Stow Healthcare Group Limited

Melford Court Care Home

Inspection report

Hall Street
Long Melford
Sudbury
Suffolk
CO10 9JA

Tel: 01787880545
Website: www.melfordcourt.co.uk

Date of inspection visit:
23 May 2018

Date of publication:
02 August 2018

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

Melford Court Care Home provides accommodation, nursing and personal care for up to 52 older people some of whom may be living with dementia. At the time of our inspection there were 38 people using the service. The service is situated in the village of Long Melford on the edge of the town of Sudbury in Suffolk.

Melford Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection took place on 23 May 2018 and was unannounced.

This was the first inspection to the service since a change in registration in September 2017 when Stow Healthcare Group purchased the home.

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

There were sufficient staff to meet people's needs safely and effectively. The service used effective recruitment procedures to ensure staff were suitable for the job role they were working in. Staff completed a thorough induction and received regular training and supervision to support them in their roles.

People's needs were assessed before they moved into the home. These needs were met by staff who had the skills and knowledge to deliver effective support. People were supported to eat and drink enough to have a balanced diet and access healthcare support when required. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect. The provider and staff sought to gain people's views and act on them. The service operated an electronic care documentation system. Care plans and risk assessments were person-centred, and reflected the needs of each individual.

People who lived at the home, relatives and staff told us the service was well led. The registered provider's vision and values were embedded into the home and culture. Governance systems were effective in monitoring service delivery. Management encouraged people and their families to be involved and engaged with the service. The registered manager had developed links with the local community.

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 sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Safeguarding policies and procedures were in place and staff were aware of how to report concerns should they have any.

People were supported with their medicines by staff who had been appropriately trained.

Risks were identified and appropriately managed.

Is the service effective?

Good

The service was effective

Staff completed training to ensure they had the right skills and knowledge to support people effectively.

People were supported to eat and drink enough to maintain a balanced diet.

People had access to healthcare professionals to maintain their health and wellbeing.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good

The service was caring

Staff were kind and compassionate and treated people with dignity and respect.

People were encouraged and supported to make their own choices and independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received care that was delivered in the way they preferred.

People were involved in a range of activities according to their preferences and interests.

People and their relatives felt confident the registered manager would take the appropriate action if they raised any concerns.

People discussed their end of life care with staff to make sure their wishes could be followed.

Is the service well-led?

Good

The service was well-led

People, their relatives and staff felt the service was well-led.

Regular checks and audits were completed to monitor the service.

There was an open and positive culture within the service.

The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Melford Court Care 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.

This comprehensive inspection took place on 23 May 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a nurse 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.

We reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from commissioners who funded the care for some people and the local authority's Provider Support Team.

We looked at the care records of six people in detail to check they were receiving their care as planned. We also looked at other records including four staff recruitment files, training records, meeting minutes, medicines records and quality assurance records. We spoke with 12 people who live at the service, 10 members of care staff, including the activities staff, the deputy chef, the assistant manager, the registered manager, the provider and the regional quality assurance manager. We spoke with relatives of nine people currently living in the service. We also had contact with two healthcare professionals to seek their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I love it here, I feel safe and secure." Another person told us, "I feel safe here and know I only have to press a button and they [staff] will be here, I struck gold in coming here."

Staff understood about types and signs of abuse and could explain the action they would take if they suspected or witnessed harm or abuse. Records showed appropriate action was taken in response to safeguarding concerns and the registered manager had made appropriate referrals to the local authority safeguarding team when needed. Staff had received safeguarding training and were aware of the provider's whistleblowing policy.

Risks in relation to people's care, support needs and the environment had been identified and assessed. People's care plans provided staff with guidance on how to protect people from each identified risk. For one person who was at risk of pressure ulcers we saw there was a detailed care plan and risk management plan in place. Staff followed the risk assessment and guidance by regularly checking the person's skin and reporting any changes to the nurse on duty. As the person spent most of their time in bed, we saw that they had been provided with an 'air-flow' mattress, which staff checked daily to ensure it was working properly and remained set at the correct level, for the person's body weight.

Where people had been identified as being at risk of falling, we saw that appropriate measures were taken to mitigate the risk, whilst enabling people to continue mobilising independently. For example, one person was noted as needing a walking stick and some supervision. We observed that staff were vigilant in making sure the person's shoes were on properly and reminding the person to use their stick, whilst also respecting the person's independence and personal space.

