keep an eye to make sure I do."

We saw some people eating lunch in the dining area of The Grange. The room was clean and bright. People said they were enjoying their food. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and we saw people had different meals according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. We observed large flasks of hot and cold drinks were available all the time so people could help themselves to a drink when they wanted.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes. The records showed that people's dietary and cultural needs were met. Where people wanted different to the menu, this was provided.

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. One staff member told us, "The training is very good here." New staff completed induction training to support them in their role and help them to deliver safe care. We saw the induction training was generic but also contained areas specific to the group of people staff were caring for.

Staff were provided with a range of training that included moving and handling, infection control, safeguarding, mental health issues and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. The purpose of an IMCA is to help people who lack the capacity to make important decisions, and who have no family or friends that it would be appropriate to consult about those decisions. The registered manager said they had previously accessed and used the services of an IMCA for a people who lived at the home.

Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS would be referred to the local authority in line with guidance. They confirmed two people currently living at the home were subject to a DoLS authorisation. We saw appropriate up to date documentation was in place for these people.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw support plans had been signed by the person or their representative to evidence their agreement.

One person told us staff were restricting the number of cigarettes they 'were allowed.' With their permission we looked at the persons support plan. It was identified in the persons care plan, for the benefit of their health; their cigarettes would be restricted to a certain number each day. This restriction had been signed and agreed by the person and health and care professionals. After looking at the support plan we spoke again to the person about the agreed restriction and they said, "Oh yes, I remember now. I only have so many cigarettes a day."

The care records showed people were provided with support from a range of health professionals to maintain their health. These included GPs, Community Psychiatric Nurses (CPN), psychiatrists, psychologists and dentists. People's weights were monitored monthly and we saw evidence of involvement of GP'S or dieticians as needed.

Since our last inspection in 2014 there had been continued and significant progress to refurbish and redecorate the home. Most areas of the home were cleaner, brighter and the environment for people was much more pleasant. Some areas in Elm Court required refurbishment and redecoration as some areas were looking very 'tired.'

The registered manager showed us a copy of the refurbishment programme for the home and we could see that the programme was being adhered to although it had fallen behind schedule in the last month. The registered manager was confident the plan would continue and said they were in regular consultation with the registered provider to ensure all works required were completed by the end of the year.

# Is the service caring?

## Our findings

All the people asked gave similar answers. They said they could make choices and their privacy was respected. People said staff asked them for their views and listened to what they said.

People said if staff wanted to talk to them in their flat or bedroom they would knock on the door first.

People commented, "They [staff] are really good, I get on with them," "[Name of staff] is good she gives faith to people," "I like to banter with staff and this makes me feel nice inside," "Staff always knock before entering my bedroom," "I'm happy here, it's lovely," "I have my own room and privacy and sometimes I like to be on my own" and "Staff always sit and chat to make sure nothing is on my mind." A relative said staff were friendly and approachable, and they listened to them. They said, "[Name of relative] must be happy here, we go out for the day but [name] says are we going back now? They want to go back to The Grange."

Three people did raise some concerns and described one member of staff as 'bossy' or 'loud'. We spoke with the registered manager about these comments people had made. The registered manager said no person, relative, care professional or other member of staff had raised these concerns before. They said they would speak with the member of staff concerned as part of the supervision process to address any issues and help identify any learning needs.

Throughout the inspection the interactions observed between staff and people were positive. Staff exhibited a caring and kind approach and obviously knew people living at the home very well. People freely came up to staff and the manager's, often embraced or touched the face or arm of the member of staff or shared a joke with them. One person said, "I do like it here you know."

Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

We noted staff were very patient when communicating and listening to people. Some people continually repeated the same sentence, became agitated or showed some behaviour that challenged for example if they were waiting to go out or waiting for staff to access their finances. Staff quietly reassured people and explained what was happening.

We saw people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so their view was obtained and staff could be sure the person was happy with their choice.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed on discreetly. We saw staff closed doors when having private conversations with people.

We checked three care plans. The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence. The plans showed that people had been involved in developing their support plans so that their wishes and opinions could be respected. There was a section in the plans about the person's previous life history, family tree and likes and dislikes.

This showed important information was recorded in people's plans so staff were aware and could act on this.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

The registered manager was very positive about advocacy services in Barnsley which had supported people during the last year.

