Care Quality Commission

Mills Family Limited

The Sloane Nursing Home

Inspection report

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Date of inspection visit:
23 February 2016
24 February 2016

Date of publication:
06 April 2016

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 and 24 February 2016 and was unannounced. At our previous comprehensive inspection of the service on 01 August 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

The Sloane Nursing Home provides accommodation with nursing care for up to 33 people living with dementia, diabetes and stroke. The home also provides respite services and end of life care. At the time of our inspection there were 19 people using the service. The home had 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.

There were systems and procedures in place to evaluate and monitor the quality of the service provided, however, these required improvement.

People were protected from the risk of abuse and there were policies and procedure in place which enabled staff to identify abuse and take appropriate action. Risks related to the health and safety of people using the service were identified, assessed and reviewed. There were arrangements in place to deal with foreseeable emergencies and environmental and maintenance checks were conducted on a regular basis. Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff began working at the home. Medicines were managed, stored and administered safely.

Premises were adequately maintained and a refurbishment and development project on the building was near completion. There were adequate numbers of suitably qualified, experienced and appropriately trained staff to meet people's needs. There were processes in place to ensure staff new to the home had appropriate skills and knowledge to deliver effective care. Staff were appropriately supported through regular supervision and were annually appraised of their performance. There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves. People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs.

People told us staff were kind and caring. Staff showed good knowledge of people's personalities and behaviour and were able to communicate effectively with them. Staff took time to build relationships with people and there was a keyworker system in place to allow this. Staff respected people's dignity and privacy and treated people with respect. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs.

People received care and support that was responsive to their needs and respected their wishes. Health and social care professional's advice was sought when required and recorded in people's care plans to ensure that people's needs were met. People were supported to engage in a range of activities that reduced the risk of isolation and that met their needs and reflected their interests. There was a complaints policy and procedure in place and information on how to make a compliant was on display at the home.

People and their relatives told us the home was welcoming and the registered manager and staff were supportive and approachable. Staff spoke positively about the registered manager and the support they received to enable them to do their jobs well. People, their relatives and staff were provided with opportunities to provide feedback about the service.

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.

There were policies and procedures in place for the safeguarding of adults from the risk of abuse. People were protected from the risk of abuse because staff had received appropriate support and training.

Risk assessments were person centred, up to date and responsive to people's needs and preferences.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staffing levels were appropriate to meet people's needs.

Medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective.

There were processes in place to ensure new staff were inducted into the home appropriately. Staff received regular supervision and annual appraisals of their performance.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met. People were supported to maintain good health and had access to a range of health and social care professionals when required.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good understanding of people's needs and could describe peoples' preferences in regards to how they liked to be supported.

Staff treated people in a respectful, dignified and caring manner.

Staff spoke with people in a friendly and respectful manner and care plans contained guidance for staff on how best to support people.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Care plans documented information about people's personal history, choices and preferences.

People were supported to engage in a range of activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems and procedures in place to evaluate and monitor the quality of the service provided, however, we found that these were not always followed to ensure the quality of care people received was maintained or improved.

People and their relatives told us the atmosphere in the home was friendly and welcoming. We observed that the registered manager and staff were approachable and knew people well.

The provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis.

Care Quality Commission

The Sloane Nursing Home

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.

We undertook this unannounced comprehensive inspection of the service on 23 and 24 February 2016. The inspection consisted of a team of three inspectors on the first day and two inspectors on the second day. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

During our inspection 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. We also spoke with five people using the service, three visiting relatives, nine members of staff including the registered manager and two visiting professionals. We spent time observing the support provided to people in communal areas, looked at seven people's care plans and records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and were well supported by the staff. One person said, "I feel very safe here. I have no reason not to." Another person commented, "The staff are kind and I feel safe." Comments from visiting relatives were also positive. One relative told us, "I have every confidence that staff can protect my relative from harm and abuse. They are so vigilant with everything."

There were suitable safeguarding adult's policies and procedures in place to protect people from possible harm and staff had received appropriate support and training which enabled them to identify abuse and take appropriate action to report and escalate concerns. One staff member told us, "I listen and look out for everything, no matter how insignificant it might seem." Another member of staff said, "I would not hesitate to report any concerns about anything I think might be abusive towards our residents." Staff told us that they felt confident in reporting any suspicions or concerns and were also aware of the provider's whistle-blowing procedures and how to use it. One staff member said, "I would report any concerns upwards, as high as it needs to go, without any hesitation." Another member of staff told us, "We discuss the importance of whistle blowing a lot in staff meetings." There was safeguarding adult's information displayed within the home for people to access and this provided information on who to contact if people had any concerns of abuse. Safeguarding concerns and records we looked at were documented, managed and demonstrated that where concerns were raised the registered manager worked closely with other agencies to ensure people were sufficiently protected.