One person who remained in bed had been identified as being at risk of falling. For this person we saw that a full assessment had been completed in respect of using bed rails to help keep them safe. The person told us they had agreed to have these, and found them reassuring. The person looked content and comfortable when we saw them. Another person had also been identified as being at risk of falling from their bed. However, for this person the assessment carried out for using bed rails identified that the risk would be greater. This was because the person could become confused at times and may attempt to climb over them. As a result, with the person's agreement, the bed was lowered as close to the floor as possible and a 'soft landing' mat was positioned alongside it. This meant that staff understood the risks that people faced and their role in managing these safely.

On the whole, people were positive that there were sufficient staff to meet their needs. We observed a few occasions during our visit where call bells took a little while to be responded to however when we spoke with people they said that ordinarily there was very little delay. One person said, "They [care staff] come very quickly, same day and night." Another person told us, "I feel safe with this [call bell], I just press it and they come, always in a reasonable time, I would be lost without it."

People's relatives were also mostly positive about the staffing levels, one relative told us, "[Call bells] are answered, there are usually enough staff to meet their needs." A second relative commented, "I would say the staffing is adequate. They are very caring and if press the call bell they come promptly." A third persons relative said, "Call bells take around an average of five minutes to be answered. The longest is 10 minutes in the busy evening period when staff are [helping] people to bed."

Care staff we spoke with confirmed staffing levels were sufficient to meet people's needs and that they had time to deliver people's care according to their needs and wishes. During our visits, we saw that whilst some call bells took a little time to answer, there were sufficient numbers of staff on shift to enable staff to spend time with people. We saw interactions between staff and people were relaxed and not task focussed. There were also sufficient staff to ensure the cleanliness and maintenance of the home, laundry and catering. We saw that staff were organised and deployed effectively, throughout our visit.

The service had suitable recruitment procedures to ensure staff were safely recruited. Necessary checks had been completed to demonstrate that staff employed had the skills and knowledge to meet people's needs. Staff files contained records of pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check is a criminal record check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained references about them.

Medicines were managed safely by staff that were trained and competent to do so. Medicines were securely stored and accessed by designated staff only. Staff held the keys securely with them at all times.

Medicines records were checked and we found records had been completed appropriately, with no errors or omissions noted. Detail was included to help staff know how the person liked to take their medicine.

We saw that staff signed and dated topical medicines such as creams and eye drops, to show when they were opened. This helped ensure such medicines were not used beyond their lifespan, when they could become ineffective. Where PRN (as required) medicines were prescribed, there were clear guidelines in place for staff to know why, when and how these medicines should be administered.

One person self-administered some of their medicines, such as inhalers and paracetamol. We saw that risk management plans were in place to help ensure the person could self-administer their medicines safely.

Systems were also in place to help reduce the risk of cross infection in the home. This included the use of personal protective equipment (PPE), such as gloves and aprons, by staff. Staff received training in infection control and were clear of their role in this and their part in reducing the risk of infection. We observed staff hand washing at frequent intervals throughout our visit.

Improvements were made if things went wrong, the service learnt from this and used the information to make any necessary changes. Staff responded appropriately to accidents or incidents and the records we saw supported this. For example, where a person had sustained an injury as a result of a fall, staff provided initial first aid, arranged for the person to go to hospital if necessary, and reviewed their care plans. The registered manager held records which analysed and reviewed accidents and incidents which meant that they could respond to any trends that they identified.

Good

Is the service effective?

Our findings

People's needs and choices had been assessed in line with current legislation and good practice guidance. Full assessments of people's individual needs were carried out before they started using the service. Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People told us that the staff had the skills to meet their assessed needs. One person said, "They [the staff] come when I need them, they know what help I need and make it easy for me."

Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. All of the staff we spoke with told us they enjoyed their work and found the management team and directors of the provider company to be very supportive and approachable. Staff said they received regular supervision; there was good team work and communication between themselves and their colleagues.

People were supported by staff who were skilled and trained. New staff to the home were required to complete the Care Certificate, this ensured that they received a consistent induction in line with national standards. A training programme was in place for staff and there was continuing training for established staff. Staff told us they had completed their mandatory training in areas such as safeguarding, moving and handling, first aid, fire safety, infection control, mental capacity, Deprivation of Liberty Safeguards (DoLS) and food hygiene. In addition, staff told us they could access further training as and when they needed. We noted that a specialised 'immersion' dementia training session had been scheduled for the day following our visit. This included trainees wearing an age simulation suit, which enabled the wearer to experience what it felt like to have conditions such as a visual impairment, hearing loss, joint stiffness, compromised mobility, tremors and reduced grip ability. Staff told us how much they were looking forward to attending this training. Staff also told us that they were really pleased that this particular training was available to all staff and was being attended by care, catering, domestic and maintenance staff. A member of catering staff told us, "It's brilliant because no matter what our job is, we are all involved in people's lives and this training will help us all understand and support people better."