## Is the service responsive?

### Our findings

People told us they were well cared for and that they felt staff were responsive to their needs. One person said they were upset because they had lost the key to their room. We spoke to the maintenance worker who said they had been told of this and were already in the process of getting a new key cut for the person.

People who used the service said they were aware they had a support plan and that they were involved in regular discussions about their care and support. These discussions also involved advocates and health and care professionals. A relative told us they were involved in the reviewing and updating of their family members care plan. These consultations were confirmed and recorded as having taken place in the three support plans we viewed.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. This showed important information was recorded in people's plans so staff were aware and could act on this.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a very good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

People told us that staff supported them to participate in some training and social activities and help them to maintain independence. One person said, "Staff are always around to sit and natter with me, it helps pass the day."

Some people said they would like more activities, comments included, "There are no real activities although a few weeks ago we did have a residents meeting to make a plan so I will wait and see" and "There haven't been a lot of activities but there is a plan for more."

The registered manager told us tutors from the local college had been supporting people at Elm Court to learn cooking, gardening and IT skills. We saw evidence of these visits in people's support plans.

We asked people and relatives whether people were helped with independence skills such as helping out in the home i.e. cooking, laundry etc. People said, "I like to help out it keeps me busy" and "I always set the table and clear up after dinner, I don't have to but I like to do it."

One person told us how they ran a "knit and natter" session every week. One person said, "I am happy living in the semi-independent accommodation, I have a long term goal to resettle in the local community."

The home had access to a seven seater car to facilitate trips out of the home, for hospital appointments or for leisure. We saw one person going out with a member of staff in the car. We spoke to the person later in the day who said, "I have been out for half a beer, I enjoyed it."



Staff told us people were strongly encouraged to stay in touch with families and people were supported by staff to go and visit family members. People said they had regular contact with their family. We saw a person going out with their relative for the day. Other people told us they went to stay with family for periods of time. One person told us they were about to leave the home and were looking forward to staying with family for a few days.

People were seen to be freely accessing the local community, going to the shops or into the town centre.

The registered manager told us, and showed photographs of activities that had taken place in the home over the past few months. These included celebrations for the Queens 90th birthday, Euro 16 Football tournament and Australia Day. There had been recent barbeques and the home had won garden furniture in a competition for growing the best sunflower.

The registered manager told us there were regular 'residents meetings' and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw where there were any concerns or comments this led to action being taken to make improvements to the service. We looked at the minutes of the most recent 'residents meeting' which were dated 19 April 2016. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices and general housekeeping issues. This told us the service actively sought out the views of people and included people in the day to day running of the home.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person said, "If I was unhappy about something I would tell [named managers]. Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow.

Both formal and informal meetings were held with people who used the service and relatives. We saw people who used the service regularly go to the registered manager's office sit down and chat. The registered manager said they had regular chats with people and took them as an opportunity to gauge the person's experience of living at The Grange and Elm Court.

## Is the service well-led?

### Our findings

The manager was registered with CQC.

We observed that people knew the registered manager by sight and name and freely approached them and exchanged views about the service.

All people we spoke with said they knew the registered manager and manager of Elm Court and felt they could talk with them.

People said, "[Name of manager] is very good" and "I can talk to her [manager] any time."

Staff told us that both the registered manager and manager of Elm Court were visible and active around the home. They told us that they were approachable and very keen on staff development and training. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was supportive. Comments included, "I always get the support I need. If I need help I only have to ask," "The manager is really good. I can go to her and they listen" and "We have regular meetings and the managers listen to suggestions, we are not ignored."

We found that a quality assurance policy was in place and saw that audits were undertaken by the registered manager as part of the quality assurance process. These included the auditing of care plans, medication, health and safety and infection control. We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

People said they had regular 'resident meetings' where any issues or concerns and plans for the running of the home were discussed and acted upon. We saw minutes of these meetings and individual meetings the registered manager had with people and/or their families.

We found that questionnaires had been sent to people living at the home. The registered manager confirmed these surveys would be sent to the registered provider's office base where the results of questionnaires were audited. Information from the returned questionnaires has been reported on throughout this report. The registered manager told us that if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

Files, records and audits were stored in an organised fashion. This enabled easier monitoring of the service for the registered manager and other regulatory organisations.

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