Assessments were completed to identify levels of risk to people's physical and mental health which ensured staff had information and guidance they needed to promote people's health, safety and welfare whilst ensuring known risks were reduced or minimised. Care plans demonstrated staff routinely assessed and reviewed risks posed to people so people were protected. For example, one care plan documented a person was at risk of choking. Their risk assessments in place instructed staff on the appropriate diet, texture and thickness of foods given, equipment required for safe eating at meal times, position and posture required when eating and the assistance required by staff in supporting the person to eat safely. We also saw that appropriate referrals were made to health care professionals when required such as the speech and language therapy team and the GP. Peoples' weight was regularly monitored and risk assessments were also completed where people were considered to be at risk of malnutrition.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely. There was also a fire evacuation plan in place to ensure people's safety in the event of an emergency and staff had received up to date training and knew how to respond in the event of a fire. Records confirmed that staff participated in frequent fire alarm tests and check on fire equipment within the home were conducted to ensure they were in working order. Fire signage and exit points were clearly displayed and we observed that fire exits were clear and free from hazards. Maintenance and environmental checks were carried out at appropriate regular intervals to ensure the home was safely maintained. Significant extension and redecoration work on the home building was in progress at the time of our inspection in relation to creating a larger environment, increasing the number of rooms and redecorating the general appearance of

the environment. The registered manager told us they were hopeful that the work would be completed by March 2016.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records included application forms, references to previous health and social care experience, qualifications, employment history, explanations for any breaks in employment and health declarations confirming people's fitness to work. Records relating to nursing staff also included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC). Records were also kept for all agency staff employed by the service and included the profiles of agency nurses and care workers. There was an agency worker checklist in place which included information on agency staff being introduced to both residents and staff and also their knowledge of where people's care plans were stored and information contained in their care plans.

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. People told us there was enough staff available to support them when requested. One person said, "Staff always come when I call them. There always seems to be enough of them around." Staff told us that staffing levels were appropriate to meet people's needs and staffing rota's demonstrated that staffing levels were suitable to ensure people's needs were met at any given time. Observations during our inspection confirmed that there were sufficient numbers of staff on duty and deployed throughout the home to support and meet people's needs in a timely manner.

Medicines were stored and administered safely. During the inspection we observed medicines were administered correctly and safely to people by staff trained to do so. Most medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We looked at the homes medicines records which were easy to follow and included individual medicine administration records (MAR) for each person using the service. We saw that each MAR was correctly completed and detailed people's names, photographs, date of birth and information about their prescribed medicines including any side effects and allergies to ensure medicines were administered safely. Medicines records also included the names, signatures and initials of staff trained to administer medicines. MAR charts we looked at were up to date and accurate and checks confirmed that people were receiving their medicines as prescribed by health care professionals. Medicines were stored securely and medicines that required refrigeration were also stored appropriately. Temperature checks were conducted in medicines rooms and for medicines refrigerators to ensure medicines were safe and fit for use.

Good

Is the service effective?

Our findings

People told us they felt staff were well trained and suitably skilled to meet their needs. One person said, "The staff are very good and know exactly what I need help with." Another person told us, "The staff are very knowledgeable and know what they are doing." Visiting relatives also commented positively on the effectiveness of staff and how they are skilled in their work to enable them to support their loved ones appropriately. One relative said, "They [staff] certainly demonstrate good skills in their work." Another relative commented, "They [staff] know just how to support my relative and all about the care they need." Visiting health professionals also commented of the effectiveness of staff. One health professional commented, "Staff are knowledgeable about people's needs and are very effective in communicating with us if there are any issues."

There were processes in place to ensure staff new to the home had appropriate skills and knowledge to deliver effective care. Previously recruited members of staff completed an induction programme which was in line with the Common Induction Standards (CIS). However the home's administrator told us how the CIS was being replaced by the Care Certificate Standards (CCS) for all newly recruited staff. They said, "There are two staff members currently doing the Care Certificate. We employ an external assessor to oversee this." The Care Certificate sets out the learning outcomes, competences and standards of care that are expected of care workers. Staff records we looked at confirmed this.