People told us they liked the food and the choices available to them. One person said, "For large catering it is done quite well. The kitchen is open for inspection, the chef will always do something else for you, could have a hot meal at tea time if you want. I can get beans on toast, omelettes, cheese on toast or egg on toast. The cakes are quite good too." Another person said, "We get enough fruit and veg. I've got no complaints on the food."

People were supported to have a healthy and nutritious diet, make their own choices and maintain their independence. One person was noted to be able to eat independently if their food was cut up for them and they had a plate guard in situ. This person was noted to require a diabetic diet but also needed high protein and high fibre, which we saw they received. One person was noted to be unable to use a knife and fork easily

and so staff frequently provided the person with 'finger foods' which encouraged the person to eat better and helped them to maintain their dignity and independence. In addition, we noted that this person was also provided with adapted cutlery and a plate guard to help them eat other meals independently.

We observed the lunch time experience and found that the lunch time meal in the dining room was a relaxed and sociable experience. It was evident that people living in the home looked forward to the collective meal times. We noted that the décor and layout of the dining room was of a high quality and the atmosphere was that of a popular restaurant. For example, tables were set with linen tablecloths and napkins, cutlery and glasses. There was a menu on each table, together with various condiments. For people who wished to eat in their bedrooms, we saw that staff were well organised, prompt and efficient in collecting people's chosen meals and delivering them on nicely laid out trays.

We saw people engaging cheerfully with each other and members of staff before, during and after their meal. We observed that staff were attentive and quick to acknowledge and respond to people's requests or needs. Where some people required assistance to eat their meals, we saw that staff did this in a kind and caring manner, giving great regard to ensure that each person's dignity was respected and promoted. We heard staff explaining, to people needing assistance, what the food was and asking what they would like to taste next. People were able to choose from a wide selection of drinks to have with their lunch and we noted that some people liked to have a glass of wine or a beer, whilst others selected from water, lemonade or a choice of fruit juice and squash.

People could choose from a wide variety of food and drink options throughout the day. For example, breakfast varied from cereals and toast to a cooked breakfast of the person's choosing. Although there were two main meal options each day, we saw that this remained flexible to ensure people's individual needs and wishes could be accommodated. During the lunch time, we heard one person asking to have baked beans with their meal but stated that they wanted them cold. Staff queried to make sure they had not misunderstood and served the person with the beans as they had requested. We saw the person was very happy with this and it was evident that they enjoyed their meal. There were ample hot and cold choices for people's evening 'supper' meal and 'night bites' were also available if people wanted between 6.30pm and 6.30am. The chef explained that care staff would prepare any requested night bites for people and that these also included hot and cold choices.

People's individual dietary needs were also catered for in respect of being diabetic, vegetarian or religious or cultural requirements. Care staff and catering staff were knowledgeable in respect of how people required their food to be prepared and served. For example, some people required their food to be cut up; some required a soft or 'fork-mashable' meal and some needed their food to be pureed.

The chef told us that they were kept up to date with people's individual dietary requirements and could access people's care records to check any specific assessments and guidance. The chef told us how one person was a vegetarian, one person did not like chicken, one person did not like roast beef and one person did not eat meat but would eat fish. They also explained how one person preferred to have meat 'on the bone' such as a pork chop or a chicken portion. One person told us, "You don't need a sharp knife to cut the meat, it is so tender."

The registered manager and staff worked in partnership with other professionals to make sure people received care that met their needs. The staff had built good links with healthcare professionals and the funding authorities. Local GP's visited people at the home and people had additional access to healthcare services such as a dentist or optician. One person's relative told us, "They [care staff] know what is going on, they call the doctor in, they're on the ball. The dentist has been, the optician has been and [family member]

has got new glasses. They've also seen the chiropodist." This all helped to make sure people received the treatment and support they needed.

The environment was suitable for the needs of the people living there. We found a homely environment with communal areas for people to access. The registered manager told us of plans to also extend some of the communal areas further to give greater choice. The home was accessible for wheelchair users and people with additional mobility needs. One of the lounges looked out onto the gardens and there was an outside patio area.

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 people 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.