Staff were appropriately supported through regular supervision and an annual appraisal of their performance. Supervision was conducted on a regular basis and staff received an annual appraisal of their performance which was retained in staff files. Staff confirmed that they received regular supervision and support. One member of staff told us, "It is very useful, you can be as open and honest as you like." We saw the home monitored staff supervision using a supervision matrix which was overseen by the administrator to ensure that supervision took place on a regular basis. We were told that the provider's appraisal system was currently in the process of being consolidated and this would ensure all future appraisals happened during the months of January and February to ensure consistency.

Staff told us they felt they received appropriate training to support people with their care needs. One staff member told us, "There is lots of training available on a variety of topics, it's very good." Another member of staff said, "Sometimes there is too much training, but it keeps us in line and up to date with what we need to know." We looked at the home's training matrix which demonstrated staff received appropriate training on a regular basis and were up to date with the provider's mandatory training. The provider's mandatory training programme included areas such as, safeguarding adults, mental capacity act, manual handling, nutrition, pressure care, dementia awareness, infection control, first aid, medication and equality and diversity. Training provided was a mix of computer based learning and classroom based training. The registered manager told us, "E-learning is not always so satisfying for the staff. Face to face learning in a class room helps to consolidate the learning." They also told us how recent attended training was discussed and reflected upon in team meetings to further enhance learning.

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 whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we noted that applications had been made to the local authority where necessary. Authorisation that were in place and had conditions applied were being met by staff as appropriate. Where required, people's care plans contained mental capacity assessments and best interests meetings to demonstrate decisions were made in their best interest. Staff demonstrated good knowledge and understanding of the MCA and DoLS including people's right to make informed decisions independently but where necessary to act in someone's best interests. Staff understood the importance of seeking consent before they offered support and when supporting people who could not verbally communicate, staff looked for signs to confirm they were happy with the support being offered. One member of staff told us, "I believe that everyone can make a level of choices, no matter how small. I ask or show an item or plate of food and give time for them to answer or indicate their preference."

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People spoke positively about the food on offer at the home. One person told us, "The food is usually very nice and there is always a choice." Another person said, "I enjoy the meals very much." We observed the lunchtime meal experience in the dining room. Whilst people had selected their choice of meal from the menu that morning, people were able to change to another option at short notice if they so wished. Daily picture menus were displayed within the dining room for people to make their choices from. Some people required support from staff to eat during mealtimes and we saw staff were available and offered appropriate assistance in a relaxed and unhurried manner. We observed that drinks and snacks were also offered frequently and were available throughout the day. We visited the kitchen and saw accurate records of people's dietary requirements were available to the chef and kitchen staff to ensure people's needs were met. For example, if people had any food allergies, the type and texture of meals, whether vegetarian, soft diet or pureed foods were required. We spoke with the chief who told us people and or their relatives had opportunities to discuss the menu in residents and relatives meetings that were held. They told us that they made a point of meeting new residents and said, "I like to get to know people well and what they like to eat." They also told us that when there was a change to the menu; people were informed of any changes.

People told us they were able to see health care professionals when they needed. One person said, "The GP visits often and if needed staff always make sure I see them." We noted there was a range of health care professionals that visited the home including chiropodists, GP's and local hospice nurses for those requiring support with end of life care. One visiting hospice nurse told us, "The carers are very engaged and are undergoing training on integrated personal plans to ensure people's end of life care needs are met." Care plans detailed the support people required to meet their physical and mental health needs and where concerns were identified we saw people were referred to appropriate professionals as required in a timely manner.

Good

Is the service caring?

Our findings

People and their relatives told us about their experiences of the care and support provided at the home. One person told us, "The staff are wonderful and are always there when I need them." Another person said, "They [staff] are very kind and caring." A visiting relative told us, "The staff are very kind and jolly and work hard to engage my relative. They demonstrate such high regard and love for my relative." Another relative said, "They really pay attention to my relative's dignity. It is the little things which are so important, for example, they always make sure my relative's hair is brushed and they look well."

Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. We saw that staff were familiar with people using the service and knew how best to support them and how to approach them respectfully in a kind and caring manner. Communal areas were relaxed and welcoming and we observed staff took their time and gave people encouragement whilst supporting them. Staff respected people's choice for privacy as some people preferred to remain in their own rooms and not to participate in planned activities. We saw staff sat with people and engaged in conversations while others participated in organised activities. Staff addressed people by their preferred names and tried to answer people's questions with understanding and patience.

Staff showed good knowledge of people's personalities and behaviour and were able to communicate effectively with them. One member of staff told us, "I like to be aware of people's preferences and how they would like me help them. The more you know a person, the better you can care for them and do your job well." We noted that clocks and calendars on display throughout the home were correct and these were a good aid to support people's orientation and awareness for people who had difficulty in remembering. Staff took time to build relationships with people and their relatives and there was a keyworker system in place to allow this. One member of staff told us, "Being a keyworker allows us to get to know the person better and ensure they have everything they need. We also get to know their families and friends very well." Care plans demonstrated that people's preferences were documented and respected. For example care plans included sections on people's life histories and my care and also documented people's preferences of the gender of staff that supported them with personal care.

People were supported to maintain relationships with their relatives and friends and visitors were seen coming and going throughout the course of our inspection with no restrictions placed upon them. One visiting relative told us, "I can visit when I choose and staff are always welcoming." Another relative commented, "We visit often and there is never a problem with that. Staff are always happy to see us."

Staff respected people's dignity and privacy and treated people with respect. Privacy and dignity was also reflected in people's care planning, for example, by documenting clearly how people preferred to be supported with their personal care needs. Staff described how they worked with people to ensure their dignity and privacy was maintained, for example by ensuring doors and curtains were closed when supporting people with personal care. One member of staff told us, "I always consider people's needs and comfort. Doors and curtains must be closed and the room temperature must be warm enough. I do not go straight into supporting with personal care; I have a chat first and explain what is going to happen."

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave examples of how they address people's cultural needs and provided detailed information about some people's dietary preferences and personal care preferences. Staff told us that they received regular training in equality and diversity which supported them to consider, respect and meet people's individual needs.

People's end of life care needs and wishes were documented and contained within their care plans to ensure their wishes and choices were respected. For example, one care plan documented the support staff requested from the local palliative care team to assist with the person's end of life care needs whilst ensuring their wishes were respected. A visiting health professional told us of the work that staff did to ensure people's end of life care needs were met. They commented, "Very good, staff help people to avoid admission to hospital and keep them comfortable here until the end of their days. The quality of care here is very good, as evidenced by the length of time people live." We saw that the home was working through the Gold Standards Framework (GSF). The GSF is a systematic evidence based approach to optimising care for all people approaching the end of their life. Staff told us they had received training on the GSF and training records we looked at confirmed this.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. Residents and relatives meetings were held on a regular basis and minutes of meetings held were retained by the registered manager for reference. We saw that the last residents meeting was held in November 2015 and feedback in relation to desert options at meal times had been raised and discussed. We also saw that letters were sent to people and their families providing them with updates on the homes extension and refurbishment programme.

Good

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their needs and respected their wishes. One person told us, "The staff are very good and are always there to help whenever I need them." Another person said, "Yes, I'd say the staff are very responsive. They know me well and what I need." Visiting relatives also commented positively about the responsiveness of staff and the care and support they provide to their loved ones. One relative told us they were invited to regular care planning review meetings and said, "I don't go to everyone because communication is so good, staff even tell me when my relative smiles." They said staff followed guidelines documented within their relative's care plan and commented, "They [staff] pay a lot of attention to how much my relative eats and drinks."

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. Care plans showed that before people moved into the home their needs were assessed through a pre admissions assessment process. This ensured that people's individual needs could be met by the home's environment and staff. People were provided with pre admission information about the home that included details of the care provided, information on the registered manager and staff, statement of purpose, statement of the Gold Standards Framework practiced at the home and the accommodation and facilities within the home.

Care plans included people's needs assessments which covered areas such as people's daily routines, activities and interests, medical and personal history, personal risk assessments, nutritional needs, communication, medicines and end of life care. Care plans were developed using pre admission assessment information and expressed preferences voiced by individuals and their relatives where appropriate. Care plans were reviewed on a monthly basis and were up to date and reflective of people's current needs. People and their relatives told us they were involved in their care plan and regular reviews that were conducted. Care plans provided clear guidance for staff about people's varied needs and how best to support them. For example one care plan detailed how the person preferred to remain in bed longer in the mornings and this enabled them to be more receptive and alert when staff supported them with personal care.

Health and social care professional's advice was sought when required and recorded in people's care plans to ensure that people's needs were met. Care plans also recorded people's progress that was monitored by staff and as advised by health care professionals, such as guidance for food and fluid monitoring or skin integrity. People told us they had access to health care professionals when required. One person said, "If I feel unwell the staff call the doctor straight away. They are very good at making sure I'm well." A visiting health professional told us, "Staff here are very observant and will refer to me as and when necessary, before things deteriorate." A member of staff told us, "I make sure I know what is in the care plan, and any amendments are discussed at handover. All staff share information about changes noticed or deterioration in a resident immediately."