People's legal rights were protected because staff followed the guidance of the MCA. Staff understood the importance in seeking people's consent. During our visit we heard staff asking for people's consent before they assisted them with any support. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. For example, one staff member said, "If someone couldn't make a decision then we must look at their best interests." They then described how they assessed people's capacity day to day. Records contained evidence of decision specific mental capacity assessments, identifying where people were unable to make decisions themselves. Where people lacked capacity to make a decision, a best interest decision was documented. Best interest decisions were made in consultation with people's relatives, healthcare professionals and staff. Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect and that the care they received met their needs. One person told us, "Care is very good here, they [care staff] always ask how I feel." Another person said, "The care is good, they take good care of you." Relatives we spoke with also told us they felt the care was good and their family members were treated with respect. One relative said, "I'm very impressed with the care, it would be easy to talk over people but staff kneel and look into faces and that makes a difference for those with poor sight or bad hearing. It is good care. When you walk past staff 95% of the times [they] look and say hello to you, they always knock and that alerts the person that someone is there."

One person told us, "I made up this poem. Melford Court is now our home, with lovely walks that we can roam, everyone is so very kind, we really think we have made a find, it was something about the welcome we received. They come in the night to check I am alright, in the middle [of the night] I was sad so they made me a hot chocolate and talked to me, such kindness."

Throughout our visit we saw staff spoke to people in a friendly way and this was confirmed by visiting relatives we spoke with. One person's relative commented, "All of the staff are utterly caring and kind, it is the norm, when outside the door you can hear the care is done with compassion, care and encouragement and they always talk [family member] through the hoist, which they hate. They say, 'just putting the strap here', giving encouragement."

People's dignity and privacy was respected. The staff we spoke with were able to give examples of how they promoted dignity when caring for people and how they promoted people's independence. For example, encouraging people to undertake tasks that they could manage themselves and offering assistance only when it was required.

People were involved in decisions about the care and support they received and were able to make choices about how their care was provided. One person's personal care guidance explained how the person preferred a specific gender of care staff to support them. This person also preferred daily bed-baths, as they found full baths and showers distressing. It was recorded that the person liked to clean their own teeth and could do this when given their toothbrush and a bowl of water. This person also liked to use certain toiletries each day. The person's daily records and our observations, when we met with the person, confirmed that their preferences were consistently accommodated.

Good

Is the service responsive?

Our findings

The service used an electronic care documentation system. People's electronic care plans were easily accessible by relevant staff. We saw that people's information was comprehensively detailed, whilst being clear and easy to follow. All the records we looked at for people were up to date and had been reviewed regularly.

In addition to the electronic records, we saw that people had personal files in their bedrooms. These contained an overview of the person's needs, a personal profile and daily charts. We saw that staff completed the daily charts with information such as personal care undertaken, what the person had eaten and drank and a record of regular repositioning for people who stayed in bed, to reduce the risk of pressure ulcers. In addition, records also showed that people's barrier creams were being applied as prescribed. The records we looked at had all been completed appropriately and were up to date, with no evident errors or omissions.

We saw that people's personal profiles matched what people told us and what we observed. For example, one person's profile told how they enjoyed bacon and egg for breakfast, having their soft imitation stuffed cat for comfort and listening to certain radio stations. When we met with this person in their bedroom, we noted that they were holding their cat, the radio was on the appropriate channel and the daily records showed that the person had eaten bacon and egg that morning. This person told us they enjoyed their breakfast, although they didn't want a cooked breakfast every day. In accordance with the person's wishes, the daily records also showed that there were some days the person chose a different option.

People's personal profiles also included information such as, "I would never leave home without…"
For one person, we noted this read, "My keys, my purse, a hairbrush, hand-cream and my perfume." Another person's profile read, "My wallet and peppermints."

We saw that people were supported and encouraged to pursue their individual interests and hobbies, as well as joining in with a wide variety of group activities. For example, for one person who chose to remain in their bedroom, we saw it was noted that the person was able to choose what activities they wished to take part in. To support the person in making informed decisions, we saw that staff told the person each morning what the organised activities were for that day and supported them to take part if they wished.

We noted in one person's care plan that they enjoyed mental and social stimulation and did not like being bored. We saw this person joining in with a small group in the morning for a game of dominoes. After lunch we saw this person join another small group of people, for a game of cards. The enjoyment was evident for all the people we saw that were engaged in both of these games.