People were supported to engage in a range of activities to reduce the risk of people feeling isolated and which met their needs and interests. During our inspection we observed groups of people taking part in

planned activities such as games, music and an external visiting entertainer on the second day of our inspection. A visiting relative told us, "The activities are brilliant. My relative is quite bed bound, but staff pop in and do an activity, so they are not losing out." We spoke with the activities coordinator who told us, "I engage with people or their relatives in order to find out what they are interested in, this then means I can run an activity which interests and stimulates them." They told us they also engaged with people who cannot or do not wish to leave their rooms and said, "I will call in for a chat, and will give them a hand massage or a manicure if they wish." The activities coordinator also told us they organised visits from professional musicians, animal handlers, mobile library and visiting art gallery staff. They said, "All of these activities are really popular with people." People told us they were also able to go on trips out in finer weather, for example, to a reminiscence shop, local garden centres and stately homes.

There was a complaints policy and procedure in place and information on how to make a compliant was on display in the reception area. There was also a comments and suggestion book aimed at visitors which was also located in the main reception area. Complaints information provided guidance on the provider's complaints handling process and how complaints could be escalated and managed. People told us they knew how to make a complaint if they had any concerns. One person said, "If I have any complaints I speak to the staff who sorts it out." A visiting relative told us, "I had been given information regarding how to make a complaint, not that I need it because everything and everyone is wonderful." Records we looked at showed complaints were recorded, maintained and responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us the home was welcoming and the registered manager and staff were supportive and approachable. One person said "All the staff and the manager are very nice. I see the manager most days." A visiting relative said, "The manager is always available, they seem to be here all the time." Another relative commented, "The staff are very friendly and the manager is very approachable." A visiting professional told us, "There is transparency here. Staff and management appreciate our input and they get it that we are here to support their role. There is no defensiveness form staff when we raise any matter of concern."

There were systems and procedures in place to evaluate and monitor the quality of the service provided, however, these required improvement. For example we looked at the homes internal audits that were scheduled to take place on a monthly basis; however records showed that the last medicines audit was completed in November 2015 and the last infection control audit was undertaken in August 2015. We also noted that staff were to undertake weekly medicines stock level checks, however records showed the last check took place on 25 January 2016. We drew these issues to the registered manager's attention who confirmed that checks had not been completed on a regular basis as required and they would take appropriate actions to ensure regular checks and audits were conducted and completed as appropriate.

We also looked at the policies and procedures that were in place at the home. We noted that while most policies had been reviewed and were up to date and reflective of best practice, some required reviewing and updating. These included the providers admission policy which was last reviewed in 2008, risk management policy which was last reviewed in July 2000 and the providers medication error reporting policy which was last updated in 2004. We drew these issues to the registered manager's attention who told us they would ensure that all policies would be reviewed and updated.

There was a registered manager in post at the time of our inspection. Staff told us that the manager was approachable and listened to any concerns or suggestions they had about the home. One member of staff told us, "We all work as a team and this is encouraged and promoted by the manager." Another member of staff said, "There is no problem approaching the management team, they always have time to speak to me." Staff told us they felt confident they were listened to by management and one staff member said, "We can bring up anything we want in our staff meetings without fearing it will be held against us." Staff handover meetings took place when a shift change occurred to ensure all staff were aware of people's daily needs. We observed a staff handover meeting during a shift change in the afternoon. Discussions included details of new admissions into the home including people who were receiving respite services, new dinner plates that had been purchased for people who had poor eye sight as they were red in colour to support vision at meal times, family visits and preparation for night staff handover.

Records of staff handover meetings were documented so staff who were unable to attend could refer to the notes for information on discussions held. General team meetings were held on a regular basis and were well attended by all staff. We also noted that meetings for managers and senior staff, nurses and care staff were also held independently.

There were systems in place for the provider to monitor the service on a two monthly basis by visiting senior managers or directors. We saw they visited the home and looked at various audits and management systems in place to ensure they were effective. We noted that where areas were highlighted requiring attention, action plans had been implemented and actions taken were reported on at their next visit.

People, their relatives and staff were provided with opportunities to give feedback about the service. We looked at the findings of the service user satisfaction survey results for 2015. Results were largely positive showing that 68.75% of people were completely happy with their overall care, 100% were overall happy with their room and cleanliness of the environment and 72.73% were overall happy with the activities provided in the home. The 2015 staff satisfaction survey results also showed that staff were generally happy in their roles with 88.89% overall agreeing that the manager had time to listen to them and 88.89% overall agreeing they were provided with opportunities to attend appropriate training.