Throughout our visit we saw people meeting and receiving various visitors. All the visitors we saw were warmly welcomed by their friend or relative and staff and everyone appeared relaxed and comfortable in the home. For one person we noted that they were visited regularly by their friend, who we met during our visit. In addition, when this person was no longer able to look after their pets, we noted that their relative had

taken over ownership but brought them regularly to the home for a visit, which the person really looked forward to and enjoyed.

The service offered a very person centred and flexible activities provision. For example, there were three dedicated members of activities staff, who worked across seven days per week, including some evenings. We saw that some people liked to join in with some of the group activities such as coffee mornings, quizzes, arts and crafts, card games, dominoes, armchair exercises, games in the garden, creating hanging baskets and baking. For people who were unable, or did not wish, to join in with group activities, we saw that the activities staff spent quality time with them on a one-to-one basis. Some of the one-to-one activities we noted included simply spending time chatting with the person, reading the daily newspapers, nail-care and hand massages, a walk in the village or a visit to the neighbouring pub.

On the day of our visit, we saw there were two activities staff on duty. One person spent time with people in small group activities, while the other person went around to people's bedrooms, offering one-to-one time and massages. One of the activities staff told us they were completing a course for armchair exercises and would be sitting an exam for this at the beginning of June 2018.

Policies and procedures were in place to respond to complaints. The provider had a complaints policy, which set out how complaints would be investigated and the timescale for responding. We found any concerns or complaints had been listened to and used as a tool to improve the service. There was a complaints log which was being used to record details of any complaints. We saw the complaints had been responded to appropriately and in line with the providers' complaints policy. The relatives we spoke with were aware that they could raise a concern. We saw concerns that had been raised had been investigated and outcomes communicated.

People were supported to have a dignified death at the end of their lives. One member of staff told us, "The worst thing about the job is losing people [when they die]. You have to be professional but you also care about people. It's always hard when people die." There were end of life care plans in place. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. We saw that these had been completed appropriately, either with the person's involvement or as a best interest's decision by relevant people such as the GP, people's next of kin or power of attorney.

Good

Is the service well-led?

Our findings

This was the first inspection to the home since a change in registration in September 2017 when Stow Healthcare Group purchased the home.

People and their relatives were very complimentary about the management and oversight of the home. One person's relative told us, "The home is well led by the [registered manager and deputy manager]. They are brilliant, the deputy is really on [people's] side and seems to know what they want. [Registered] manager is 'on the ball', both are very accessible." Another relative said, "[Registered] manager is fabulous, fantastic approach to the big step of leaving your home, got good medical knowledge, sets the tone to being understanding and friendly." A third commented, "I would say to people you cannot go wrong with this home, everybody is happy and cheerful – the only smells are of the food cooking, I cannot find fault with the staff."

We found a welcoming, open and uplifting culture at the home. Staff told they told us they enjoyed their jobs and that the registered manager was approachable and supportive. Staff were enthusiastic in their work and comfortable in their roles. We also saw that the entire staff team worked cohesively together. One member of staff said, "The best thing about the job is the personal satisfaction; knowing you've done your best for people and that everyone is happy." Another member of staff said, "Without hesitation [would recommend the home]."

The registered manager and provider monitored the quality of the service and took action to make improvements when issues were identified. Feedback from people and their relatives was actively sought and acted on. Within the front entrance hall, a prominently positioned 'you said we did' feedback was available. This contained the provider's responses to any suggestions raised. The provider told us, "We are always striving to do better."

We saw that a high number of quality assurance audits were completed every month, including medicines administration and storage, 'resident' activity, kitchen audit and tissue viability audits. We saw that where audits identified something could be improved, the next audit checked the improvement had been made. This meant audits helped to drive improvements to the quality of the service throughout the year.

The registered manager worked effectively in partnership with a number of other health and social care organisations to achieve better outcomes for people and to enhance quality of care. These included amongst others, the local commissioning teams. We received feedback from several professionals who were all positive about their experience of working with the home. One healthcare professional told us, "I was at Melford Court last week, all seemed good from my point of view. Knowledgeable staff, care plans up to date and [people]/relatives happy. The deputy manager was really helpful and clearly had a good rapport with staff and [people]." Another healthcare professional told us, "We have a have a very positive working relationship with Melford Court and the provider directors also. The home's [registered] manager at Melford Court consistently supports our quality initiatives."

The registered manager spoke positively about how important the home was within the local community and about the efforts being made to continue to build and enhance relations.

We saw policies and procedures were in place, which covered all aspects of the home. The policies seen had been reviewed and were up to date. This meant staff could be kept fully up to date with current legislation and guidance.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC when we spoke with them.